



# Texas Neighborhood Services

A Community Action Agency providing Services to Children and the Community!  
Phone: 817-598-5700

*Helping People. Changing Lives.*

Erath County ★ Hood County ★ Johnson County  
Palo Pinto County ★ Parker County ★ Somervell County ★ Wise County

## 2022 COMMUNITY SERVICES APPLICATION FOR UTILITY OR EMERGENCY ASSISTANCE

**Note: Tenant Based Rental Assistance is processed on a different application.**

### PLEASE CHECK ONE:

- 1<sup>st</sup> Time Customer
- Returning Customer

### APPLYING FOR (check all that apply):

- Electric/Gas/Propane
- Water Assistance
- Emergency Assistance

### Required Application Documentation Checklist. Copies ok, must be readable.

- Completed and Signed TNS Application (only head of household must sign)
- Completed and signed SAVE form (only one form required per household)

#### Household Members: **age 18 or older**

- VALID driver's license or photo identification card,
- US Gov't birth certificate, US Passport, DS-10 Form, US Visa, or Resident Alien Card
- \*  Proof of income: Last 30 days paystubs or signed Declaration of Income (if docs unavailable)
- Copy of most recent utility bill (for all types of assistance requested)

#### Household Members: **age 0-17**

- 2 Forms of identification for each minor. Can be immunization records, Social Security Card, Student ID, insurance card, report cards, proof of school enrollment
- US Gov't birth certificate, US Passport, DS-10 Form, US Visa, or Resident Alien Card

**NOTE: Lack of any of the above information will result in a delay in processing your application.**

\* IF you receive any of the following, we will need a copy of your 2022 letter

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> TANF        | <input type="checkbox"/> SSI or SSDI   |
| <input type="checkbox"/> Pension         | <input type="checkbox"/> VA Benefits | <input type="checkbox"/> Child Support |

Completed application and supporting documentation can be e-mailed to [application@txns.org](mailto:application@txns.org), dropped off at our locations in Weatherford or Cleburne, or can be sent by USPS to PO Box 1539, Weatherford, TX 76086.

**Should you have any questions about this application, please contact us at 817/598-5700 X 1010.**

### Application Drop Off Locations:

**Weatherford TNS Office**  
522 Palo Pinto Street  
Weatherford, Texas 76086

**Cleburne TNS Office**  
118 West Heard, Suite E  
Cleburne, Texas 76033



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## 2022 Application for Community Services Assistance

### General Information:

Name of Head of Household: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Address County City Zip Code

Mailing Address: \_\_\_\_\_

Address County City Zip Code

Primary Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Household Composition: Must provide all information for each household member below!

Household Members	Relation to Customer	Race	Sex: M/F or Other	Veteran or Active Duty (Y or N)	Disabled (Y or N)	SSN # (last 4 digits)	Date of Birth	Age	Education (Last grade completed)	Health Insurance Provider (Private pay, Medicaid, Medicare, Chips, State Pool)
1	Head of Household									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

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

Food Stamps     WIC     Housing     Employment     Social Security Disability     SSI  
 Social Security Benefits     VA Disability     VA Pension     Self-Employment     TANF  
 Pension     Child Support     Unemployment benefits     Workman's Comp.  
 Disability (Long term or short term)     Other Source: \_\_\_\_\_

*Application continues on next page*

**Utility Provider Information:**

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

Account Number: \_\_\_\_\_

*If client has a medical waiver on file with the utility provider, please check here.* \_\_\_\_\_

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

Account Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Tank: Leased or Owned (please circle one)

Water Service Vendor: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Air Conditioning Used: \_\_\_\_\_ Central Unit \_\_\_\_\_ Window Unit \_\_\_\_\_ Evap. Cooler \_\_\_\_\_ Wall Furnace

Type of Heater Used: \_\_\_\_\_ Central Unit \_\_\_\_\_ Space Heater \_\_\_\_\_ Fireplace \_\_\_\_\_ Elec. Stove

\_\_\_\_\_ Wood Burning Stove \_\_\_\_\_ Dearborn Unit

**Housing Information:**

\_\_\_\_\_ Private Home \_\_\_\_\_ Mobile Home \_\_\_\_\_ Apartment \_\_\_\_\_ Other: \_\_\_\_\_

Do you Own? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Mortgage Amount \$ \_\_\_\_\_

Do You Rent? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Rent Amount \$ \_\_\_\_\_ Rent Subsidy \_\_\_\_\_

**My household needs help with:**

\_\_\_\_\_ Paying Utility Bills \_\_\_\_\_ Transportation Needs \_\_\_\_\_ Obtaining Food \_\_\_\_\_ Monthly Rent \_\_\_\_\_ Job Assistance

\_\_\_\_\_ Other, please specify \_\_\_\_\_ (assistance may be in the form of a referral)

**Indicate Job situation for ALL adults (18+) in household:**

\_\_\_\_\_ Employed Full Time

\_\_\_\_\_ Unemployed (Not in labor force)

\_\_\_\_\_ Employed Part Time

\_\_\_\_\_ Retired

\_\_\_\_\_ Unemployed (Short term, 6 months or less)

\_\_\_\_\_ Under employed due to COVID-19 (reduced hours)

\_\_\_\_\_ Unemployed (Long term, more than 6 months)

\_\_\_\_\_ Other, (explain) \_\_\_\_\_

**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. The agency will follow the steps outlined in the appeal process outlined in the agency policy.
4. I understand that if I change utility companies, I must notify the case worker, **in writing**, before my next pledge that is scheduled, of 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 PRIOR to application being accepted. If this document is not signed 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.
6. 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/>.

***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 utility billing history 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 a photocopy of this release is as valid as the original and may be used to obtain more information or verify other data needed to provide services.

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Head of Household Signature

Date

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TNS Staff Member

Date

***SUBMITTING AN APPLICATION DOES NOT GUARANTEE FINANCIAL ASSISTANCE CAN BE PROVIDED. FINANCIAL ASSISTANCE IS CONTINGENT ON A COMPLETED APPLICATION, INCOME ELIGIBILITY AND FUNDS AVAILABILITY. APPLICATIONS WILL BE WORKED IN THE ORDER THEY ARE RECEIVED. INCOMPLETE APPLICATIONS WILL RECEIVE A NOTICE OF DELAY AND APPLICATIONS WILL BE PUT ON HOLD UNTIL ALL NECESSARY INFORMATION IS SUBMITTED. ONCE ALL INFORMATION IS SUBMITTED, THEN APPLICATIONS WILL BE TREATED AS BEING RECEIVED ON THAT DAY.***

Household Status Verification Form

**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National  
Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)**



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.

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

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

**I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.**

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Applicant's Signature

Date

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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date



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

Applicant Name ( <i>Nombre del Solicitante</i> )	Applicant Last Name ( <i>Apellido</i> )	Suffix ( <i>Sufijo</i> )
Address ( <i>Dirección</i> )	City ( <i>Ciudad</i> )	Zip Code ( <i>Código Postal</i> )

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*)