

**UTILITY ASSISTANCE
WAITLIST
APPLICATION**

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, SSA, VA, or PENSION award letter for the CURRENT YEAR Unemployment Documentation from Texas Workforce (Payment Record must show dates and amounts received) Alimony/Spousal Support payment record the past 30 days
DECLARATION OF INCOME STATEMENT (Page 4 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
UTILITY BILL	YOUR HOUSEHOLD	<ul style="list-style-type: none"> Electricity, Gas, and/or Propane Bill. All pages front and back required.
NON-BIOLOGICAL MINOR CHILDREN IN HOUSEHOLD	IF APPLICABLE	<ul style="list-style-type: none"> SEE ATTACHED LETTER FOR DETAILS (IF APPLICABLE)

Submission Options:

MAIL OR DROP OFF	1117 Gallagher Dr, Suite 200, Sherman, TX 75090
DROP OFF, ONLY!	900 E. Park Blvd, Suite 155, Plano, TX 75074 (Drop Slot Next to Office Door)

Applications are not accepted by email, online, or fax.

PROCESSING TIME	When your application is pulled from the waitlist you will be notified by mail or email.
ELIGIBILITY	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.

Non-Biological (Minor) Children – Required Documentation

If you are applying with children who are **not your biological children**, you must submit **one document** that proves you are the child(ren)'s **parent or legal guardian**. The document must list **both the parent/legal guardian (applying for assistance) and the child(ren)**.

Acceptable documents include:

- U.S. Birth Certificate (*proof of U.S. citizenship*)
- Consular Report of Birth Abroad (*proof of U.S. citizenship*)
- Foreign Birth Certificate
- Adoption Decree
- Divorce Decree or Custody Order
- **Unexpired, notarized Authorization Agreement for Voluntary Adult Caregiver** (signed by a parent or legal guardian)
- **DFPS Form 2085FC, 2085HCS, 2085KO, or 2085LR**
 - Line 12 must show placement for **50% or more of the month**

Why this is required:

This documentation is required to verify household composition and eligibility for assistance.

UTILITY ASSISTANCE WAITLIST

Service Area: Collin, Cooke, Denton, Fannin, Grayson, Hunt and Rockwall Counties

Residence Address		City		State		Zip Code		County																																																																																																							
ADDRESS																																																																																																															
PHONE NUMBER		Email Address																																																																																																													
MAILING ADDRESS, IF DIFFERENT FROM ABOVE:																																																																																																															
PART TWO: HOUSEHOLD MEMBERS <table border="1"> <thead> <tr> <th rowspan="2">FIRST AND LAST NAME</th> <th rowspan="2">RACE</th> <th rowspan="2">AGE</th> <th rowspan="2">DOB</th> <th rowspan="2">GENDER M/F/O</th> <th rowspan="2">RELATION</th> <th rowspan="2">EDUCATION LEVEL</th> <th rowspan="2">TYPE OF HEALTH INSURANCE</th> <th colspan="2">DISABLED?</th> </tr> <tr> <th>WORKING?</th> <th>VETERAN?</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>Head of Household</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>										FIRST AND LAST NAME	RACE	AGE	DOB	GENDER M/F/O	RELATION	EDUCATION LEVEL	TYPE OF HEALTH INSURANCE	DISABLED?		WORKING?	VETERAN?	1					Head of Household			<input type="checkbox"/>	<input type="checkbox"/>	2								<input type="checkbox"/>	<input type="checkbox"/>	3								<input type="checkbox"/>	<input type="checkbox"/>	4								<input type="checkbox"/>	<input type="checkbox"/>	5								<input type="checkbox"/>	<input type="checkbox"/>	6								<input type="checkbox"/>	<input type="checkbox"/>	7								<input type="checkbox"/>	<input type="checkbox"/>	8								<input type="checkbox"/>	<input type="checkbox"/>	9								<input type="checkbox"/>	<input type="checkbox"/>
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								<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?

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? <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.**

Submission Options:

MAIL OR DROP OFF	1117 Gallagher Dr, Suite 200, Sherman, TX 75090
DROP OFF, ONLY!	900 E. Park Blvd, Suite 155, Plano, TX 75074 (Drop Slot Next to Office Door)
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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)	\$
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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*):

4) Sign and date the form.

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.*)

/ /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.

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.

Applicant's Signature	Staff use only	
Signature of agency staff certifying they verified the above documents		Print Staff Name
Date		Date
/	/	/
>	/2026	