

Family Assistance Program
Residents of Grayson, Cooke, and Fannin Counties ONLY

REQUIRED DOCUMENTATION

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 date of application.
- Submit Benefit Award Letter(s) (SSA, SSI, SSDI, RSDI, VA, Retirement, Pensions, and Unemployment Payments) for current year.
- If no income has been earned/received, household members 18 years and older must complete:
 - Declaration of Income Statement

2. All household members age eighteen (18) and over:

- Valid Photo ID (Valid Driver's License or Texas ID card)
- Social Security Cards for everyone over 18.

Name:

Phone:

Please check each category that you needing assistance for through TCOG or another agency.

Basic Needs:	Income:	Transportation:	Heating/Cooling Appliances:
<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> TANF <input type="checkbox"/> SS Benefits <input type="checkbox"/> Budget Training	<input type="checkbox"/> Work <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> None in home <input type="checkbox"/> Needs Repair (still working) <input type="checkbox"/> Needs Repair (not working)
Utility Assistance:	Education:	Health Needs:	Housing Needs:
<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Water	<input type="checkbox"/> GED <input type="checkbox"/> ESL <input type="checkbox"/> Vo/Tech <input type="checkbox"/> College	<input type="checkbox"/> Immunizations <input type="checkbox"/> Prescriptions <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Substance Abuse Counseling	<input type="checkbox"/> Temporary shelter <input type="checkbox"/> Low Income Housing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Weatherization <input type="checkbox"/> Repairs
Employment:	Veterans' Needs:	Legal Needs:	Child Support:
<input type="checkbox"/> Job Search <input type="checkbox"/> Resume Training	<input type="checkbox"/> Medical <input type="checkbox"/> Training	<input type="checkbox"/> Civil <input type="checkbox"/> Domestic Violence	<p>Is this a single parent household with children under the age of 18? Y: <input type="checkbox"/> N: <input type="checkbox"/></p> <p>If so, is the custodial parent receiving Child Support? Y: <input type="checkbox"/> N: <input type="checkbox"/></p>
Dependent Care Needs:	Any Other Needs (explain):		
<input type="checkbox"/> Child Care <input type="checkbox"/> Elderly Care			

SIGNATURE

DATE

What program are you applying for:	<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> Weatherization	<input type="checkbox"/> Family Services (Cooke, Fannin and Grayson Counties)
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PART ONE: HOUSEHOLD IDENTIFICATION						Has your home been weatherized? _____ If so, what year _____					
Residence/Service Address	Street/Box Number				City	State	Zip Code	County			
Mailing Address	Street/Box Number				City	State	Zip Code	County			
Telephone	Home		Work		Mobile		Email Address				

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							Self					
2												
3												
4												
5												
6												
7												
8												
9												
10												
TOTAL NUMBER IN HOUSEHOLD		Use additional sheets if more than ten (10) household members										

HOUSEHOLD TYPE												
<input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, NO Children <input type="checkbox"/> Single Parent (F) <input type="checkbox"/> Single Parent (M) <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Other <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Unknown/Not Reported <input type="checkbox"/> Multigenerational Household												

PART THREE: INCOME SOURCES (Check all that apply for anyone in the household.)		
Household Member Name	Income Source (See examples below)	How often are you paid?

Does anyone in the household receive... <i>(Must provide proof of previous 30 days income)</i>	
<input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Retirement Income from SS <input type="checkbox"/> VA Service-Connected Disability Pension <input type="checkbox"/> No Income <input type="checkbox"/> Other	

PART FOUR: BENEFITS (Check all that apply for anyone in the household. <i>Not used for determining eligibility. For reporting purposes only.</i>)	
<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Affordable Care Act <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Housing Voucher <input type="checkbox"/> Permanent Support Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> VA Non-Service Connected Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Alimony or Spousal Support <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other <input type="checkbox"/> None	

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"/> Duplex	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	County

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	Acct. #	<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Water Company	Acct. #	(Disconnections ONLY)
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 recibida, 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 sobre mis cuentas pasadas y futuras para luz y gas cuando la informacion se usa para reportar datos estadísticos.
- 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"/> Energy Conservation
<input type="checkbox"/> CEAP General Assistance Component	<input type="checkbox"/> Budgeting Tips
<input type="checkbox"/> CSBG Assistance	<input type="checkbox"/> Benefits Program Information
<input type="checkbox"/> Utility Company Energy Aid Programs	<input type="checkbox"/> Heat Wave Tips
<input type="checkbox"/> Weatherization	<input type="checkbox"/> Lead-Based Paint Brochure
<input type="checkbox"/> DENIED	

TOTAL ANNUAL HOUSEHOLD INCOME	DESCRIPTION OF HOUSEHOLD SITUATION/ELIGIBILITY DETERMINATION
<div> <div>LEVEL OF HOUSEHOLD INCOME</div> <div> <input type="checkbox"/> 0 - 50% <input type="checkbox"/> 51 - 75% <input type="checkbox"/> 76 - 150% <input type="checkbox"/> 151% & over </div> </div> <div> <div>ENERGY BURDEN</div> <div>Energy Burden is not applicable for CSBG</div> </div>	<div> <input type="checkbox"/> Vulnerable <input type="checkbox"/> Non - Vulnerable <input type="checkbox"/> High Energy USAGE = \$1000 + <input type="checkbox"/> High Energy BURDEN = 11% + </div>

IF DENIED, PROVIDE REASON:

Date Notice of Denial Mailed: _____

Client Specialist

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.

RELEASE OF INFORMATION
AUTHORIZATION FORM

Client Name
Date of Birth

I give permission to _____ (name of agency) to share any information necessary with other individuals or organizations in order to provide case management services and secure resources on my behalf. I understand that information will only be shared when necessary to meet the requirements of my established service plan.

I authorize _____ (name of agency) to share my necessary information and records with individuals and organizations as needed in order to secure resources on my behalf.

Signature: _____ Date: _____
Printed Name _____

better leaders building better lives™

Community Services Block Grant (CSBG) Family Assistance Program
1117 Gallagher Drive, Suite 200 Sherman, TX 75090
Phone: (903) 813-3541 option 3



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