



# 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

## 2020 COMMUNITY SERVICES APPLICATION

### COVID-19 Crisis Application

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.

**PLEASE CHECK ONE:**

NEW CUSTOMER     RETURNING CUSTOMER     **United Co-Op Member**

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

Federal Utility Assistance     Federal Emergency Services (CSBG) Assistance  
 Other

**MOST COMMONLY PROVIDED DOCUMENTS REQUIRED FOR A COMPLETED APPLICATION:**

**A. Identity documentation Required (one of the two below)**

- COPY of VALID drivers license or identification card with photo, for all household members age 18 or older
- COPY of 2 types of the following CURRENT school, hospital, Doctor and/or Clinic Records, Social Security Card, Student ID, or immunization records for all household members age 0-17

**B. Citizenship or Legal Status Documentation Required (every application)**

- TDHCA SAVE System Applicant Certification Form completed for all applicants

**C. Citizenship or Legal Status Documentation Required (one of the below)**

- COPY of US Gov't birth certificates for all household members
- COPY of BOTH DS-10 and Hospital Birth Certificate, school immunization records
- VISA, Green Card, Resident Aliens Card.

**NOTE: A copy of a valid US Passport can be used in place of both identity and Citizenship documents.**

**TO COMPLETE YOUR APPLICATION, WE WILL NEED THE FOLLOWING IF APPLICABLE.**

1. **CURRENT 2020** award letters for Social Security/ SSI/ SSDI/ Pension/ TANF recipients in household (**If applicable**) (Bank Statements NOT allowable substitution)
2. Pay Stubs, for past 30 days from date of application, required for each household member working that is 18yrs and older
3. Proof of child support; either court document showing amount awarded or self-declared letter by other person paying monthly. (**If applicable**)

**If documentation of income is not applicable, you will need a signed Declaration of Income form.**

**CURRENT** Electric and Gas bills must be provided.

**\*\* The Head of Household must sign the application and all supporting documents\*\***

**\*FEES, DEPOSITS, RECONNECT CHARGES AND/OR SECURITY LIGHTS CANNOT BE PAID BY FEDERAL FUNDS AND MUST BE PAID BY CUSTOMER (*Special Rules for United Co-Op Customers at this time*).**

**This application and ALL required identity and citizenship documentation can be e-mailed to [application@txns.org](mailto:application@txns.org), or can be sent by USPS to PO Box 1539, Weatherford, TX 76086.**

**It's important for all documents to be submitted the first time so no delay in your application will occur.**

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

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## Application for Community Services

General Information:

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

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

Address County City Zip Code

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

Address County City Zip Code

Home Phone: \_\_\_\_\_ Cell 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 Stamp \_\_\_ WIC \_\_\_ Housing \_\_\_ Employment \_\_\_ Royalties \_\_\_ 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: \_\_\_\_\_

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**Utility Information:**

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

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

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

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

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

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

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 \_\_\_\_\_

**I am seeking assistance with:**

\_\_\_\_ Utility Bills \_\_\_\_ Information or Referrals \_\_\_\_ Food Assistance \_\_\_\_ Past Due Rent \_\_\_\_ TEMP Employment

\_\_\_\_ Other, please specify \_\_\_\_\_

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

\_\_\_\_ Employed Full Time

\_\_\_\_ Employed Part Time

\_\_\_\_ Migrant Seasonal Farm Worker

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

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

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

\_\_\_\_ Retired

\_\_\_\_ Unemployed due to COVID-19

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

Other Explanation of reason COVID-19 has impacted your household \_\_\_\_\_

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**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



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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*)

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