



energy services
family assistance

IMPORTANT:

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

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

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



Name:

Phone:

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

Basic Needs:	Income:	Transportation:	Heating/Cooling Appliances:
<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)
Utility Assistance:	Education:	Health Needs:	Housing Needs:
<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
Employment:	Veterans' Needs:	Legal Needs:	Child Support:
<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	<p>Is this a single parent household with children under the age of 18? Y: <input type="checkbox"/> N: <input type="checkbox"/></p> <p>If so, is the custodial parent receiving Child Support? Y: <input type="checkbox"/> N: <input type="checkbox"/></p>
Dependent Care Needs:	Any Other Needs (explain):		
<input type="checkbox"/> Child Care <input type="checkbox"/> Elderly Care			

SIGNATURE _____

DATE _____





energy services
family assistance

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:

Date:

Printed Name

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

Residence Address			TX		
	ADDRESS	City	State	Zip Code	County
PHONE NUMBER		Email Address			

MAILING ADDRESS, IF DIFFERENT FROM ABOVE:

PART TWO: HOUSEHOLD MEMBERS

	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												

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 all that apply	Documentation Required for anyone age 18 and older
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"/>	Complete form on Page 4 – Declaration of Income Statement & submit copies of Social Security Card(s). FOR INCOME VERIFICATION.
No Income	<input type="checkbox"/>	Complete form on Page 4 – Declaration of Income Statement & submit copies of Social Security Card(s) FOR INCOME VERIFICATION.
Other; Gap in Income; Paid in Cash	<input type="checkbox"/>	Complete form on Page 4 – Declaration of Income Statement & submit copies of Social Security Card(s). FOR INCOME VERIFICATION.
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

Household Member	Type of Income	How often are you paid?



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

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"/>	<p style="text-align: center;">Referral(s)</p> <p><i>Would you like to be referred to Weatherization? ____ Yes ____ No</i></p> <p><i>Weatherization assistance provides the installation of energy-saving measures to homes which reduces energy consumption up to 40%.</i></p> <p><i>If you selected yes, your application will be referred to Weatherization upon completion of the Utility Assistance process.</i></p>
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 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)	\$

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):*

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

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)

/ /2026

(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)

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship	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.		
		/ /2026
Applicant's Signature		Date
staff use only	staff use only	
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

