UTILITY ASSISTANCE

PROVIDE COPIES OF THE LISTED DOCUMENTS WITH YOUR APPLICATION

WAITLIST: ABOUT 6-12 WEEKS
Wait time depends on application volume.

1. PROOF OF INCOME

Every adult age 18 or older

- ☐ Paycheck stubs for the past 30 days
- ☐ Current-year SSI, SSDI, or Social Security award letter
- ☐ Unemployment documentation showing dates and amounts received
- ☐ Pension, retirement, or VA benefit letter(s)
- ☐ Declaration of Income Statement if anyone is unemployed or self-employed
- ☐ Social Security Card for each adult reporting ZERO income on the Declaration of Income Statement

Important: The Declaration of Income Statement is in the application packet (Page 4).

2. PROOF OF U.S. CITIZENSHIP

Every household member

- ☐ Birth certificate
- ☐ United States passport
- ☐ Certificate of Naturalization
- ☐ Certificate of U.S. Citizenship
- ☐ Permanent Resident Card - FRONT and BACK

3. PHOTO ID

Every adult age 18 or older

- ☐ Driver's license
- ☐ State-issued ID
- ☐ United States passport
- ☐ Permanent Resident Card - FRONT and BACK
- ☐ Military ID

4. UTILITY BILL(S)

ONLY electricity, gas, or propane

- ☐ Electric bill - if you need help with electricity
- ☐ Gas bill - if you need help with gas
- ☐ Propane bill - if you need help with propane

WE DO NOT ASSIST WITH WATER BILLS. Bill must show a BALANCE OWED. We cannot process a bill with a credit.

5. CHILD CUSTODY / GUARDIANSHIP

When applicable

- ☐ Proof of custody or guardianship for any child in the home who is not the biological child of a household member

HOW TO TURN IN YOUR APPLICATION & COPIES OF DOCUMENTS

SHERMAN - Mail or Drop Off 1117 Gallagher Dr., Suite 200, Sherman, TX 75090 (Drop box on 2nd floor lobby)	PLANO - Drop Off Only 900 E. Park Blvd., Suite 155, Plano, TX 75074 (Drop slot next to the door)

APPLICATIONS ARE NOT ACCEPTED BY EMAIL.

TCOG energy services

UTILITY ASSISTANCE **WAITLIST**

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

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 ☐ Single Person ☐ Single Parent ☐ Two Parent Household ☐ All Adults/No Children ☐ Multi-generational ☐ 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	☐	Paycheck stubs – last 30 days, prior to application signature date.
Veteran Benefits	☐	Current year benefit letter
Alimony/Spousal Support	☐	Payment record for the past 30 days
Social Security/SSI/SSDI/RSDI	☐	Current year benefit letter
Retirement Funds / Pension	☐	Current year benefit letter
Self-Employed	☐	Complete form on Page 4 – **Declaration of Income Statement & submit copies of Social Security Card(s). FOR INCOME VERIFICATION.**
No Income	☐	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	☐	Complete form on Page 4 – **Declaration of Income Statement & submit copies of Social Security Card(s). FOR INCOME VERIFICATION.**
Unemployment Benefits	☐	Itemized statement from Texas Workforce showing benefit amounts and dates paid
Private Disability Insurance Payments	☐	Check stubs – last 30 days, pricr to application signature date
TANF	☐	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 ☐	**Own** ☐	**Referral(s)** *Would you like to be referred to Weatherization? _____ Yes _____ No* *Weatherization assistance provides the installation of energy-saving measures to homes which reduces energy consumption up to 40%.* *If you selected yes, your application will be referred to Weatherization upon completion of the Utility Assistance process.*
Private Home	☐	
Apartment	☐	
Mobile Home	☐	
Duplex/Tri-plex/Condo	☐	

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)
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.	

DECLARATION OF INCOME STATEMENT (DIS)
(DECLARACION DE INGRESOS)

SECTION 1: APPLICANT INFORMATION		
Applicant Name (Nombre del Solicitante)	**Applicant Last Name** (Apellido)	Suffix (Sufijo)
Address (Dirección)	**City** (Ciudad)	**Zip Code** (Código Postal)

SECTION 2: LIST ADULT(S) NAME AND AMOUNT OF INCOME RECEIVED IN THE LAST 30 DAYS.

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 a ños de edad ó mas, y que no tienen documentación de ingresos por los 30 dias antes del aplicar para asistencia)*

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)

SECTION 3: EXPLAIN WHY THE ADULT(S) DO NOT HAVE INCOME OR 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):*

_____

_____

_____

SECTION 4: SIGN AND DATE 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 ycreencia.)*

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.)*

_____ _____

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

YOU MUST COMPLETE ALL SECTIONS OF THIS FORM.

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
			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

Updated November 2025
Previous Versions Obsolete

CoServ®
Charitable Foundation

Texoma Council of Governments
1117 Gallagher Dr, Suite 200, Sherman, TX 75090 Phone:
903-893-2161

CoServ Electric Customers ONLY
Complete this form only if CoServ is your electric provider.

Authorization for Release

Date: _____

Submit To: **CoServ**

Pledge Group

Customer Name: _____ **Account Number:** _____

Service Address: _____

I, _____, authorize CoServ to release information on my
(Customer name here)

account to **Texoma Council of Governments**. I, _____, authorize this release for up to one year
(Customer initials)

from the above date. **This release is not transferable.**

Customer's Signature: _____

Caseworker name: _____

Contact phone number for Caseworker:_____

CoServ Charitable Foundation
7701 S. Stemmons, Corinth, TX 76210