

WATER ASSISTANCE PROGRAM APPLICATION – 2023

THIS PROGRAM IS OPEN 01/01/2023 - 03/31/2023

APPLICATIONS MISSING ANY REQUIRED DOCUMENTATION WILL NOT BE PROCESSED.

REQUIRED DOCUMENTS

YOU MUST PROVIDE **COPIES** OF ALL REQUIRED DOCUMENTATION.



VALID PHOTO ID FOR ALL ADULTS



BIRTH CERTIFICATE OR U.S. PASSPORT FOR ALL HOUSEHOLD MEMBERS



PROOF OF INCOME FOR THE 30 DAYS **PRIOR** TO YOUR APPLICATION SIGNATURE DATE



WATER, ELECTRIC, GAS, AND/OR PROPANE BILL(S). *ALL BILLS MUST SHOW A BALANCE OWED. CREDIT BILLS WILL NOT BE PROCESSED.*



APPLICATION WITH ALL FORMS SIGNED AND DATED

Our average processing time is 8 weeks. Submission of your application does not guarantee payment of your utility bills. Once your application is processed you will receive a determination of eligibility letter, in the mail.

MAIL APPLICATIONS TO:

UTILITY ASSISTANCE, 1117 GALLAGHER DR, SUITE 200 SHERMAN, TX 75090
QUESTIONS?

GIVE US A CALL AT: (903) 893-2161 ext. 3541

2023 PROGRAM YEAR

IMPORTANT NOTICE

Submission of your application DOES NOT GUARANTEE payment of your utility bills. **Please allow up to 8 weeks for your application to be processed.** Processing time begins when the application is received in our office. You will be notified by mail once your application has been processed with a determination of eligibility. All payments are subject to qualification and available funds. You are responsible for any outstanding bills until you receive a confirmation letter from TCOG stating that we are making a pledge/payment on your account.

If you submit utility bills that have a CREDIT balance your application will not be processed. We are unable to process these applications because there is not a balance due and therefore there is not a need for assistance. You will need to apply when you have a balance due on your utility bill(s).

Texoma Council of Governments (TCOG) is honored to serve the members of our community and we respect the rights of our community neighbors and friends.

Contact Information

TO APPLY ONLINE, VISIT:

WWW.TCOG.COM/ENERGY/APPLY

TO SPEAK WITH A STAFF MEMBER, CALL:

903-893-2161 EXT. 3541EMAIL QUESTIONS TO: **energyapp@tcog.com**

Applications ARE NOT accepted by email. They
will be discarded.

OFFICE HOURS:

Monday - Thursday: 7:30AM - 5:30PM

Friday: CLOSED**better leaders building better lives™**

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 (List ALL income of adults and children that are 18 years of age or older for the last 30 days)*Identify income from any of the following sources:*

			\$ received per month	times per month
Salary from Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Tips and Bonuses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Commissions/Fees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Recurring Gifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Veteran Benefits – service or non-service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Interest/ Dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Social Security Disability Income (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Workers' Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Medicare/Medicaid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
General Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Unknown/Not Reported	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
EITC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Private Disability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Child Support:	<input type="checkbox"/> Y/N	<input type="checkbox"/> Anticipated	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Court Ordered (regardless if paid)
Other:	_____			

HOUSING INFORMATION

Type: ☐ Private Home ☐ Mobile Home ☐ Apartment ☐ Subsidized/ Public Housing

OWN: ☐ Yes ☐ No Mortgage/Month _____

RENT: ☐ Yes ☐ No Rent/Month _____ Utilities included: ☐ Yes ☐ No

UTILITY INFORMATION

Electric Service: _____ Account # _____ Heating ☐ Cooling ☐ Both ☐

Natural Gas Service: _____ Account # _____ Heating ☐ Cooling ☐ Both ☐

Propane Service: _____ Account # _____ Heating ☐ Cooling ☐ Both ☐

Water/Wastewater : _____ Account # _____ Heating ☐ Cooling ☐ Both ☐

Type of A/C: ☐ Central ☐ Evaporative ☐ Window Unit ☐ None

Type of Heater: ☐ Central ☐ Electric Heater ☐ Fireplace ☐ Space Heater ☐ Wall Furnace ☐ None

PRIORITY INFORMATION

1. Have you ever received services from TCOG - Utility Assistance Program? ☐ No ☐ Yes - If yes, when: _____
2. Is anyone in the household 60 years of age or older? ☐ Yes ☐ No
3. Is anyone in the household disabled? ☐ Yes ☐ No
4. Are there any children 5 years of age or younger in the household? ☐ Yes ☐ No

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 _____

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)	FOR OFFICE USE ONLY	
			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