

## Utility Assistance Packet - 2022

### 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 from the date your completed application is received.**

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 2022 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 - Social Security cards are not accepted**
  - ✓ 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 ext. 3541

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

**Phone:** (800) 677-8264 ext. 3600

Applications **are not** accepted by email or fax.



energy services

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	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**

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.)

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:	
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?  To Utility Company  To Landlord  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	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**

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. 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.*
3. 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.*
4. 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 futures para luz y gas cuando la informacion se usa para reporter data estadis.*
5. 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: \_\_\_\_\_

Applicant's Signature / Firma de Solicante \_\_\_\_\_ 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	
_____	<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 dias 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):*

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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.



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