



## Texas Neighborhood Services

A Community Action Agency providing Services to Children and the Community!

*Helping People. Changing Lives.*

Erath County★ Hood County ★Jack County ★Johnson County

Palo Pinto County ★Parker County★ Somervell County★ Wise County

112 N Main St.

Weatherford, TX 76086

phone #: 817-598-5700

fax #: 817-594-8499

### INSTRUCTIONS AND DOCUMENTS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED

- The name on the bill is considered the Head of Household. The Head of Household must sign the application.
- Current Driver's License or Texas Identification Card for everyone in the household 18 years of age or older regardless of school status. Address on the Head of Household's Driver's License or ID MUST match the address on the bill.
- ALL check stubs received in the last 30 days for everyone 18 years of age or older.
- Social Security / SSI/ SSDI/ Pension/ TANF Award Letters.
- Unemployment printout that shows the weekly payment amounts not the overall benefit amount.
- Proof of child support whether receiving or not; either court document (only the page that shows amount to be paid) or self declared letter that is notarized.
- The Declaration of Income Statement must be signed AND notarized if the household includes anyone 18 or older that has NO income or that is self-employed or is unable to provide documented proof of income. The Head of Household is required to sign and notarize in front of a notary PRIOR to submitting the application.
- For self-employment clients, additional forms regarding income will be required. Please request the additional forms PRIOR to submitting your application.
- For clients who get paid in cash, a letter from you employer with EXACT dates and GROSS dollars amounts paid for the last 30 days on a company letterhead with authorized employer signature.- Housing Award Letter if receiving subsidized housing.
- Non-official transcript for students 18 or older if attending school.
- Electric AND Gas bills. Both must be provided even if only asking for assistance with one bill. Bills must be either in Head of Household's name or Head of Household must be listed as an authorized user on the account in order to receive assistance.
- Disconnect Notice if given in the last thirty days. This is not a requirement but can possibly allow for additional assistance.
- Receipt of any payment of fees, deposit, reconnect and /or security light fee.

If mailing or faxing your application, you must provide copies of the required documents along with the completed application. If ALL required documents are not provided when mailed or faxed, the application and all documents provided will be mailed back to the address provided on the application. If submitting your application in person, copies of required documents may be made on site. See below for the correct mailing address.

#### **Cleburne Office:**

118 W Heard St Ste. E

Cleburne TX 76033

817-556-3752

817-774-0275

fax: 817-556-0357

Serves **Erath, Johnson, and Somervell Counties**

#### **Weatherford Office:**

112 N Main St

Weatherford TX 76086

817-598-5700 option 3

1-800-325-6944

fax: 817-594-8499

Serves **Hood, Palo Pinto, Parker and Wise Counties**



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## Application for Community Services

### General Information:

Head of Household: \_\_\_\_\_ Last 4 SS #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Address City Zip Code

Mailing Address: \_\_\_\_\_  
Address City Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Household Composition:

Household Members	Relation to Client	Race	Sex	Veteran Y or N	Disabled Y or N	Last 4 of SSN	Date of Birth	Age	Education (see below)	Health Ins. Y or N
1.	Self									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

**\*\* Education: a) 0-8, b)9-12 Non-Grad., c) HS Grad. or GED, d)12+ Post Secondary, or e)2 or 4 yr College Grad. \*\***

### Family is currently receiving: (check all that apply)

Food Stamps       Housing       Employment       Royalties  
 Social Security Disability       Unemployment       Part-Time  
 SSI       VA Disability       Full-Time  
 Social Security Benefits       VA Pension       Self-Employment  
 TANF       Pension       Child Support

### Utility Information:

Electric Service Vendor: \_\_\_\_\_

Account #: \_\_\_\_\_

Natural Gas Vendor: \_\_\_\_\_

Account #: \_\_\_\_\_

Propane Vendor: \_\_\_\_\_

Account #: \_\_\_\_\_

Tank: \_\_\_\_\_ Leased \_\_\_\_\_ Own

Type of Air Conditioning Used: \_\_\_\_\_ Central Unit      \_\_\_\_\_ Window Unit      \_\_\_\_\_ Evap. Cooler  
Type of Heater Used: \_\_\_\_\_ Central Unite      \_\_\_\_\_ Space Heater      \_\_\_\_\_ Fireplace  
\_\_\_\_\_ Elec. Stove      \_\_\_\_\_ Wall Furnace      \_\_\_\_\_ Wood Burning Stove

**Housing Information:**

\_\_\_\_\_ Private Home      \_\_\_\_\_ Mobile Home      \_\_\_\_\_ Apartment  
Do you own?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      If so, mortgage/month? \_\_\_\_\_  
Do you rent?      \_\_\_\_\_ Yes      \_\_\_\_\_ No      If so, rent/month? \_\_\_\_\_  
\_\_\_\_\_ Rent Subsidy

I am seeking assistance with:

\_\_\_\_\_ Food      \_\_\_\_\_ Weatherization  
\_\_\_\_\_ Utility Bills      \_\_\_\_\_ Information and Referrals  
\_\_\_\_\_ Household Items      \_\_\_\_\_ Head Start/ Early Head Start  
\_\_\_\_\_ Other, please specify \_\_\_\_\_

Indicate your job situation:

\_\_\_\_\_ Employed full-time or part-time  
\_\_\_\_\_ Not Employed  
\_\_\_\_\_ Not employed but worked in the last 30 days  
\_\_\_\_\_ Unemployed and receiving unemployment  
\_\_\_\_\_ Receive TANF or child support  
\_\_\_\_\_ Receive Social Security/ SSI/ Pension

**Authorizations**

1. The information provided is true and correct to the best of my knowledge and belief.
2. I understand that in order to receive assistance my gross household income cannot be more than 150% of the federal poverty level and is annualized at the time of application to pre-established State and Federal agency rules and procedures.
3. I understand that I may request a hearing to appeal a denial of eligibility (unless for counted income dispute), amount of assistance received, or a delay in service delivery. I acknowledge that I have been told that I may not appeal a ruling of being ineligible based on counted income. The agency will take my file to another office and have another Lead Advocate work the file a second time to determine if there was a calculation error. In the event an error is found the file will be worked from that point as normal.
4. I understand that if I change utility companies I must notify the case worker (in writing) within 5 business days of my my new utility company and account number with the name on the account. If I do not notify Texas Neighborhood Services of my new utility company, I will lose any future payments due. When the information is provided, any remaining assistance may be reinstated depending upon funding availability.
5. If you or another member of the household has no income the Declaration of Income sheet must be completed for all household members over 18 years of age having no income. The Declaration of Income must be signed by the applicant and notarized PRIOR to submitting the application. If this document is not notarized, the application will be returned to you and it will delay getting assistance. Your place in line will not be held and you will have to start the process again.

**I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.**

**Release of Information:**

- I release information to The Texas Department of Housing and Community Affairs and its contracted agencies to solicit/ verify information including employemnt verification needed to provide assistance with my utilities and/ or fuel bills both past and future.
- I am an applicant for Texas Neighborhood Services Programs. 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 needed to provide services.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TNS Staff Member

\_\_\_\_\_  
Date

**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)*

**State of Texas**  
**County of** \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),  
by \_\_\_\_\_ (name of applicant).

(Personalized Notary Seal)

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Subrecipient Representative Signature  
and Title

\_\_\_\_\_  
Date