

WHAT DO I NEED TO APPLY?

To apply for utility assistance you must provide (1) Income for the Household, (2) A current Utility Bill, (3) Identification for Household Members. The average processing time is 14 business days. TCOG is not responsible for any interruption of services, fees or deposits pertaining to your utility bill.

1. **Income for adult Household Members**

- ✓ Income documentation must be submitted for all Adult household members, eighteen (18) years of age and older
- ✓ All Income included on the 2019 Client-Intake application requires a copy of documents.

For each Adult Household member employed within the past 30 days and received paycheck(s):

- ✓ Submit the consecutive stubs for the thirty (30) days prior to the date of application.
 - If paid Weekly = Four (4) consecutive pay check stubs
 - If paid Bi-Weekly = Two (2) consecutive pay check stubs
 - If paid Semi-Monthly = Two (2) consecutive pay check stubs
 - If paid Monthly = One (1) pay check stub

For each adult Household Member that receives Monthly Award Payments;

- ✓ Submit a 2019 Award Letter:
 - Unemployment Benefits – Provide a Payment Detail Summary Sheet (date printed must reflect on or after date of signed application)
 - Social Security (SS)
 - Supplemental Security Income (SSI or SSDI)
 - Retirement, Survivors, and Disability Insurance (RSDI)
 - VA Benefits
 - VA Disability Benefits
 - Retirement or Pension
 - Insurance/Workman's Comp/Annuity Payments
 - Statement from Employer (on Letterhead) showing gross income for the last thirty days, if employed.

If an Adult Household Member cannot provide proof in income, the Household must:

- Submit a Declaration of Income Statement (DIS)

2. **All pages (front and back) of current Utility Bills:**

- Electricity, Gas, Propane

3. **Identification for Household**

- ✓ Two (2) forms of Identification documents must be submitted for all household members, sixteen (16) years of age and older:
 - Valid Photo I.D.
 - Driver's License
 - Texas I.D. card
 - Verification of U.S. Citizenship
 - Birth certificate
 - Voter registration card
 - United States Passport
 - Military I.D
 - Certificate of Naturalization
 - Certificate of U.S. citizenship, tribal enrollment or tribal card with photo
 - If you are using a name other than what is on your birth certificate, (example: married name), you will be required to show legal documentation of name change.

4. **Children age fifteen (15) or younger, must have**

- Birth certificates OR shot records.

Customer Acknowledgement
Texoma Council of Governments (TCOG)
Energy Services Department

PLEASE READ – KEEP THIS PAGE FOR YOUR RECORDS

- ✓ The Energy Services Program is federally-funded and administered by TCOG. Services are not emergency assistance or an entitlement program.
- ✓ Assistance is subject to availability of funds. Submitting an application is not a guarantee of assistance.
- ✓ The average time to process an application for utility assistance is 14 business days.
- ✓ Households must meet 2019 Federal Income Guidelines and live in one of the TCOG service areas. For a complete list of counties served visit: www.tcog.com/energy/apply.
- ✓ TCOG will not secure any financial assistance or make payments until the application process is completed.
- ✓ Applicants are fully responsible any bill(s) and fees accrued before, during and after the application and eligibility determination process. Nonpayment of a bill can result in an interruption of services or disconnection.
- ✓ TCOG will not pay any late fees, deposits, reconnect charges. Applicants/clients are responsible paying fees associated with accounts.
- ✓ Utility Assistance provides assistance for electric, gas and propane bills only.
- ✓ Fees for text messages received from TCOG are the responsibility of the applicant/client.
- ✓ Client are responsible for notifying TCOG Energy Services of changes that could affect service delivery or payment to an account including but not limited to: change of account number, change of utility provider, change of address, telephone number or email address.

PART ONE: HOUSEHOLD IDENTIFICATION

Residence/Service Address	Street/Box Number		City	State	Zip Code	County
	Street/Box Number		City	State	Zip Code	County
Mailing Address	Street/Box Number		City	State	Zip Code	County
	Street/Box Number		City	State	Zip Code	County
Telephone	Home	Work	Mobile	Email Address		
	Home	Work	Mobile	Email Address		

USE THE INFORMATION BELOW FOR COMPLETING PART TWO - HOUSEHOLD MEMBERS

Race	White	Black	Asian	Multi-Race	American Indian or Native American	Other
Relationship to Applicant	Self	Spouse	Child	Grandchild	Other	
Health Insurance	Medicaid	Medicare	Military Ins.	State Ins.	Private Ins.	CHIPS Thru Employment
Military Status	Active Military	Veteran	Unknown/Not Reported			
Work Status	Full-Time	Part-Time	Migrant	Retired	<6 Months Unemployment	>6 Months Unemployment
	Seeking Employment	Not Seeking Employment				

PART TWO: HOUSEHOLD MEMBERS

MEMBER	NAME	RACE	HISPANIC Y/N	GENDER M/F/O	AGE	DOB	RELATION	EDU. LEVEL	INS. TYPE	MILITARY STATUS	WORK STATUS	DISABLED Y/N
Self												
2												
3												
4												
5												
6												
7												
8												
9												
10												
<i>TOTAL NUMBER IN HOUSEHOLD</i>		<i>Use additional sheets if more than ten (10) household members</i>										

HOUSEHOLD TYPE

Single Person
 Two Adults, NO Children
 Single Parent (F)
 Single Parent (M)
 Non-related Adults with Children
 Other
 Two-Parent Household
 Unknown/Not Reported
 Multigenerational Household

PART THREE: INCOME SOURCES (Check all that apply for anyone in the household.)

TANF
 Unemployment Insurance
 SSI
 SSDI
 EITC
 Pension
 Retirement Income from SS
 VA Service-Connected Disability Pension
 No Income
 Other

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

SNAP
 WIC
 LIHEAP
 Affordable Care Act
 Childcare Voucher
 HUD-VASH
 Housing Voucher
 Permanent Support Housing
 Public Housing
 VA Non-Service Connected Disability
 Child Support
 Private Disability Insurance
 Alimony or Spousal Support
 Worker's Compensation
 Other

PART FIVE: HOUSING INFORMATION

Is the home rented or owned?	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Monthly Rent/Mortgage:			
What type of housing?	<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Rented Room	Year Built:			
If renting, list name, address and phone number of landlord					
Landlord Information	Landlord Name		Phone Number		
Mailing Address	Street/Box Number		City	State	Zip Code

PART SIX: UTILITY SERVICE INFORMATION VERY IMPORTANT: Be sure to include copies of your current utility bill(s)

How does your family pay for heating/cooling?	<input type="checkbox"/> To Utility Company <input type="checkbox"/> To Landlord <input type="checkbox"/> Included in Rent
Your Primary Heating and Cooling Source	
Electricity Utility Company	Acct. # <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Gas or LP Utility Company	Acct. # <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Propane Company	Acct. # <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Type of Air Conditioner Used:	<input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Evaporator Cooler <input type="checkbox"/> Other <input type="checkbox"/> Heat <input type="checkbox"/> Cool
Type of Heater Used	<input type="checkbox"/> Central Unit <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Electric Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Burning Stove <input type="checkbox"/> Gas Heater <input type="checkbox"/> Other <input type="checkbox"/> None

PART SEVEN: CERTIFICATION

- 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.
- My household income has been annualized, at the time of the application, according to pre-established agency procedures.
Los ingresos de my hogar han sido calculados anualmente segun los reglamentos preescritos por la agencia.
- I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
Comprendo que puedo solicitar una audiencia para apelar decisiones que me afectan, tales como: la elegibilidad al programa, asistencia recibid, o tardanza de asistencia.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information on my utility and/or fuel bills, past and future, necessary for an eligible determination.
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 futuras para luz y gas cuando la informacion se usa para reporter data estadis.
- I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**
COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION PROVEIDO ES FALSA INCORRECTA.

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Applicant's Signature / Firma de Solicitante Date / Fecha

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/>

*** FOR OFFICE USE ONLY ***

RECOMMENDED COMPONENT	EDUCATIONAL MATERIALS
<input type="checkbox"/> CEAP Household Crisis Component <input type="checkbox"/> CEAP General Assistance Component <input type="checkbox"/> CSBG Assistance <input type="checkbox"/> Utility Company Energy Aid Programs <input type="checkbox"/> Weatherization <input type="checkbox"/> DENIED	<input type="checkbox"/> Energy Conservation <input type="checkbox"/> Budgeting Tips <input type="checkbox"/> Benefits Program Information <input type="checkbox"/> Heat Wave Tips <input type="checkbox"/> Lead-Based Paint Brochure

TOTAL ANNUAL HOUSEHOLD INCOME	DESCRIPTION OF HOUSEHOLD SITUATION/ELIGIBILITY DETERMINATION
<hr/>	
LEVEL OF HOUSEHOLD INCOME	
<input type="checkbox"/> 0 - 50% <input type="checkbox"/> 51 - 75% <input type="checkbox"/> 76 - 150% <input type="checkbox"/> 151% & over	
ENERGY BURDEN	
<input type="checkbox"/> 1 - 10% <input type="checkbox"/> 11 - 19% <input type="checkbox"/> 20 - 29% <input type="checkbox"/> 30% & over	

IF DENIED, PROVIDE REASON:

Date Notice of Denial Mailed: _____

Client Specialist

Application Completion Date

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

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)*

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):*

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.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**Systematic Alien Verification for Entitlements (SAVE) System
Applicant Certification Form for WAP and CEAP**



The program for which you are applying requires verification that each household member is a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of each household member's status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	US Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided

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	Date



Texoma Council of Governments
1117 Gallagher Dr Ste 240
Sherman, Texas 75090
Phone (903)813-3541

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

Current Date: \_\_\_\_\_

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

RE: Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Acct#: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
Customer's Signature