

Utility Assistance Packet - 2025

Documents Required:

We do not accept
applications by email.

Proof of Income: **ADULTS AGE 18 AND OLDER**

- Check Stubs for the past 30 days. (**MUST PROVIDE COPIES**)
- SSI, SSDI, or SSA award letter for the CURRENT YEAR (**MUST PROVIDE COPIES**)
- Unemployment Documentation (must show dates and amounts received) (**MUST PROVIDE COPIES**)
- Pension, Retirement, VA benefit letter (s) (**MUST PROVIDE COPIES**)
- Declaration of income statement (**IF ANY HOUSEHOLD MEMBER IS UNEMPLOYED OR SELF EMPLOYED**)
 - DECLARATION OF INCOME STATEMENT IS IN THE APPLICATION PACKET (**PAGE 5**).

Proof of United States Citizenship: **PROVIDE ONE (1) FOR EACH HOUSEHOLD MEMBER**

- Birth Certificate (**MUST PROVIDE COPIES**)
- United States Passport (**MUST PROVIDE COPIES**)
- Certificate of Naturalization (**MUST PROVIDE COPIES**)
- Certificate of US Citizenship (**MUST PROVIDE COPIES**)
- Permanent Resident Card (**MUST PROVIDE COPIES of FRONT AND BACK**)

Proof of Identification: **PROVIDE ONE (1) FOR EACH ADULT AGE 18 AND OLDER**

- Driver's License (**MUST PROVIDE COPIES**)
- State Issued ID (**MUST PROVIDE COPIES**)
- United States Passport (**MUST PROVIDE COPIES**)
- Permanent Resident Card (**MUST PROVIDE COPIES of FRONT AND BACK**)
- Military ID (**MUST PROVIDE COPIES**)

Utility Bills

- Electric Bill (**MUST PROVIDE COPIES**)
- Gas (if applicable) (**MUST PROVIDE COPIES**)
- Propane (if applicable) (**MUST PROVIDE COPIES**)
- Utility Bills must show a BALANCE OWED. We cannot process a bill that has a credit on the account.

MAIL APPLICATION AND COPIES OF DOCUMENTS TO:

TCOG Utility Assistance - 1117 Gallagher Dr, Suite 200, Sherman, TX 75090

Assistance is provided based on the availability of funds and eligibility.

Minimum Processing time: 8 weeks

Maximum Processing time: Wait-list pending funding availability

Submission of your application **DOES NOT GUARANTEE** payment of your utility bills.



UTILITY ASSISTANCE INTAKE APPLICATION

Service Area: Collin, Cooke, Denton, Fannin, Grayson, Hunt and Rockwall Counties

Residence Address			TX		
	ADDRESS	City	State	Zip Code	County
PHONE NUMBER		Email Address			

MAILING ADDRESS, IF DIFFERENT FROM ABOVE:

PART TWO: HOUSEHOLD MEMBERS

	FIRST AND LAST NAME	RACE	AGE	DOB	GENDER M/F/O	RELATION	EDUCATION LEVEL	TYPE OF HEALTH INSURANCE	HISPANIC?	VETERAN?	WORKING?	DISABLED?
1						Head of Household						
2												
3												
4												
5												
6												
7												
8												
9												

Household Type	<input type="checkbox"/> Single Person	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> All Adults/No Children	<input type="checkbox"/> Multi-generational	<input type="checkbox"/> Other: _____
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INCOME SOURCES - **MUST PROVIDE COPIES** OF INCOME PROOF

(Select income received for **all** household members 18 years of age or older)

	INCOME TYPE	DOCUMENTATION TO PROVIDE
<input type="checkbox"/>	EMPLOYMENT	PAYCHECK STUBS - LAST 30 DAYS
<input type="checkbox"/>	VETERAN BENEFITS	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	SOCIAL SECURITY	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI)	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	RETIREMENT FUNDS	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	PENSION	CURRENT YEAR BENEFIT LETTER
<input type="checkbox"/>	SELF EMPLOYED	COMPLETE FORM ON PAGE FIVE (5)
<input type="checkbox"/>	NO INCOME	COMPLETE FORM ON PAGE FIVE (5)
<input type="checkbox"/>	OTHER	COMPLETE FORM ON PAGE FIVE (5)
<input type="checkbox"/>	UNEMPLOYMENT BENEFITS	ITEMIZED STATEMENT FROM TEXAS WORKFORCE SHOWING BENEFIT AMOUNTS AND PAYMENT DATES FOR AT LEAST THE LAST 30 DAYS
<input type="checkbox"/>	PRIVATE DISABILITY INSURANCE PAYMENTS	CHECK STUBS - LAST 30 DAYS
<input type="checkbox"/>	TANF	RECIPIENTS MUST SUBMIT A LETTER FROM THE HEALTH AND HUMAN SERVICES DEPARTMENT, DATED WITHIN THE LAST 30 DAYS.
<input type="checkbox"/>	SNAP (FOOD STAMPS)	RECIPIENTS MUST SUBMIT A LETTER FROM THE HEALTH AND HUMAN SERVICES DEPARTMENT, DATED WITHIN THE LAST 30 DAYS.

HOUSEHOLD MEMBER	TYPE OF INCOME	HOW OFTEN ARE YOU PAID?	TOTAL MONTHLY GROSS INCOME



HOUSING INFORMATION

UTILITY COMPANY	COMPANY NAME	ACCOUNT NUMBER	HEATING?	COOLING?
ELECTRICITY COMPANY			<input type="checkbox"/>	<input type="checkbox"/>
GAS COMPANY			<input type="checkbox"/>	
PROPANE COMPANY			<input type="checkbox"/>	

***If you have a disconnection notice, you must include it with your application. We DO NOT assist with water.**

HOUSEHOLD STATUS	YES	NO
DO YOU OWN YOUR HOME?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU RENT YOUR HOME?	<input type="checkbox"/>	<input type="checkbox"/>
ARE UTILITIES INCLUDED IN YOUR RENT?	<input type="checkbox"/>	<input type="checkbox"/>

WHERE DO YOU RESIDE?	YES	NO
PRIVATE HOME?	<input type="checkbox"/>	<input type="checkbox"/>
MOBILE HOME?	<input type="checkbox"/>	<input type="checkbox"/>
APARTMENT/DUPLEX/TRI-PLEX?	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT COMMENT (INFORMATION RELATED TO INCOME MUST BE LISTED ON PAGE 2 AND PAGE 5)

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 _____ / _____ /2025

PAYCHECK STUBS MUST BE 30 DAYS PRIOR TO YOUR SIGNATURE DATE.

TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED or receives ZERO income.

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

1)

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)*

2)

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)

3) 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.)*

4)

<i>(Applicant Signature/Firma del Solicitante)</i>	<i>/ /2025</i> <i>(Date/Fecha)</i>
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TO BE COMPLETED FOR ANY ADULT (18 years of age or older) who is SELF EMPLOYED or receives ZERO income.

We do not accept applications by email.



You **MUST COMPLETE and SIGN THIS FORM!!!!** If this form is not signed and returned, your application **WLL NOT be processed.**

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.

1)

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

To add additional household members, use another copy of this form.

2)

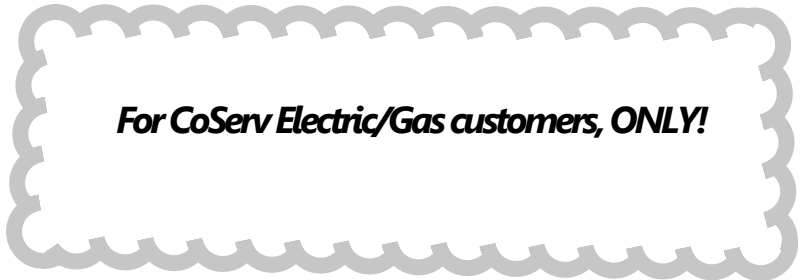
I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.		
	/	/2025
Applicant's Signature	Date	
staff use only	staff use only	
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

Texoma Council of Governments
1117 Gallagher Dr, Suite 200, Sherman, TX 75090
Phone: 903-893-2161

Authorization for Release

Date: _____

Submit To: **CoServ**
Pledge Group



Customer Name: _____ Account Number: _____

Service Address: _____

I, _____, authorize CoServ to release information on my
(Customer name here)

account to **Texoma Council of Governments**. I, _____, authorize this release for up to one year
(Customer initials)

from the above date. **This release is not transferable.**

Customer's Signature: _____

Caseworker name: _____

Contact phone number for Caseworker: _____