

Utility Assistance Packet



WAITLIST

Documents Required:

**We do not accept
applications by email.**

Proof of Income: ADULTS AGE 18 AND OLDER

- Check Stubs for the past 30 days. (**MUST PROVIDE COPIES**)
- SSI, SSDI, or SSA award letter for the CURRENT YEAR (**MUST PROVIDE COPIES**)
- Unemployment Documentation (must show dates and amounts received) (**MUST PROVIDE COPIES**)
- Pension, Retirement, VA benefit letter (s) (**MUST PROVIDE COPIES**)
- Declaration of income statement (**IF ANY HOUSEHOLD MEMBER IS UNEMPLOYED OR SELF EMPLOYED**)
 - DECLARATION OF INCOME STATEMENT IS IN THE APPLICATION PACKET (**PAGE 5**).

Proof of United States Citizenship: PROVIDE ONE (1) FOR EACH HOUSEHOLD MEMBER

- Birth Certificate (**MUST PROVIDE COPIES**)
- United States Passport (**MUST PROVIDE COPIES**)
- Certificate of Naturalization (**MUST PROVIDE COPIES**)
- Certificate of US Citizenship (**MUST PROVIDE COPIES**)
- Permanent Resident Card (**MUST PROVIDE COPIES of FRONT AND BACK**)

Proof of Identification: PROVIDE ONE (1) FOR EACH ADULT AGE 18 AND OLDER

- Driver's License (**MUST PROVIDE COPIES**)
- State Issued ID (**MUST PROVIDE COPIES**)
- United States Passport (**MUST PROVIDE COPIES**)
- Permanent Resident Card (**MUST PROVIDE COPIES of FRONT AND BACK**)
- Military ID (**MUST PROVIDE COPIES**)

Utility Bill(s)

- Electric Bill (**MUST PROVIDE COPIES**)
- Gas (if applicable) (**MUST PROVIDE COPIES**)
- Propane (if applicable) (**MUST PROVIDE COPIES**)
- Utility Bills must show a BALANCE OWED. We cannot process a bill that has a credit on the account.

Submission Options:

- **Mail or Drop-off** at Sherman - 1117 Gallagher Dr, Suite 200, Sherman, TX 75090
- **Drop off** at Plano office - 900 E. Park Blvd, Suite 155, Plano, TX 75074 (**DROP SLOT NEXT TO DOOR**)
- **Drop off** at Denton office - 306 N. Loop 288, Denton, TX 76209 (**DROP BOX IN LOBBY**)

Assistance is provided based on the availability of funds and eligibility. Submission of your application DOES NOT GUARANTEE payment of your utility bills.



| | | | | | | | | | | | | |
|---|--|--|---|---|---|---------------------------------------|-----------------|--------------------------|-----------|----------|----------|-----------|
| Residence Address | | | | | | | | TX | | | | |
| | ADDRESS | | | | City | | | State | Zip Code | | County | |
| | | | | | | | | | | | | |
| PHONE NUMBER | | | | | Email Address | | | | | | | |
| | | | | | | | | | | | | |
| MAILING ADDRESS, IF DIFFERENT FROM ABOVE: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| PART TWO: HOUSEHOLD MEMBERS | | | | | | | | | HISPANIC? | VETERAN? | WORKING? | DISABLED? |
| | FIRST AND LAST NAME | RACE | AGE | DOB | GENDER M/F/O | RELATION | EDUCATION LEVEL | TYPE OF HEALTH INSURANCE | | | | |
| 1 | | | | | | Head of Household | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Household Type | <input type="checkbox"/> Single Person | <input type="checkbox"/> Single Parent | <input type="checkbox"/> Two Parent Household | <input type="checkbox"/> All Adults/No Children | <input type="checkbox"/> Multi-generational | <input type="checkbox"/> Other: _____ | | | | | | |

HOUSEHOLD INCOME SOURCES

Check all that apply and include required documentation.

| Income Type | Check if it applies to your household | Documentation Required for anyone <u>age 18 and older</u> |
|---------------------------------------|---------------------------------------|--|
| Employment | <input type="checkbox"/> | Paycheck stubs – last 30 days, prior to application signature date. |
| Veteran Benefits | <input type="checkbox"/> | Current year benefit letter |
| Social Security | <input type="checkbox"/> | Current year benefit letter |
| Supplemental Security Income (SSI) | <input type="checkbox"/> | Current year benefit letter |
| Retirement Funds / Pension | <input type="checkbox"/> | Current year benefit letter |
| Self-Employed | <input type="checkbox"/> | Complete form on Page 4 – Declaration of Income Statement |
| No Income | <input type="checkbox"/> | Complete form on Page 4 – Declaration of Income Statement |
| Other; Gap in Income; Paid in Cash | <input type="checkbox"/> | Complete form on Page 4 – Declaration of Income Statement |
| Unemployment Benefits | <input type="checkbox"/> | Itemized statement from Texas Workforce showing benefit amounts and dates paid |
| Private Disability Insurance Payments | <input type="checkbox"/> | Check stubs – last 30 days, prior to application signature date |
| TANF | <input type="checkbox"/> | Submit a current letter from the Health and Human Services Department showing amount received. |

| Household Member | Type of Income | How often are you paid? |
|------------------|----------------|-------------------------|
| | | |
| | | |
| | | |
| | | |

HOUSING INFORMATION

| Primary Heating and Cooling Source(s) | | | |
|---------------------------------------|--|-----------|--|
| ELECTRICITY COMPANY | | Account # | |
| GAS COMPANY | | Account # | |
| PROPANE COMPANY | | Account # | |

| Housing Information | | |
|-------------------------------|------------------------------|---|
| Rent <input type="checkbox"/> | Own <input type="checkbox"/> | Referral(s) <i>Would you like to be referred to Weatherization? ____ Yes ____ No</i> <i>Weatherization assistance provides the installation of energy-saving measures to homes which reduces energy consumption up to 40%.</i> <i>If you selected yes, your application will be referred to Weatherization upon completion of the Utility Assistance process.</i> |
| Private Home | <input type="checkbox"/> | |
| Apartment | <input type="checkbox"/> | |
| Mobile Home | <input type="checkbox"/> | |
| Duplex/Tri-plex/Condo | <input type="checkbox"/> | |

AUTHORIZATIONS AND RELEASE OF INFORMATION

1. The information provided is true and correct to the best of my knowledge and belief.

2. I understand that my gross household income is annualized at the time of application according to pre-established agency rules and procedures in order to receive assistance.

3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in receiving services from Texoma Council of Governments.

4. I authorize the Texas Department of Housing and Texoma Council of Governments to solicit/verify information including employment verification needed to provide assistance with my utilities and/ or fuel bills, both past and future.

5. I am an applicant of Texoma Council of Governments. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only.

I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.

6. I understand that if I change utility companies I must notify the case worker of my new utility company and account number with the name on the account, immediately. If I do not notify Texoma Council of Governments of my new utility company I will lose any payments due.

7. If I or another member of the household has no income the Declaration of No Income sheet must be completed for all household members over 18 years of age having no income.

8. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.

9. By signing below, you acknowledge that you are applying for the **Utility Assistance Waitlist**. Your application will be pulled from the **WAITLIST** as funding becomes available. The application processing time is a minimum of 12 weeks, contingent on available funding.

10. By signing below, you acknowledge that we **do not** accept applications by **email or fax**.

11. Assistance is provided based on the availability of funds and eligibility. Submission of your application **DOES NOT GUARANTEE** payment of your utility bill(s).

I certify that the information on this application is correct and I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.

APPLICANT SIGNATURE _____

DATE _____

**PAYSTUBS MUST BE 30 DAYS PRIOR
TO YOUR SIGNATURE DATE.**

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Assistance is provided based on the availability of funds and eligibility. Submission of your application **DOES NOT GUARANTEE** payment of your utility bills.

TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED, receives ZERO income, is paid in cash, OR has a gap in income.

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

1)
Applicant Information

| | | |
|---|--------------------------------|--------------------------|
| Applicant Name (Nombre del Solicitante) | Applicant Last Name (Apellido) | Suffix (Sufijo) |
| Address (Dirección) | City (Ciudad) | Zip Code (Código Postal) |

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

2) List the household members name(s) and the gross amount of income received in the last 30 days.

| | |
|---------------|--|
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |
| Name (Nombre) | Gross Income Received (Ingreso Bruto Recibido) |

3) explain why the household member(s) cannot provide proof of income.

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

4)
Sign and date the form.

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED, receives ZERO income, is paid in cash, OR has a gap in income.



You **MUST COMPLETE**
and **SIGN THIS FORM!!!!**

If this form is not signed
and returned, your
application **WLL NOT be**
processed.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for WAP and CEAP**



The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

1) List each household member on this form. You must provide proof of US Citizenship for ALL household members and PHOTO ID for all adults. (see required documents list on application cover page)

| Household Member Name | U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No) | Qualified Alien (Yes/No) | Documentation Provided for: | |
|-----------------------|---|-----------------------------|-----------------------------|----------------|
| | | | Status | Identification |
| | | | staff use only | staff use only |
| | | | staff use only | staff use only |
| | | | staff use only | staff use only |
| | | | staff use only | staff use only |
| | | | staff use only | staff use only |
| | | | staff use only | staff use only |
| | | | staff use only | staff use only |
| | | | staff use only | staff use only |
| | | | staff use only | staff use only |

To add additional household members, use another copy of this form.

2) Sign and date form.

| | | |
|--|------------------|-------------|
| I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION. | | |
| | | |
| Applicant's Signature | | Date |
| staff use only | staff use only | |
| Signature of agency staff certifying they verified the above documents | Print Staff Name | Date |