

2020 Utility Assistance Program

Documents Required to Apply

To apply for utility assistance you must provide **COPIES** of (1) household income, (2) current utility bill(s), (3) identification for household members and (4) proof of citizenship for ALL household members.

The average processing time is **28 business days** for utility assistance. TCOG is not responsible for interruption of services, fees or deposits pertaining to utility bills.

Applicant is responsible for providing **copies** of all documentation needed to complete the application process.

1. **Proof of income for all adult household members, eighteen (18) years of age and older.**
 - ✓ Submit consecutive paycheck stubs for the thirty (30) days prior to the date of application.
 - ✓ Submit 2020 Benefit Award Letter(s) – SSA, SSI, SSDI, RSDI, VA, Retirement, Pensions, Unemployment Payments
 - ✓ Complete and sign a Declaration of Income Statement (DIS) – included in packet
2. **Provide COPIES of electric, gas or propane utility bills.**
3. **Provide COPIES of State Issued Photo Identification for Household Members eighteen (18) years of age and older**
 - ✓ Valid Photo I.D.
 - Driver's License
 - Texas I.D. Card
4. **Proof of U.S. Citizenship for ALL household members**
 - ✓ Birth Certificate
 - ✓ United States Passport
 - ✓ Certificate of Citizenship or Naturalization

Mail applications to one of the addresses below:

Home Office: 1117 Gallagher Dr, Suite 200, Sherman, TX 75090

Phone: (903) 893-2161

Collin County Office: 2414 W. University Dr, Suite 125A, McKinney, TX 75071

Phone: (800) 677-8264 ext. 3601

Denton County Office: 306 N. Loop 288, Suite 108, Denton, TX 76209

Phone: (800) 677-8264 ext. 3600



Has your household been affected by COVID-19? _____ If yes, how? _____

What program are you applying for: Utility Assistance Weatherization Family Services (Cooke, Fannin and Grayson Counties)

PART ONE: HOUSEHOLD IDENTIFICATION Has your home been weatherized? _____ If so, what year _____

Residence/Service Address, Mailing Address, Telephone (Home, Work, Mobile), Email Address

PART TWO: HOUSEHOLD MEMBERS

Table with columns: MEMBER, NAME, RACE, HISPANIC Y/N, GENDER M/F/O, AGE, DOB, RELATION, EDU. LEVEL, INS. TYPE, MILITARY STATUS, WORK STATUS, DISABLED Y/N

TOTAL NUMBER IN HOUSEHOLD Use additional sheets if more than ten (10) household members

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.)

Table with columns: Household Member Name, Income Source (See examples below), How often are you paid?

Does anyone in the household receive... (Must provide proof of previous 30 days income)

TANF, Unemployment Insurance, SSI, SSDI, Wages, 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, None

PART FIVE: HOUSING INFORMATION

Is the home rented or owned?	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	Monthly Rent/Mortgage:	_____
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What type of housing?	<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex	Year Built:	_____
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If renting, list name, address and phone number of landlord

Landlord Information	Landlord Name		Phone Number			
	Mailing Address		City	State	Zip Code	County
	Street/Box Number					

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
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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	Tank %: _____ 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.

X Sign here: _____	
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Applicant's Signature / Firma de Solicante	Date / Fecha
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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
_____	<input type="checkbox"/> Vulnerable <input type="checkbox"/> Non - Vulnerable <input type="checkbox"/> High Energy USAGE = \$1000 + <input type="checkbox"/> High Energy BURDEN = 11% +
LEVEL OF HOUSEHOLD INCOME	
<input type="checkbox"/> 0 - 50% <input type="checkbox"/> 51 - 75% <input type="checkbox"/> 76 - 150.00% <input type="checkbox"/> 150.01% & over	
ENERGY BURDEN	
_____ / _____ = _____ % annual usage total annual income energy burden *not applicable for households <u>only</u> receiving HCC payments	

IF DENIED, PROVIDE REASON:

Date Notice of Denial Mailed: _____

Caseworker Signature

Application Completion Date

If ANY ADULT (18 years or older) in your home receives ZERO income, this form MUST be completed and signed.

**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.)*

SIGN HERE X

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

If ANY ADULT (18 years or older) in your home receives ZERO income, this form MUST be completed and signed.



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 a signature. If this form is not signed and returned, your application will NOT be processed.

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

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.

SIGN HERE X		
Applicant's Signature		Date
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

To be completed by COSERV ELECTRIC Customers ONLY

Texoma Council of Governments
1117 Gallagher Drive, Suite 200
Sherman, Texas 75090
Phone (903) 893-2161 option 5

~~~~~**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