

UTILITY ASSISTANCE

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

Documents Needed:

1. **Proof of Income:** We are required to have proof of income from anyone in the household age 18 and older

Bank Statements, W2's, and other tax documents are not accepted.

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

2. **Proof of UNITED STATES Citizenship:** FOR **ALL** HOUSEHOLD MEMBERS

- ☐ Birth Certificate **(MUST PROVIDE COPIES)**
- ☐ Certificate of Naturalization **(MUST PROVIDE COPIES)**
- ☐ Certificate of US Citizenship **(MUST PROVIDE COPIES)**
- ☐ United States Passport **(MUST PROVIDE COPIES)**

3. **Proof of Identification:** HOUSEHOLD MEMBERS **18 YEARS OLD AND OLDER**

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

4. **All Pages (front and back) of Utility Bills:** Please provide front and back copies of your utility bills. **UTILITY BILLS MUST SHOW A BALANCE OWED.**

- ☐ Electric **(MUST PROVIDE COPIES)**
- ☐ Gas (if applicable) **(MUST PROVIDE COPIES)**
- ☐ Propane (if applicable) **(MUST PROVIDE COPIES)**

SEND APPLICATION AND COPIES OF DOCUMENTS TO:

TCOG UTILITY ASSISTANCE
1117 GALLAGHER DR. STE 200
SHERMAN, TX 75090

APPLICATION PROCESSING TIME: 8 WEEKS

Submission of your application DOES NOT GUARANTEE payment of your utility bills.

UTILITY ASSISTANCE INTAKE APPLICATION

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

Residence/Service Address - WE ONLY SERVE THE FOLLOWING COUNTIES: COLLIN, COOKE, DENTON, FANNIN, GRAYSON, HUNT AND ROCKWALL												
Residence/Service Address												
	Street/Box Number					City	State	Zip Code	County			
Mailing Address												
	Street/Box Number					City	State	Zip Code	County			
Telephone												
	Home		Work		Cellphone		Email Address					
Household Type	Single Person		Single Parent/Male		All Adults/No Children			Non Related Adults with Children				
	Single Parent/Female		Two Parent Household		Mult-generational			Other				
PART TWO: HOUSEHOLD MEMBERS												
MEMBER	NAME	RACE	HISPANIC Y/N	GENDER M/F/O	AGE	DOB	RELATION	EDU. LEVEL	TYPE OF HEALTH INSURANCE	VETERAN? Y/N	ARE YOU WORKING? Y/N	DISABLED Y/N
Self							Head of Household					
2												
3												
4												
5												
6												
7												
8												
9												
10												
TOTAL NUMBER IN HOUSEHOLD		Use additional sheets if more than ten (8) household members										

*VETERANS Please NOTE: Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>.

INCOME SOURCES - MUST PROVIDE COPIES OF INCOME PROOF

(List ALL income of household members 18 years of age or older)

Income from Employment
Veteran Benefits
Social Security
Supplemental Security Income (SSI) Social
Security Disability Income (SSDI)
Retirement Funds
Pension
Unemployment Benefits

Workers' Compensation
TANF
Food Stamps
Medicare/Medicaid
Private Disability Insurance
Self Employed - **Complete form on Page 5**
No Income - **Complete form on Page 5**
Other - **Complete form on Page 5**

Household Member Name	Type of Income Received	How Often? Weekly/Bi Weekly/ Monthly/Other	TOTAL MONTHLY GROSS INCOME

HOUSING INFORMATION

OWN: Yes No
RENT: Yes No
Utilities included: Yes No

Private Home Apartment
Mobile Home Section 8/ HUD

UTILITY PROVIDER INFORMATION

Electricity Service: _____ Account # _____ Heating Cooling Both
Natural Gas Service: _____ Account # _____ Heating
Propane Service: _____ Account # _____ Heating

APPLICANT COMMENT

Please share information that our staff should know such as **disconnection notice**,
YOU MUST provide the disconnection notice.

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.

AUTHORIZATIONS AND RELEASE OF INFORMATION:

1. The information provided is true and correct to the best of my knowledge and belief. *La informacion proveida en esta forma son verdaderas y correctas segun mi saber, entender y creencia.*
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. *Los ingresos de my hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.*
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. *Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la elegibilidad al programa, asistencia recibid, o tardanza de asistencia.*
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. *Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar informacion sobremis cuentas pasadas y futures para luz y gas cuando la informacion se usa para reporter data estadis.*
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. *COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION PROVEIDO ES FALSA INCORRECTA.*

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 ____ / ____ /2024

**PAYCHECK STUBS 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 or receives ZERO income.

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

1)

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)

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) 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)

<hr/>	<hr/>
<i>(Applicant Signature/Firma del Solicitante)</i>	<i>/ /2024 (Date/Fecha)</i>

TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED or receives ZERO income.



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.

This form REQUIRES YOUR signature. If this form is not signed and returned, your application WILL NOT be processed.

1)

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)

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.		
		/ / 2024
Applicant's Signature		Date
staff use only	staff use only	
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

To be completed by:

COSERV ELECTRIC CUSTOMERS

~~~~~Authorization for Release ~~~~~

1) Current Date: \_\_\_\_ / \_\_\_\_ /2024

To: CoServ  
Pledge Group  
Fax- 940-270-6802

2) RE: Customer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Acct#: \_\_\_\_\_

3) I, \_\_\_\_\_, authorize CoServ to release information on my  
(Customer Prints Name Here)  
account to **Texoma Council of Governments**. I, \_\_\_\_\_, authorize this release for up to  
(Customer Initials)  
one year from the above date. \*\*This release is not transferable. \*\*

☐ Faxed # \_\_\_\_\_ Attn: \_\_\_\_\_

☐ Emailed: \_\_\_\_\_ @ \_\_\_\_\_

Contact Phone Number for Caseworker: \_\_\_\_\_

4) \_\_\_\_\_  
**Customer's Signature**

## Did You Remember To...



Sign and date **page 4, page 5 and page 6** of the application?



Include **copies** of identification?

- Driver's license
- State ID
- U.S. Passport
- Military ID
- Permanent resident card



Include **copies** of proof of citizenship?

- Birth certificate
- Naturalization or U.S. Certificate
- U.S. Passport



Include **copies** of Income?

- Check stubs for current 30 days
- SSI, SSDI, or SSA award letter for 2024
- Retirement and/or pension
- Unemployment documentation
- Declaration of income statement (page 5 of application)



Include **copies** of utility bills (all pages front and back)

- Electric
- Gas
- Propane



# COPY CENTERS

- 1. OFFICE DEPOT**  
4015 N. US HIGHWAY 75  
SHERMAN, TX 75090  
903-487-5613
- 2. FEDEX Office Print & Ship Center**  
3903 N. US HIGHWAY 75  
SHERMAN, TX 75090  
903-893-0787
- 3. The UPS Store**  
718 US Highway 82 E  
Sherman, TX 75090  
903-868-1763
- 4. Workforce Solutions**  
2415 S Austin Avenue, #105  
Denison, TX 75020  
903-463-9997
- 5. Sherman Public Library**  
421 N Travis St  
Sherman, TX 75090  
903-892-7240
- 6. Denison Public Library**  
300 W Gandy St  
Denison, TX 75020  
903-465-1797