



Hidalgo County Community Service Agency 2020 Application Instructions

Assistance is available for Hidalgo County residents only.
For your 2020 Application steps 1-5 listed below must be completed

1. 2020 Application Pages 1-3

2. **Income:** Must be submitted for all household members employed.

- A. If you receive paycheck stubs, submit the consecutive stubs for the thirty (30) days prior to the date the application was signed for all household members employed. See below income breakdown below:

| | |
|--------------------------------|---------------------------------|
| Paid Weekly | 4/5 consecutive pay check stubs |
| Paid Bi-Weekly or Semi-Monthly | 2/3 consecutive pay check stubs |
| Paid Monthly | 1 pay check stub |

- B. If you receive the following Monthly Payments, a 2020 Award Letter is required:

(Bank statements will not be accepted)

- Social Security (SS) or Supplemental Security Income (SSI)
- Housing/Section 8 Assistance – Proof of utility reimbursement
- Retirement or Pension
- VA or VA Disability Benefits
- DD-214
- Insurance / Workman's Comp / Annuity Payments
- Child Support / Unemployment Benefits / Food Stamp / SNAP or TANF
 - Child Support or Unemployment Benefits: Provide a **Payment Detail Summary Sheet** (date printed must reflect on or after date of signed application)
 - Food Stamp / SNAP or TANF: Benefit letter must be within 30 days of application date. If any other income is listed on the award letter, you must submit all documented income separately as indicated above. **Food stamp letter will not be accepted for proof of income.**

- C. If you are unemployed and not receiving any income, are self-employed, paid in cash, or receiving family support a Declaration of Income Statement document will be needed and will be provided during your interview.

3. **Current Electric Bill:** Provide complete bill - You must submit a front and back copy of your electric bill showing meter number and service address. If disconnect notice, provide disconnect electric bill and previous bill statement.

4. **Current Gas Bill:** Provide complete bill - You must submit a front and back copy of your gas bill showing meter number and service address.

5. **Proof of citizenship or legal residency (Documentation for every household member is required)-** Birth certificate and ID or U.S. Passport or Certificate of Naturalization and ID or Permanent resident card. **If declaring children other than your own, a non-expired notarized letter that proves you have custody over children will be required.**

Hidalgo County Community Service Agency

2020 Application

APPLICANT INFORMATION

| | | | |
|-------------------------------|-----------|----------------|---|
| 1. First Name/ Middle Initial | Last Name | E-mail address | 2. Do you live in Hidalgo County? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------|-----------|----------------|---|

3. Residential Address

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

4. Mailing Address (if different from above)

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

| | | |
|--|--|---|
| 5. Telephone - (H) () _____ - _____ Telephone - (Cell) () _____ - _____ | 6. Preferred Language (PLEASE CHECK ONE) <input type="checkbox"/> English <input type="checkbox"/> Spanish | 7. Do you or anyone in the household currently receive? <input type="checkbox"/> Food Stamps / (SNAP) <input type="checkbox"/> None <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
|--|--|---|

HOUSEHOLD MEMBERS INFORMATION

| 8. List all household members- <u>Applicant first</u> (Last Name, First Name) | 8A. Race | 8B. Sex (M or F) | 8C. Date of Birth (MM/DD/YR) | 8D. Are you disabled? (Check box below) | 8E. Are you a veteran? (Check box below) | 8F. Age | 8G. Relation | 8H. Income Source <small>Work, TANF, SS, SSI, Child support, VA Pension</small> |
|--|----------|---------------------|---------------------------------|--|--|---------|--------------|--|
| 1. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 3. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 4. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 5. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 7. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | |
|---|---|
| HIDALGO COUNTY STAFF USE ONLY: | |
| <input type="checkbox"/> New <input type="checkbox"/> Disconnection <input type="checkbox"/> Re-Apply <input type="checkbox"/> Case Management <input type="checkbox"/> Emergency Service <input type="checkbox"/> Veteran | Case Number _____ Entered by (Print) _____ |

Hidalgo County Community Service Agency

| | | |
|---|--|---|
| 9. Are you currently employed at C.H.C.S.A? (County of Hidalgo Community Service Agency) <input type="checkbox"/> YES <input type="checkbox"/> NO | 10. Are you related to any employee at C.H.C.S.A.? (County of Hidalgo Community Service Agency) <input type="checkbox"/> YES <input type="checkbox"/> NO | 11. If yes please provide full name of employee: _____ |
|---|--|---|

| | |
|---|--|
| 12. Is the address listed on this application owned or rented by the applicant? <input type="checkbox"/> Own <input type="checkbox"/> Rent (Excluding Utilities) <input type="checkbox"/> Rent (Including Utilities) <input type="checkbox"/> Other _____ 12A. Do you receive housing or Section 8 assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. How much is the mortgage or rent? \$_____ per <input type="checkbox"/> Month <input type="checkbox"/> Other _____ |
|---|--|

| | |
|--|--|
| 14. Do you live in a? <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____ Apartment or Landlord name _____ Telephone Number () _____ - _____ | 15. Are you interested in the Weatherization Program? Weatherization helps your house to become less leaky, reduce your energy cost, and makes your home more comfortable through the installation of energy saving materials. This program is free to qualified customers. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|---|---|
| 16. How do you cool your home? <input type="checkbox"/> A/C Window Unit <input type="checkbox"/> Central A/C Unit <input type="checkbox"/> Fans <input type="checkbox"/> Other <input type="checkbox"/> None | 17. How do you heat your home? <input type="checkbox"/> Gas Space Heater <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> Central Heat Unit <input type="checkbox"/> Stove-Oven <input type="checkbox"/> None |
|---|---|

18. Does your name match the name on the utility bills? Yes No (CHECK ONE) If no, explain why (Ex. Deposit too high) _____

| UTILITY | | | | |
|---|-------------------|------------------------------|---------------------|-------------------|
| 19. Which utility do you have in your home? <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane/Oil | | | | |
| 19A. Type of Bill | 19B. Name on Bill | 19C. Name of Utility Company | 19D. Account Number | 19E. Meter Number |
| Electric | | | | |
| Gas | | | | |
| Propane/Oil | | | | |

Did any one help fill out this application? Yes ___ No ___

If yes, Name: _____ Relation: _____ Phone Number: _____

Hidalgo County Staff Office Use Only: Case Number _____

Hidalgo County Community Service Agency

RELEASE OF CUSTOMER INFORMATION

As a participant, I do hereby give permission to obtain and release personal information regarding my case to County of Hidalgo Community Service Agency / companies as deemed necessary to further assist my household in accessing services and funding sources for reporting purposes. Information requested or released may include, but is not limited to, the following: 1) Services provided to or requested from the household by agency and other agencies County of Hidalgo Community Service Agency; 2) Status on utility accounts, payment and consumption histories; 3) Proof of income, residency, and household members; 4) Employment; and 5) Education.

- The information provided is true and correct to the best of my knowledge and belief.
- My household income has been calculated to determine the household yearly income, according to pre-established agency procedures.
- I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agencies Hidalgo County Community Service Agency to solicit or verify information on my utility and/or fuel bill, both past and future, to the extent the information be used only to provide data.
- I hereby authorize the Texas Department of Housing and Community Affairs and Hidalgo County Community Service Agency to obtain online access to my utility account information for the purpose of obtaining my 12-month billing history, 12-month payment history, and account balance to be used for the sole purpose of determining my eligibility of benefits in the program. I understand that the account information obtained by Hidalgo County CSA may contain personal and/or personally-identifying information.
- I understand that Hidalgo County Community Service Agency will never use the information provided here except as needed to process this application.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.

My signature indicates I have read the Release of Customer Information, application instructions, received a copy of the Customer Acknowledgement and agree to abide by the terms stated.

| | |
|------------------------------|-------------------|
| Applicant (Print Name) _____ | Date Signed _____ |
| Applicant (Signature) _____ | |

| |
|---|
| Hidalgo County Staff Office Use Only: Case Number _____ |
|---|

Submit Email at:
utility.assistance@co.hidalgo.tx.us



Hidalgo County Community Service Agency CUSTOMER ACKNOWLEDGEMENT

PLEASE READ - KEEP THIS PAGE FOR YOUR RECORDS DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION

- I understand the Program is a federally funded program. Based on available funds, assistance may not be available to all households or household members each year.
- If I do receive assistance, it is not designed to carry-over to the next calendar year. I am required to apply each year for Utility Assistance.
- I understand that if I have a credit of more than \$100 dollars my application can be denied.
- I understand funds are administered by Hidalgo County Community Service Agency and that is not an emergency assistance program or an entitlement program. Application processing period can take up to 12 weeks following application intake. Applications are processed by priority and my application does not guarantee assistance. I understand that my household must meet the 2020 Federal Income Guidelines and live in Hidalgo County.
- I understand that if I do not submit all the REQUIRED documentation as listed on the application instruction letter, there will be a delay in processing my application.
- I understand that Hidalgo County Community Service Agency will not secure any pledge(s) or make utility payments until the application process has been completed and that CEAP assistance is subject to availability of funds. During the application and eligibility process, I am fully responsible for my bill before, during, and after the application and eligibility determination process. Non-payment of a utility bill may result in interruption of services.
- I understand that Hidalgo County Community Service Agency will not pay any late fees, deposits, reconnect charges, ect. and that I am responsible for making payments for those fees and charges to my utility provider.
- If my application is approved, I will receive a Notice of Eligibility (NOE) indicating the programs I qualify for, as well as benefit amount(s).
- If my application is denied, I will receive a Notice of Denial (NOD) with the reasons indicated. I will also be provided with information on the appeal process.
- I understand that all Disconnection Notices will be processed within 48 hours after the application is determined to be eligible.
- I understand that the Utility Assistance Program provides assistance for electric or gas utility bills only (not water, rent, mortgage, cable or telephone, ect...).
- I understand that I am responsible for notifying Hidalgo County of changes that could affect payment to my account including but not limited to:
 - Change of Account Number
 - Change of Utility Provider
 - Change of Address, Telephone, or Email

*** 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/>

Hidalgo County Community Service Agency
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