

MEMORANDUM

TO: Families Seeking Help with Utility Bills

FR: Judy Fullylove, TCOG Energy Services Program Manager

RE: Utility Assistance for residents of COLLIN, DENTON, HUNT and ROCKWALL Counties

Texoma Council of Governments (TCOG) is providing utility assistance for eligible households residing in COLLIN, DENTON, HUNT, and ROCKWALL counties. Eligibility is based on income of 150% of poverty level. Attached is the application for services along with a list of items needed to complete processing.

Applications are accepted by fax, email, postal mail or by drop off.

Fax phone number: 903-813-3522
Email address: cnoreen@tcog.com
Office and Mailing address: Texoma Council of Governments
ATTN: Energy Services
1117 Gallagher Drive, STE.200
Sherman, TX 75090

Poverty Limits for CEAP

Family Size	150%
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,170
8	\$61,980



client services
energy services

Client Intake Application
Utility Assistance

DATE: _____

COUNTY: _____

PREPARED BY: _____ CLIENT FILE #: _____

INTAKE CENTER: ☐ Sherman ☐ Gainesville ☐ Bonham ☐ Mail-In

Last Name _____ First Name _____ MI _____

Street Address _____

Mailing Address _____

City _____ State Texas Zip Code _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____

Has this residence ever received services from the Weatherization Program? ☐ Yes ☐ No Date: _____

HOUSEHOLD DEMOGRAPHICS

Household Member	M/F	DOB	Relationship	Citizen	Veteran	Disabled	Race	Hisp or None	Health Insurance	Level of Education
			SELF							

Applicant:

INCOME List the income for all household members 18 and over (please print)			
Household Member	*Pay Cycle	Amount	†Income Source

* Weekly, Bi-Weekly, Monthly, Bi-Monthly † Wages, Worker's Comp, SSI Benefits, VA Benefits, Unemployment, Social Security Benefits, Pension, TANF, No Income

DOES ANYONE IN HOUSEHOLD RECEIVE FOOD STAMPS? ☐ Yes ☐ No **Number of Household Members** _____

HOUSEHOLD TYPE

☐ Single Parent/Female ☐ Single Parent/Male ☐ Two-Parent Household
☐ Single Person ☐ Adults Only ☐ Extended Family

HOUSING TYPE **HOUSING STATUS** **ENERGY USED TO HEAT** **TYPE OF AIR CONDITIONING**

☐ Single Family Home ☐ Rent ☐ Natural Gas ☐ None
☐ Mobile Home ☐ Own ☐ Electricity ☐ Central Unit
☐ Multi-Dwelling ☐ Bottled Gas ☐ Window Unit
What year was your home built? _____ ☐ Other (Specify) _____ ☐ Evaporative Cooler

UTILITY TYPES

☐ Electricity **Company:** _____ **Account #:** _____
☐ Gas **Company:** _____ **Account #:** _____
☐ Propane **Company:** _____ **Account #:** _____

CLIENT CERTIFICATION, AUTHORIZATION, UNDERSTANDING, & AGREEMENT

My answers to all of the previous questions and the statements I have made are TRUE and CORRECT to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for WEATHERIZATION services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state or federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, gender or political belief.

I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received or a delay of service delivery.

PENALTIES FOR FRAUD: Whoever obtains or attempts to obtain Energy Services (utility assistance or weatherization services) for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

Signature of Applicant

Date

Applicant:

*** FOR OFFICE USE ONLY ***

RECOMMENDED COMPONENT

- ☐ CEAP Household Crisis Component
- ☐ CEAP General Assistance Component
- ☐ CSBG Assistance
- ☐ Utility Company Energy Aid Programs
- ☐ Weatherization

☐ **DENIED**

EDUCATION MATERIALS

- ☐ Energy Conservation
- ☐ Budgeting Tips
- ☐ Benefits Program Information
- ☐ Heat Wave Tips
- ☐ Lead-Based Paint Brochure

TOTAL ANNUAL HOUSEHOLD INCOME

LEVEL OF HOUSEHOLD INCOME

- ☐ 0 - 50%
- ☐ 51 - 75%
- ☐ 76 - 150%
- ☐ 151% & Over

ENERGY BURDEN %:

- ☐ 1 - 10%
- ☐ 11 - 19%
- ☐ 20 - 29%
- ☐ 30% & Over

DESCRIPTION OF HOUSEHOLD SITUATION/ELIGIBILITY DETERMINATION

IF DENIED, GIVE REASON:

DATE NOTICE OF DENIAL WAS MAILED: _____

Client Specialist

Application Completion Date

2017 UTILITY ASSISTANCE APPLICATION

REQUIRED DOCUMENTATION

1. Proof of income for all household members over the age of 18 for previous thirty (30) days.

Provide the income that applies to your household:

- ☐ If paid weekly, four (4) current check stubs
- ☐ If paid bi-weekly, two (2) current check stubs
- ☐ If paid monthly, one (1) current check stub
- ☐ Social Security Award Letter for 2017
- ☐ Retirement Income letter for 2017
- ☐ VA award letter for 2017
- ☐ TANF printout for the previous thirty (30) days
- ☐ Child Support Letter (showing how much you receive on a monthly basis)
- ☐ Unemployment printout (showing how much you have received in the past 30 days)
- ☐ Documentation of any other income received in your household for the past 30 days

2. All pages (front and back) of your current Utility bills:

- ☐ Electricity Bill
- ☐ Gas Bill
- ☐ Propane Bill

3. All adults 18 and over:

- ☐ Photo I.D. (Driver's License or Texas I.D. card)
- ☐ **Applicants** must provide a 2nd form of I.D. (birth certificate, voter registration card, passport, military I.D.)

4. For children under the age of 18, we must have

- ☐ Birth certificates OR shot records.

Incomplete applications or missing documentation will delay processing of your application

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.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

www.tdhca.state.tx.us

**Systematic Alien Verification for Entitlements (SAVE) System
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.

Are you a US Citizen (born or naturalized)? Yes _____ or No _____

Persons born in Puerto Rico, Guam, the US Virgin Islands, American Samoa, Swains Island (or their descendents) are considered citizens).

Caseworker: Describe documentation reviewed _____

or

Are you a legal resident of the US? Yes _____ or No _____

If the client answer to question #2 is yes and the client has documentation, Agency must proceed with Systematic Alien Verification for Entitlements Program (SAVE) verification process.

My legal residency is based on my status as a:

- _____ Lawful Permanent Resident (LPR)
- _____ Asylee
- _____ Parolee
- _____ Person with Deportation (or Removal) Withheld
- _____ Conditional Entrant
- _____ Cuban or Haitian Entrant
- _____ Battered Non-Citizen
- _____ Refugee
- _____ Trafficking Victim
- _____ Iraqi or Afghan Special Immigrant (SIV)

Under penalty of perjury, I certify that I am a U.S. citizen, a non-citizen national, or a legal resident of the United States.

Printed Name

Signature

Date

Applicants answering "No" to both questions are not eligible for CEAP or WAP services and must be given a denial letter explaining their rights to appeal.

Agreement Concerning the Use of Account Information

And

Release of Atmos Energy Corporation

Sharing the Warmth Program

You have requested financial assistance from an agency (an "Agency") that participates in the Sharing the Warmth program (the "Program") sponsored by Atmos Energy Corporation ("Atmos Energy"). Your eligibility to obtain financial assistance from the Program ("the Sharing the Warmth Funds") is conditioned upon your acceptance of the terms and conditions contained or referenced in this agreement (the "Agreement"). Please read this Agreement carefully.

Sharing of Customer Information

By accepting the terms of this Agreement, you are authorizing Atmos Energy to share your customer information with an Agency to facilitate the pledge of Sharing the Warmth Funds to your Atmos Energy account. The customer information that Atmos Energy will share with an Agency may include your current and former name(s), account number, payment history, street address, gas usage, and any other information Atmos Energy may have in its possession. This may include information that you consider confidential or private. All Customer information referred to in the preceding sentence is defined as the "Customer Information."

Release and Indemnity

YOU AGREE TO RELEASE, INDEMNIFY, DEFEND AND HOLD ATMOS ENERGY, ITS AGENTS, EMPLOYEES, OFFICERS, DIRECTORS AND AFFILIATES HARMLESS FROM ALL LIABILITIES, CLAIMS, AND EXPENSES, INCLUDING ATTORNEY'S FEES, FROM CLAIMS RELATING TO ARISING UNDER THE PROGRAM OR THIS AGREEMENT, INCLUDING WITHOUT LIMITATION, THE DISCLOSURE OF YOUR CUSTOMER INFORMATION TO AN AGENCY, OR AN AGENCY'S SUBSEQUENT USE AND/OR DISCLOSURE OF YOUR CUSTOMER INFORMATION. THIS RELEASE AND INDEMNIFICATION WILL SURVIVE THE TERMINATION OF THIS AGREEMENT AND/OR THE SHARE THE WARMTH AGREEMENT.

Limitation of Liability

ATMOS ENERGY SHALL NOT BE LIABLE TO YOU IN ANY WAY FOR DAMAGES OF ANY KIND INCLUDING WITHOUT LIMITATION, ACTUAL, DIRECT, COMPENSATORY, SPECIAL, INCIDENTAL, EXEMPLARY, LOST PROFITS, LOSS OF REVENUE, AND/OR CONSEQUENTIAL DAMAGES ARISING OUT OF THE PROGRAM OR THIS AGREEMENT, INCLUDING WITHOUT LIMITATION, THE DISCLOSURE OF YOUR CUSTOMER INFORMATION TO AN AGENCY, OR AN AGENCY'S SUBSEQUENT USE AND/OR DISCLOSURE OF YOUR CUSTOMER INFORMATION.

Reservation of Rights

Atmos Energy reserves the right to modify in part or in whole, or temporarily or permanently discontinue the Program for any reason and at any time without notice.

Jurisdiction

This Agreement shall be construed in accordance with the laws of the state of Texas. All disputes arising from your use of this Website or under this Agreement shall be resolved in a court located in Dallas County, Texas without reference to conflict of laws or choice of laws statute.

Beneficiary Signature: _____

Date: _____



MAACLink OnSite

CLIENT CONSENT AND RELEASE OF INFORMATION

MAACLink OnSite is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink OnSite is not electronically connected to HUD and is only used by authorized agencies. All MAACLink OnSite users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to Texoma Council of Governments (Agency Name) to collect and enter my personal and household information into the MAACLink OnSite computer system.

I understand that the MAACLink OnSite system may be shared by authorized users within this agency only for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink OnSite file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- This agency will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Client Name (Printed)

Client Signature

Date

Agency Representative Name (Printed)

Agency Representative Signature

Date



FOR COSERV CUSTOMERS ONLY

Texoma Council of Governments
1117 Gallagher Dr., STE 200
Sherman, Texas 75090
Phone (903)813-3541

~~~~~**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**

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\_\_\_\_\_ Faxed # \_\_\_\_\_ Attn: \_\_\_\_\_

\_\_\_\_\_ Emailed: \_\_\_\_\_ @ \_\_\_\_\_

Contact Phone Number for Caseworker: \_\_\_\_\_

\_\_\_\_\_  
Customer's Signature