



energy services  
family assistance

**IMPORTANT:**

You must provide **COPIES** of all documents listed below. **Do NOT send originals.**

Documents Required:	For:	PROVIDE COPIES OF:
<b>PROOF OF INCOME</b>	<b>ALL ADULTS</b> AGE 18 AND OLDER	<ul style="list-style-type: none"><li>Check Stubs for the past 30 days.</li><li>SSI, SSDI, or SSA award letter for the <b>CURRENT YEAR</b></li><li>Unemployment Documentation from Texas Workforce (Payment Record must show dates and amounts received) for the past 30 days</li><li>Alimony/Spousal Support payment record for the past 30 days</li></ul>
<b>DECLARATION OF INCOME STATEMENT</b> (Page 7 in Application packet)	<b>ALL ADULTS</b> AGE 18 AND OLDER REPORTING <b>NO INCOME</b> ; SELF-EMPLOYMENT; GAP IN INCOME; PAID IN CASH	<ul style="list-style-type: none"><li><b>Social Security Card</b> for INCOME VERIFICATION</li></ul>
<b>PROOF OF UNITED STATES CITIZENSHIP</b>	<b>ALL</b> HOUSEHOLD MEMBERS	<ul style="list-style-type: none"><li>United States Birth Certificate <b>OR</b></li><li>United States Passport <b>OR</b></li><li>Certificate of Naturalization <b>OR</b></li><li>Certificate of United States Citizenship <b>OR</b></li><li>Permanent Resident Card</li></ul>
<b>PROOF OF IDENTIFICATION</b>	<b>ALL ADULTS</b> AGE 18 AND OLDER	<ul style="list-style-type: none"><li>Driver's License <b>OR</b></li><li>State Issued ID <b>OR</b></li><li>United States Passport <b>OR</b></li><li>Permanent Resident Card <b>OR</b></li><li>Military ID Certificate <b>OR</b></li></ul>

**Submit to:** 1117 Gallagher Dr, Suite 200, Sherman, TX 75090      **Applications are not accepted by email, online, or fax.**

**ELIGIBILITY: For residents of Cooke, Fannin and Grayson Counties ONLY**

Assistance is based on eligibility and the availability of funds. Submission of your application does not guarantee assistance.

Texoma Council of Governments may verify the income of households applying for Weatherization, Utility Assistance, or Family Assistance (CSBG) to confirm eligibility.

**Family Assistance Program  
CSBG Needs Assessment**



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**Name:**

**Phone:**

**Please check each category that you needing assistance for through TCOG or another agency.**

<b>Basic Needs:</b>	<b>Income:</b>	<b>Transportation:</b>	<b>Heating/Cooling Appliances:</b>
<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> TANF <input type="checkbox"/> SS Benefits <input type="checkbox"/> Budget Training	<input type="checkbox"/> Work <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> None in home <input type="checkbox"/> Needs Repair (still working) <input type="checkbox"/> Needs Repair (not working)
<b>Utility Assistance:</b>	<b>Education:</b>	<b>Health Needs:</b>	<b>Housing Needs:</b>
<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Water	<input type="checkbox"/> GED <input type="checkbox"/> ESL <input type="checkbox"/> Vo/Tech <input type="checkbox"/> College	<input type="checkbox"/> Immunizations <input type="checkbox"/> Prescriptions <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Substance Abuse Counseling	<input type="checkbox"/> Temporary shelter <input type="checkbox"/> Low Income Housing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Weatherization <input type="checkbox"/> Repairs
<b>Employment:</b>	<b>Veterans' Needs:</b>	<b>Legal Needs:</b>	<b>Child Support:</b>
<input type="checkbox"/> Job Search <input type="checkbox"/> Resume Training	<input type="checkbox"/> Medical <input type="checkbox"/> Training	<input type="checkbox"/> Civil <input type="checkbox"/> Domestic Violence	Is this a single parent household with children under the age of 18? Y: <input type="checkbox"/> N: <input type="checkbox"/>  If so, is the custodial parent receiving Child Support? Y: <input type="checkbox"/> N: <input type="checkbox"/>
<b>Dependent Care Needs:</b>	<b>Any Other Needs (explain):</b>		
<input type="checkbox"/> Child Care <input type="checkbox"/> Elderly Care			
<hr/> SIGNATURE		<hr/> DATE	





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## RELEASE OF INFORMATION AUTHORIZATION FORM

Client Name

Date of Birth

I give permission to \_\_\_\_\_ (name of agency) to share any information necessary with other individuals or organizations in order to provide case management services and secure resources on my behalf. I understand that information will only be shared when necessary to meet the requirements of my established service plan.

I authorize \_\_\_\_\_ (name of agency) to share my necessary information and records with individuals and organizations as needed in order to secure resources on my behalf.

Signature:

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Date:

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Printed Name

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**better leaders building better lives®**



Community Services Block Grant (CSBG) Family Assistance Program  
1117 Gallagher Drive, Suite 200 Sherman, TX 75090  
Phone: (903) 813-3541 option 3

<b>Residence Address</b>						<b>TX</b>						
	ADDRESS		City		State	Zip Code	County					
PHONE NUMBER				Email Address								
<b>MAILING ADDRESS, IF DIFFERENT FROM ABOVE:</b>												
<b>PART TWO: HOUSEHOLD MEMBERS</b>												
	FIRST AND LAST NAME	RACE	AGE	DOB	GENDER M/F/O	RELATION	EDUCATION LEVEL	TYPE OF HEALTH INSURANCE	HISPANIC?	VETERAN?	WORKING?	DISABLED?
1						Head of Household						
2												
3												
4												
5												
6												
7												
8												
9												
<b>Household Type</b>		<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.

<b>Income Type</b>	<b>Check all that apply</b>	<b>Documentation Required for anyone age 18 and older</b>
Employment	<input type="checkbox"/>	Paycheck stubs – last 30 days, prior to application signature date.
Veteran Benefits	<input type="checkbox"/>	Current year benefit letter
Alimony/Spousal Support	<input type="checkbox"/>	Payment record for the past 30 days
Social Security/SSI/SSDI/RSDI	<input type="checkbox"/>	Current year benefit letter
Retirement Funds/Pension	<input type="checkbox"/>	Current year benefit letter
Self-Employed	<input type="checkbox"/>	<b>Complete form on Page 4 – Declaration of Income Statement &amp; submit copies of Social Security Card(s). FOR INCOME VERIFICATION.</b>
No Income	<input type="checkbox"/>	<b>Complete form on Page 4 – Declaration of Income Statement &amp; submit copies of Social Security Card(s). FOR INCOME VERIFICATION.</b>
Other; Gap in Income; Paid in Cash	<input type="checkbox"/>	<b>Complete form on Page 4 – Declaration of Income Statement &amp; submit copies of Social Security Card(s). FOR INCOME VERIFICATION.</b>
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.

**BENEFITS** (Check all that apply for anyone in the household. *Not used for determining eligibility. For reporting purposes only.*)

SNAP     Section 8     Child Support     Public Housing     WIC     Childcare Assistance  
 HUD-VASH

<b>Household Member</b>	<b>Type of Income</b>	<b>How often are you paid?</b>



“Texoma Council of Governments may verify the income of households applying for Weatherization, Utility Assistance, or Family Assistance (CSBG) to confirm eligibility.”

## HOUSING INFORMATION

<b>Primary Heating and Cooling Source(s)</b>			
<b>ELECTRICITY COMPANY</b>		Account #	
<b>GAS COMPANY</b>		Account #	
<b>PROPANE COMPANY</b>		Account #	

<b>Housing Information</b>			
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	<b>Referral(s)</b> <i>Would you like to be referred to Weatherization? <input type="checkbox"/> Yes <input type="checkbox"/> 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 appeal a denial of eligibility or amount of assistance received from Texoma Council of Governments.
- 4) I authorize the Texas Department of Housing and Community Affairs 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 Income Statement must be completed for all household members 18 years of age and older reporting 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) 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

/ /2026

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



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 dias 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)	\$

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*):

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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.

/ /2026

**(Applicant Signature/Firma del Solicitante)**

**(Date/Fecha)**

"Texoma Council of Governments may verify the income of households applying for Weatherization, Utility Assistance, or Family Assistance (CSBG) to confirm eligibility."





**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)**

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

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

/ 2026

**Applicant's Signature**

Date

staff use only

staff use only

**Signature of agency staff certifying they verified the above documents**

Print Staff Name

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Date

