TRI-COUNTY COMMUNITY ACTION, INC.
SOCIAL SERVICES DEPARTMENT
COMPREHENSIVE ENERGY ASSISTANCE PROGRAM (CEAP)
UTILITY ASSISTANCE PROGRAM

Effective: January 1, 2026

Dear Applicant,

Thank you for your interest in the Comprehensive Energy Assistance Program-CEAP (Utility Payment Assistance). We appreciate your continued participation and understanding as we work to assist households throughout our service area.

Please be advised that due to limited funding and required program prioritization guidelines, some applicants may not receive assistance during the 2026 program year. CEAP prioritizes households based on specific criteria, including household income, energy burden, and vulnerability factors such as elderly individuals, persons with disabilities, or young children aged five or younger living in the home.

If your application does not fall within the current priority range, you will not be eligible for CEAP assistance in 2026. You are welcome to apply; however, submitting an application **does not** guarantee approval. Applications that fall outside the priority range will be placed on a waitlist and may be reviewed if additional federal funds become available or if we have assisted households with the highest priority. You may reapply during the next program year if your circumstances change.

We understand that this may cause inconvenience, and we assure you that our agency remains committed to serving the community to the fullest extent of available resources. If you have questions regarding your priority status or eligibility, please contact our office at **936-598-6315, extension 201**, or email **feliciawoodardshaw@tccainc.org**.

Thank you for your understanding and cooperation.

Sincerely,

Felicia Woodard Shaw

Executive Director

THE PRE-SCREENING INTAKE DOES NOT GUARANTEE YOUR ELIGIBILITY TO RECEIVE SERVICES

- **If you have a credit of any amount on your utility account, please do not complete this application until the credit amount has been exhausted.**
- Intake applications will be accepted by mail, drop-off at your local TCCA Office, emailed, or faxed
- Processing the pre-screening intake may take **up to 90 days**. In some cases, it may take longer due to **missing information or documents**, the **time of year**, or the **number of applications already in process**.
- **Please note:** You are still responsible for paying your utility bills. Submitting an application for assistance does **not** guarantee that you will receive help from TCCA. This intake is for **screening purposes only** and does not ensure eligibility for services. All assistance is provided **based on the availability of funds.**

REQUIRED DOCUMENTS - FOR EACH HOUSEHOLD MEMBER

A. Copies of Proof of Citizenship - Each household member must have one of the following:

- U.S. Passport: Must be a current and valid passport.
- U.S. Birth Certificate: Must be a state-issued Vital Statistics Birth Certificate. If you need assistance obtaining a TEXAS State Vital Statistics Birth Certificate, contact Tri-County Community Action, Inc. (TCCA). All other states must contact their home state's vital statistics office for birth certificates.
- Certificate or Naturalization of U.S. Citizenship
- Immigration Status: (At least one family member, residing in the home, must be a U.S. Citizen). Include the front and back of the Permanent Resident Card, Resident Alien Card, or Immigration Documents.

B. Copies of Proof of Identity - Needed for ALL members

- Members 18 years of age and older: Driver's License, Federal or State Government Issued ID.
- Member UNDER 18 years of age: Vital Statistics Birth Certificate & School Records. - Social Security Card
- School records for all children that are listed on your application and currently enrolled in school.

C. Copies of Proof of Income - Needed for ALL members

- Last 30 days for the following:
- All income from employment, SSI, SSDI, VA Retirement/ Disability Letter, Teacher's Retirement, Child Support Statement, Unemployment Benefits/ Workers' Compensation, and any other income not listed.
- Award letter for Food Stamps, TANF, HUD Utility Reimbursement Letter, and Retirement Pensions. **Award letters must be for the current program year.** (For example: you're filling out the application in 2026, the award letter must be for 2026).
- For self-employed clients, you must provide your most current income tax information.
- **Bank Statements are not considered proof of income and will not be accepted.**
- If you or any household member(s) over the age of 18 are unable to provide proof of income, you will be required to fill out the Declaration of Income Statement form explaining why proof of income is unavailable for the person in your household that has no proof of income.

D. Copies of Utility Bills — Include front and back side copies of electric and natural gas bills

- NOTE: It is the applicant's responsibility to make arrangements with their utility provider(s) for unpaid past due amounts.
- Bill(s) must be dated within the last 30 days of applying and be active. Screenshots from an online portal or account summary are unacceptable.
- Billing history from your utility vendor is also required.

E. Additional documents may be requested depending on the selected programs.

DISRUPTIVE BEHAVIOR STATEMENT

Tri-County Community Action, Inc. is committed to providing high-quality services to help meet your needs and help you get out of poverty. Our staff are trained and certified to apply the rules and regulations of our funders to meet your specific need. Tri-County Community Action, Inc. reserves the right to deny assistance to you for argumentative, threatening, combative behavior and/or physical attacks toward our staff and /or other people on any property owned or leased by Tri-County Community Action, Inc. Where possible, our staff may try to assist you by mail, e-mail, phone, and fax.

FRAUD POLICY

Tri-County Community Action, Inc. (TCCA) is a private non-profit organization serving 10 counties of the Deep East Texas Region through a variety of programs designed to serve qualifying families. TCCA is committed to providing high-quality services to help meet the needs of qualifying families and assist them in moving out of poverty. It is the intent of TCCA to serve every family who enter through our doors however, we must determine your family's eligibility. To do so, we must have accurate information regarding each aspect of the application. Tri-County Community Action, Inc. (TCCA) prohibits fraud of any nature. Fraud is defined as

- any intentional act or omission designed to deceive
- any misrepresentation of facts or circumstances
- any dishonest or false statements affecting a family's eligibility & assistance through any of the programs administered by Tri-County Community Action, Inc. (TCCA).

_____By initialing here, I agree that all statements and information given to any TCCA Staff are true & correct to the best of my ability and knowledge.

AUTHORIZATION TO DISCUSS, RELEASE, AND CONSENT

I,_____, authorize and direct any federal, state, or local agency, organization, business, or individual to release to Tri-County Community Action, Inc. (TCCA) any information or materials needed to complete and verify my application for participation in a TCCA program. I understand and agree that this authorization or the information obtained with its use may be given to and used in administering and enforcing program rules and policies. I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

- Identity and Marital Status
- Residences and Rental Activity
- Income
- Medical Allowances
- Child Care Allowances
- Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not relevant to my eligibility and continued participation in a TCCA program. The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Previous Landlords
- Veterans Administration
- Social Security Administration
- Retirement
- Pension
- Family & Social Services Administration (FSSA)
- Department of Child Services
- Utility Companies
- Public Housing Agencies
- Schools and Colleges
- Work Force/Work-In-Texas
- Law Enforcement Agencies
- Credit Bureaus and Providers
- Employers
- Support and Alimony Providers
- Financial Institutions
- Medical Providers
- Child Care Providers
- Court
- Child Support Offices

I understand and agree that TCCA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to exchange such information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; Social Security Administration; State Welfare agencies; Food Stamp (SNAP) agencies; Family and Social Services Administration (FSSA); and Department of Child Services.

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any program administered by TCCA.

I understand refusal to sign this, or any required consent form may result in the denial of assistance or the termination of TCCA program benefits.

_____ By initialing here, I understand and acknowledge that the above information may be obtained for the purposes provided herein.

SHARING INFORMATION

The purpose of sharing information with other TCCA programs and/or public service organizations is to allow authorized personnel using the system to collaborate, identify, coordinate, and evaluate the services needed. This collaboration will not only help with case management, improve services, reduce the amount of information that has to be given to each agency repeatedly, and allow other agencies to access information about me more quickly if needed.

_____ By initialing here, I also understand and acknowledge that my eligibility and application can be used for referral, discussion, and comparison to/from other TCCA programs and services.

_____ By initialing here, I give consent for TCCA to release information regarding my case/services at TCCA to the same groups or individuals as above for the purposes identified herein.

TERMINATION OF SERVICES

Additionally, I understand that I can be terminated from programs provided by TCCA immediately for the following offenses, whether committed by myself, the applicant, or any household member:

1. Any type of actual physical confrontation, belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any TCCA office.
2. Verbal abuse to include cussing at or in the presence of a child, elderly person or staff member, or any other person(s), while inside or outside any TCCA office. This also includes social media posts.
3. Sexual harassment or innuendo toward a staff member or any other person(s) while inside or outside any TCCA office.
4. Providing false or misleading information regarding **any** household member(s).
5. Theft from agency or staff member or any other person(s) while inside or outside any TCCA office.
   - Theft may include, but is not limited to, not returning TCCA funds, if required to do so, and/or Forgery.
6. Violation of TCCA concealed and open carry handgun and firearm policy.

_____ **By initialing here, I acknowledge that once terminated, I will not be allowed to reapply for any services with TCCA for a period of 1-2 years depending on the severity of the violation; and the ban from services will remain in effect even if the person(s) who committed the violation moves out.**

I acknowledge that all documentation of the violation will be maintained in my client file; and that I have the right to appeal in writing to the respective Program Director within 10 days of the violation.

TCCA has the right to report any fraudulent activities and applications to the Texas Department of Housing and Community Affairs, or other governing agency, for further investigation and/or criminal prosecution.

I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON ANY APPLICATION PROVIDED TO TCCA.

APPEAL POLICY

If you believe you were wrongfully denied services, you have 10 days to appeal that decision. You must **mail** a written statement of why you believe you were denied services along with a copy of the denial letter you received to:

Tri-County Community Action, Inc.
Social Services Dept. Program Director
P.O. Drawer 1748
Center, TX 75935

In our ongoing efforts to provide quality services in a fair manner to all counties, emailed, faxed, hand-delivered, or drop-off appeals will not be accepted.

My signature below indicates that I have read and understand the following TCCA policies:

- Fraud Policy
- Authorization to Discuss, Release, and Consent
- Termination of Services
- Appeal Policy

Applicant/Head of Household (Printed)	Application/Head of Household Signature	Date
Adult Household Member (Printed)	Adult Household Member Signature	Date
Adult Household Member (Printed)	Adult Household Member Signature	Date
TCCA Staff Signature		Date

Helping People. Changing Lives. Community Action Partnership — America's Poverty Fighting Network	**Tri-County Community Action Agency, Inc.** *A Community Action Agency Providing Services to Children & the Community* Serving: Harrison, Jasper, Newton, Panola, Sabine, San Augustine, Shelby, Tyler, and Upshur Counties **(See Your County's Information Listed Below)**	**OFFICE USE ONLY** Date Received: _____/_____/_2026__ ☐ Elderly ☐ Medically Declared Disabled by a Physician (proof is required) ☐ Child 5 or younger

HEAD OF HOUSEHOLD (APPLICANT) INFORMATION

First Name:	Middle Initial:	Last Name:	Age:

Physical Address:	Street, City, Zip Code	Mailing Address:	Street, City, Zip Code

Phone:	☐Cell ☐Home	Email:

Social Security#: _____-_____-_____	Date of Birth: _____/_____/_____	Gender: ☐ Male ☐ Female

Marital Status: ☐Married ☐Single ☐ Widowed ☐ Divorced ☐ Separated ☐ Domestic Partner ☐ Child

Ethnicity: ☐ Hispanic ☐ Non-Hispanic	Race: ☐American Indian or Alaska Native ☐Asian ☐Black/African American ☐Native Hawaiian or Pacific Islander ☐White/Caucasian ☐Multi-Race/Bi-Racial
Health Insurance: ☐No ☐Yes	**If yes *(please check all that apply to YOU)*** ☐Employment Based ☐Medicaid ☐Medicare ☐Military Healthcare ☐Other:_____
Military Status: ☐Active ☐Veteran ☐Never Served	Has a doctor officially declared you medically disabled? If not, please check "NO" ☐Yes ☐No
Highest Level of Education Completed:	☐0-8th ☐9th-12th (Non-Graduate) ☐H.S. Graduate ☐GED ☐Some College ☐Vocational ☐Associate's ☐Bachelor's ☐Other: _____
Work Status:	☐Full-Time ☐ Part-Time ☐Unemployed less than 6 months ☐Unemployed more than 6 months ☐Migrant/Seasonal Worker ☐Retired

FAMILY TYPE (SELECT ONE)

Number of people in the household: _____ people

☐ Single Person ☐ 2 Adults, No Children ☐ 2 Parent Household ☐ Single Parent Female ☐ Single Parent Male

☐ Multi-Generational

HOUSING TYPE

☐ Single Family House ☐ Apartment ☐ Mobile Home ☐ Homeless ☐Other: _____

HOUSING STATUS

☐Own/Buying ☐Rent ☐HUD or Public Housing ☐Homeless ☐I am in need of housing assistance ☐Other: _____

Landlord Name: _____ Landlord Address: _____

CONFLICT OF INTEREST

Is anyone in the household currently serving as, or related to an employee, agency, consultant, or board member of Tri-County Community Action, Inc.? ☐Yes ☐No

If yes, please identify who: _____

Role at Tri-County: _____

Your relationship: _____

_____ **By initialing, I understand that if a Conflict of Interest is found, my application will be reviewed by the Executive Director of TCCA.**

Executive Director Initials: _____

LIST OF ALL OTHER HOUSEHOLD MEMBERS

House Member #2:	**Relationship to Applicant:** ☐Married Spouse ☐Domestic Partner ☐Child ☐Grandchild ☐Great-Grandchild ☐Sibling ☐Parent ☐Relative ☐Non-Relative

First Name:	**Middle Initial:**	**Last Name:**
Social Security #:	**Date of Birth:**	**Gender**: ☐M ☐F

Ethnicity: ☐Hispanic ☐Non-Hispanic	**Race:** ☐American Indian ☐Asian ☐Black/African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Multi-Race (2 or more of these options) ☐White

Highest Level of Education: ☐0-8 ☐9-12/ Non-Graduate ☐HS Graduate ☐GED ☐12th+Some College ☐2 or 4 years College Graduate ☐Graduate of other post-secondary school

Health Insurance? ☐No ☐Yes. If **YES**, choose the Insurance Source: ☐Medicaid ☐Medicare ☐State Children's Health Insurance Program (CHIPs) ☐State Health Insurance for Adults ☐Military Insurance ☐Direct-Purchase ☐Employer Based

Military Status: ☐Active ☐Veteran ☐Never Served	**Are you declared disabled by a physician?** ☐Yes ☐No

Work Status: ☐Employed F/T ☐Employed P/T ☐Migrant Seasonal Worker ☐Unemployed (Short-term, 6 months or less) ☐Unemployed (Long-Term, more than 6 months) ☐Unemployed (Nor in Labor Force) ☐Retired ☐Child

Household Non-Cash Benefits-(Select All That Apply): ☐SNAP (Food Stamps) $ /month ☐WIC ☐Public Housing ☐Housing Choice Voucher (HUD) ☐Permanent Supportive Housing ☐HUD-VASH ☐Affordable Care Act Subsidy ☐Childcare Voucher

Disconnected Youth: (Select One): ☐Over 24 ☐In School/Not Working ☐In School/Working ☐Not Working ☐Not In School ☐Working/Not In School

House Member #3:	**Relationship to Applicant:** ☐Married Spouse ☐Domestic Partner ☐Child ☐Grandchild ☐Great-Grandchild ☐Sibling ☐Parent ☐Relative ☐Non-Relative

First Name:	**Middle Initial:**	**Last Name:**
Social Security #:	**Date of Birth:**	**Gender**: ☐M ☐F

Ethnicity: ☐Hispanic ☐Non-Hispanic	**Race:** ☐American Indian ☐Asian ☐Black/African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Multi-Race (2 or more of these options) ☐White

Highest Level of Education: ☐0-8 ☐9-12/ Non-Graduate ☐HS Graduate ☐GED ☐12th+Some College ☐2 or 4 years College Graduate ☐Graduate of other post-secondary school

Health Insurance? ☐No ☐Yes. If **YES**, choose the Insurance Source: ☐Medicaid ☐Medicare ☐State Children's Health Insurance Program (CHIPs) ☐State Health Insurance for Adults ☐Military Insurance ☐Direct-Purchase ☐Employer Based

Military Status: ☐Active ☐Veteran ☐Never Served	**Are you declared disabled by a physician?** ☐Yes ☐No

Work Status: ☐Employed F/T ☐Employed P/T ☐Migrant Seasonal Worker ☐Unemployed (Short-term, 6 months or less) ☐Unemployed (Long-Term, more than 6 months) ☐Unemployed (Nor in Labor Force) ☐Retired ☐Child

Household Non-Cash Benefits-(Select All That Apply): ☐SNAP (Food Stamps) $ /month ☐WIC ☐Public Housing ☐Housing Choice Voucher (HUD) ☐Permanent Supportive Housing ☐HUD-VASH (HUD-VA Supportive Housing Program ☐Affordable Care Act Subsidy ☐Childcare Voucher

Disconnected Youth: (Select One): ☐Over 24 ☐In School/Not Working ☐In School/Working ☐Not Working ☐Not In School ☐Working/Not In School

House Member #4:	**Relationship to Applicant:** ☐Married Spouse ☐Domestic Partner ☐Child ☐Grandchild ☐Great-Grandchild ☐Sibling ☐Parent ☐Relative ☐Non-Relative

First Name:	**Middle Initial:**	**Last Name:**
Social Security #:	**Date of Birth:**	**Gender**: ☐M ☐F

Ethnicity: ☐Hispanic ☐Non-Hispanic	**Race:** ☐American Indian ☐Asian ☐Black/African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Multi-Race (2 or more of these options) ☐White

Highest Level of Education: ☐0-8 ☐9-12/ Non-Graduate ☐HS Graduate ☐GED ☐12th+Some College ☐2 or 4 years College Graduate ☐ Graduate of other post-secondary school

Health Insurance? ☐No ☐Yes. If **YES**, choose the Insurance Source: ☐Medicaid ☐Medicare ☐State Children's Health Insurance Program (CHIPs) ☐State Health Insurance for Adults ☐Military Insurance ☐Direct-Purchase ☐Employer Based

Military Status: ☐Active ☐Veteran ☐Never Served	**Are you declared disabled by a physician?** ☐Yes ☐No

Work Status: ☐Employed F/T ☐Employed P/T ☐Migrant Seasonal Worker ☐Unemployed (Short-term, 6 months or less) ☐Unemployed (Long-Term, more than 6 months) ☐Unemployed (Nor in Labor Force) ☐Retired ☐Child

Household Non-Cash Benefits-(Select All That Apply): ☐SNAP (Food Stamps) $ /month ☐WIC ☐Public Housing ☐Housing Choice Voucher (HUD) ☐Permanent Supportive Housing ☐HUD-VASH ☐Affordable Care Act Subsidy ☐Childcare Voucher

Disconnected Youth: (Select One): ☐Over 24 ☐In School/Not Working ☐In School/Working ☐Not Working ☐Not In School ☐Working/Not In School

House Member #5:	Relationship to Applicant: ☐Married Spouse ☐Domestic Partner ☐Child ☐Grandchild ☐Great-Grandchild ☐Sibling ☐Parent ☐Relative ☐Non-Relative		
First Name:		Middle Initial:	Last Name:
Social Security #:		Date of Birth:	Gender: ☐M ☐F
Ethnicity: ☐Hispanic ☐Non-Hispanic	Race: ☐American Indian ☐Asian ☐Black/African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Multi-Race (2 or more of these options) ☐White		
Highest Level of Education: ☒0-8 ☐9-12/ Non-Graduate ☐HS Graduate ☐GED ☐12th+Some College ☐2 or 4 years College Graduate ☐ Graduate of other post-secondary school			
Health Insurance? ☐No ☐Yes. If **YES**, choose the Insurance Source: ☐Medicaid ☐Medicare ☐State Children's Health Insurance Program (CHIPs) ☐State Health Insurance for Adults ☐Military Insurance ☐Direct-Purchase ☐Employer Based			
Military Status: ☐Active ☐Veteran ☐Never Served	Are you declared disabled by a physician? ☐Yes ☐No		
Work Status: ☐Employed F/T ☐Employed P/T ☐Migrant Seasonal Worker ☐Unemployed (Short-term, 6 months or less) ☐Unemployed (Long-Term, more than 6 months) ☐Unemployed (Nor in Labor Force) ☐Retired ☐Child			
Household Non-Cash Benefits-(Select All That Apply): ☐SNAP (Food Stamps) $ /month ☐WIC ☐Public Housing ☐Housing Choice Voucher (HUD) ☐Permanent Supportive Housing ☐HUD-VASH ☐Affordable Care Act Subsidy ☐Childcare Voucher			
Disconnected Youth: (Select One): ☐Over 24 ☐In School/Not Working ☐In School/Working ☐Not Working ☐Not In School ☐Working/Not In School			

House Member #6:	Relationship to Applicant: ☐Married Spouse ☐Domestic Partner ☐Child ☐Grandchild ☐Great-Grandchild ☐Sibling ☐Parent ☐Relative ☐Non-Relative		
First Name:		Middle Initial:	Last Name:
Social Security #:		Date of Birth:	Gender: ☐M ☐F
Ethnicity: ☐Hispanic ☐Non-Hispanic	Race: ☐American Indian ☐Asian ☐Black/African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Multi-Race (2 or more of these options) ☐White		
Highest Level of Education: ☐0-8 ☐9-12/ Non-Graduate ☐HS Graduate ☐GED ☐12th+Some College ☐2 or 4 years College Graduate ☐ Graduate of other post-secondary school			
Health Insurance? ☐No ☐Yes. If **YES**, choose the Insurance Source: ☐Medicaid ☐Medicare ☐State Children's Health Insurance Program (CHIPs) ☐State Health Insurance for Adults ☐Military Insurance ☐Direct-Purchase ☐Employer Based			
Military Status: ☐Active ☐Veteran ☐Never Served	Are you declared disabled by a physician? ☐Yes ☐No		
Work Status: ☐Employed F/T ☐Employed P/T ☐Migrant Seasonal Worker ☐Unemployed (Short-term, 6 months or less) ☐Unemployed (Long-Term, more than 6 months) ☐Unemployed (Nor in Labor Force) ☐Retired ☐Child			
Household Non-Cash Benefits-(Select All That Apply): ☐SNAP (Food Stamps) $ /month ☐WIC ☐Public Housing ☐Housing Choice Voucher (HUD) ☐Permanent Supportive Housing ☐HUD-VASH ☐Affordable Care Act Subsidy ☐Childcare Voucher			
Disconnected Youth: (Select One): ☐Over 24 ☐In School/Not Working ☐In School/Working ☐Not Working ☐Not In School ☐Working/Not In School			

House Member #7:	Relationship to Applicant: ☐Married Spouse ☐Domestic Partner ☐Child ☐Grandchild ☐Great-Grandchild ☐Sibling ☐Parent ☐Relative ☐Non-Relative		
First Name:		Middle Initial:	Last Name:
Social Security #:		Date of Birth:	Gender: ☐M ☐F
Ethnicity: ☐Hispanic ☐Non-Hispanic	Race: ☐American Indian ☐Asian ☐Black/African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Multi-Race (2 or more of these options)		
Highest Level of Education: ☐0-8 ☐9-12/ Non-Graduate ☐HS Graduate ☐GED ☐12th+Some College ☐2 or 4 years College Graduate ☐Graduate of other post-secondary school ☐			
Health Insurance? ☐No ☐Yes. If **YES**, choose the Insurance Source: ☐Medicaid ☐Medicare ☐State Children's Health Insurance Program (CHIPs) ☐State Health Insurance for Adults ☐Military Insurance ☐Direct-Purchase ☐Employer Based			
Military Status: ☐Active ☐Veteran ☐Never Served	Are you declared disabled by a physician? ☐Yes ☐No		
Work Status: ☐Employed F/T ☐Employed P/T ☐Migrant Seasonal Worker ☐Unemployed (Short-term, 6 months or less) ☐Unemployed (Long-Term, more than 6 months) ☐Unemployed (Nor in Labor Force) ☐Retired ☐Child			
Household Non-Cash Benefits-(Select All That Apply): ☐SNAP (Food Stamps) $ /month ☐WIC ☐Public Housing ☐Housing Choice Voucher (HUD) ☐Permanent Supportive Housing ☐HUD-VASH ☐Affordable Care Act Subsidy ☐Childcare Voucher			
Disconnected Youth: (Select One): ☐Over 24 ☐In School/Not Working ☐In School/Working ☐Not Working ☐Not In School ☐Working/Not In School			

PRESENTING NEEDS/PRIORITY INFORMATION: WHAT DO YOU NEED HELP WITH AND WHY?

⚠ Selecting services on this application does not guarantee approval or receipt of those services. All assistance is subject to funding availability. This page must be completed in full-no blanks or unanswered questions will be accepted. Incomplete applications will not be processed and may be placed on a waiting list. No exceptions.

(Check all that apply)

☐ Electric Bill ☐ Gas Bill ☐ Medication ☐ Rental Assistance ☐ Food Pantry ☐Weatherization (Referral Only) ☐ Head Start or Early Head Start ☐ GED Assistance ☐ College Classes ☐ Uniforms/Tools ☐ Job Referral ☐ Veteran Services (Referral Only) ☐ Case Management ☐ Financial Literacy ☐Other: _____

Why do you need assistance from TCCA, Inc. today? ***(This information is required or no assistance will be provided)***

If you currently reside in **Shelby County** and are interested in receiving food assistance through TCCA's food pantry, you may designate one proxy (an individual legally authorized to act on your behalf) to pick up your food when you are unable to do so. Please note that only one proxy may be listed per application. **The following information is required for the proxy:**

Name:	Address:	City/Zip Code:
Home Phone:	Cell Phone:	[redacted]

UTILITY SERVICE INFORMATION

Electric Provider	Account No.	Account Name	Relationship to You
Natural Gas Provider	Account No.	Account Name	Relationship to You
Propane Provider	Account No.	Account Name	Relationship to You

What appliance is used to **cool** the home?	*(Please choose all that apply)* ☐Central Unit ☐Window Unit ☐Ceiling Fan(s) ☐Box Fan(s) ☐Attic Fan ☐Other:
What appliance is used to **heat** the home?	*(Please c all that apply)* ☐Central Unit ☐Window Unit ☐Natural Gas Heater ☐Propane Heater ☐Other:

What type of stove is used? ☐ Electric ☐ Natural Gas ☐ Propane

Is your AC or Heater working properly? ☐Yes ☐No	Are you in need of AC or Heater repair? ☐ Yes ☐No

ENERGY SAVER TIPS:

_____ **By initially here, I acknowledge that I have received a copy of the *Energy Saver Tips* attached to this application to assist me in making my home more energy efficient. I also understand that if this information is returned with my application, the application will be considered incomplete.**

HAND DELIVER, MAIL, EMAIL OR FAX THE APPLICATION TO THE COUNTY LOCATION LISTED BELOW

If you are mailing your application, you must include copies of all required documents. Please note that any documents submitted will be kept in your case file and will **not** be returned. If **all required documents are not provided**, your application will be placed on a **wait list**. You will be contacted **once**—by phone or mail—to inform you of any missing items. **NOTE: You will have 10 business days to provide the information. After which, your application will be discarded, and no services will be provided.**

COUNTY	PHYSICAL / MAILING ADDRESS	WORK /FAX NUMBER	EMAIL ADDRESS
Harrison	505 E. Travis St. Suite 115, Marshall, TX 75670 Mailing Addr: P.O. Drawer 1748, Center, TX 75935	903-934-9892 (Work) 903-797-3043 (Fax)	beubanks@tccainc.org
Jasper/Newton/Tyler	1201 Cardinal Dr., Woodville, TX 75979 Mailing Address is the same as the physical address	409-283-7867 (Work) 409-331-9116 (Fax)	pswanson@tccainc.org
Panola	1501 W. Sabine St., Carthage, TX 75633 Mailing Addr: P.O. Drawer 1748, Center, TX 75935	903-931-2177 (Work) 903-797-3043 (Fax)	lstandley@tccainc.org
Sabine/Shelby	507 Crawford St., Center, TX 75935 Mailing Addr: P.O. Drawer 1748, Center, TX 75935	936-598-6315, ext. 500 (Work) 936-598-7377 (Fax)	pnash@tccainc.org
San Augustine	507 Crawford St., Center, TX 75935 Mailing Addr: P.O. Drawer 1748, Center, TX 75935	936-598-6315, ext. 501 (Work) 936-598-7377 (Fax)	lstandley@tccainc.org
Upshur	1561 State Hwy 271 N., Suite #A, Gilmer, TX 75644 Mailing Address is the same as the physical address	903-843-0604 (Work) 903-797-3043 (Fax)	beubanks@tccainc.org

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**, <u>who have no documentation of the income received in the 30 day period prior to the date of application for assistance</u>**: *(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 dias 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
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)	OFFICE USE ONLY: 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.

Applicant's Signature | Date

Signature of agency staff certifying they verified the above documents | Print Staff Name | Date

HSV Form: Updated 12/2019

Previous Versions Obsolete

ENERGY SAVER TIPS

❗ Important: Do not turn this page in with your application. Keep it for your records. If you return it, your application will be marked incomplete.

Every month you pay to power your home. You pay for electricity. You pay for air conditioning. You pay for water. All of those costs add up. You can save money on each of those bills by making your home more energy efficient. Energy efficiency means getting the most use out of each unit of energy you purchase; using energy wisely; and eliminating the ways your home wastes energy

LIGHTING

WHAT YOU CAN DO:

- **TURN OFF THE LIGHTS.** One 100-watt bulb left on overnight costs $25 per year.
- **SWITCH TO COMPACT FLUORESCENT (CLF) BULBS.** A typical home can save $80 per year, according to the U.S. Environmental Protection Agency.
- **SHOP FOR SALES.** Stores often have sales on CFLs, especially during October, which is Energy Awareness Month.
- **GET THE RIGHT BULB.** Bulbs with dimmer switches, three-way sockets, and other specialty shapes need specialty CFLs.
- **BUY ENERGY STAR LIGHT FIXTURES AND LAMPS.** They use one-quarter of the energy traditional fixtures use.
- **KEEP LIGHTS CLEAN.** Dust can cut a bulb's light output by 25%.
- **DISPOSE OF CFLs.** Like paint, batteries, and thermostats, CFLs should be disposed of properly. Do not throw them away in your household trash. If possible, deposit at a hazardous waste facility in your community.

WATER

WHAT YOU CAN DO:

- **INSTALL LOW-FLOW SHOWERHEADS.** They use one-third to one-half the water that regular showerheads use.
- **TURN THE WATER HEATER THERMOSTAT DOWN TO 120◦F.** You will save money and save yourself from scalding accidents.
- **BUY A WATER HEATER THAT FITS YOUR NEEDS.** If you buy a new water heater that is too big, you will pay to heat up water you don't need. That's a waste of both energy and money.
- **TAKE SHORT SHOWERS.** They use less hot water than baths.
- **FIX LEAKY WATER FAUCETS.** 30 drops of water per minute can waste up to 50 gallons of water per month.
- **INSTALL LOW-FLOW AERATORS ON FAUCETS.** They reduce the amount of water that flows from your faucet, saving both water and energy.

LAUNDRY

WHAT YOU CAN DO:

- **WASH WITH COLD WATER INSTEAD OF HOT.** Hot water is only necessary for very dirty laundry.
- **WASH AND DRY ONLY FULL LOADS.** The machines use roughly the same amount of water and energy to wash or dry one item as they do a full load.
- **SEPARATE FAST-DRYING CLOTHES FROM SLOW-DRYING ONES.** It helps you use the dryer only as long as needed.
- **CLEAN THE LINT FILTER.** A clogged filter can prevent your dryer from doing its job.
- **DRY CLOTHES OUTSIDE IN GOOD WEATHER.** Sunlight is FREE!
- **CHOOSE ENERGY STAR WASHING MACHINES.** They use less than half the water and energy of standard machines.
- **USE THE HIGH-SPEED SPIN CYCLE IN YOUR WASHER.** They extract more water, so your laundry won't need to dry as long.
- **BUY A DRYER WITH AUTOMATIC SHUTOFF.** The dryer will sense when your clothes are dry and automatically turn itself off, saving energy.

KITCHEN

WHAT YOU CAN DO:

- **USE THE DISWASHER.** You can save 5,000 gallons of water each year and $40 in utility costs using a dishwasher instead of washing dishes by hand, according to Energy Star.
- **WASH ONLY FULL LOADS OF DISHES.** It costs exactly the same to wash one dish as it does to wash a full load of dishes.
- **CHECK YOUR REFRIGERATOR'S TEMPERATURE.** You lose money if you keep it too cold. To check, put one thermometer in a glass of water in the center of the refrigerator and another between packages in the freezer. Read them after 24 hours. The temperature should be between 36◦F and 38◦F in the refrigerator and 0◦F and 5◦F in the freezer.
- **USE THE AIR-DRY OPTION ON YOUR DISWASHER.** It saves energy and keeps the machine from using a heating element to bake your dishes dry.
- **SCRAPE DISHES INSTEAD OF PRE-RINSING THEM.** Dishwashers made in the past 5-10 years can clean even heavily soiled dishes without pre-rinsing.
- **USE MICROWAVES AND CROCKPOTS TO COOK SMALL MEALS.** They use less energy than the stove or oven.
- **KEEP THE INSIDE OF YOUR MICROWAVE CLEAN.** It improves the efficiency of your microwave.
- **USE LIDS.** When cooking, lids keep steam in and help food cook more quickly, which saves energy.

APPLICANCES

WHAT YOU CAN DO:

- **ALWAYS BUY ENERGY STAR APPLIANCES.** They are more efficient than other appliances, so they will cost less to operate.
- **LOOK AT THE ENERGYGUIDE LABEL WHEN BUYING APPLIANCES.** It will show the appliances' second price tag; it's operating costs. It will also give comparisons to similar machines.
- **DON'T JUST LOOK AT ONE APPLIANCE.** It's better to compare the efficiencies of different machines than to look at one option.
- **GET THE RIGHT SIZE.** Oversized appliances waste energy. Choose an extra-large dishwasher or fridge only if you have a large family that needs it.
- **LOOK FOR HIGH-EFFICIENCY FEATURES.** Things like soil-sensing detectors on dishwashers and automatic shutoffs on clothes dryers save energy and money.
- **RECYCLE OLD APPLIANCES.** It reduces waste. Refrigerators and other appliances can be used for scrap metal or other uses. If possible, find a real recycling program, not one that resells inefficient second-hand machines.

LIVING ROOM

WHAT YOU CAN DO:

- **TURN OFF THE TV WHEN NO ONE IS WATCHING.** It's the easiest way to save.
- **USE THE SLEEP FUNCTION.** An average household can cut 60% of the energy their electronics use by using the sleep mode.
- **UNPLUG POWER ADAPTERS AND CHARGERS.** When cell phones, digital cameras, or laptops are done charging, the charger still draws energy unless you unplug it.
- **CHECK YOUR AIR VENTS AND REGISTERS.** If they're blocked by furniture or drapes, the air you pay to warm up or cool down won't reach the rest of the room.
- **CONSIDER YOUR WINDOW COVERINGS.** They should be closed during the day in summer to keep the heat out and open during the day in winter to let sunlight warm your home.
- **SHUT THE FLUE ON YOUR FIREPLACE.** An open flue lets air escape from your home, wasting energy. If you never use the fireplace, have it sealed up permanently.
- **WEATHER-STRIP WINDOWS.** Windows are a common location for air leaks. Seal them up with weather-stripping or caulk for a more efficient home.

COOLING

WHAT YOU CAN DO:

- **CLEAN FILTERS MONTHLY.** Dirty or clogged filters block airflow and reduce efficiency.
- **USE A FAN FIRST.** Ceiling fans create a wind chill effect by moving air through your home. Fans can help cool your home during moderate temperatures without the use of an air conditioner. If you use fans along with an AC, you can raise the temperature on your thermostat by 4◦F without decreasing the comfort level.
- **INSTALL ROOM AIR CONDITIONERS CORRECTLY.** If the unit is not installed tightly, cooled air will escape from your home.
- **PLACE YOUR ROOM AIR CONDITIONER PROPERLY.** If the thermostat of your unit is near electronics or appliances that produce heat, it will read higher than it should. Put the unit in a shaded window where it will not be heated by sunlight.
- **SET THE THERMOSTAT TO 78◦F IN SUMMER.** The smaller the difference between the inside and outside temperatures, the lower you cooling bill will be.

WINDOWS

WHAT YOU CAN DO:

- **INSTALL AWNINGS OUTSIDE YOUR WINDOWS.** Overhangs can be used to block summer sun from entering south-facing windows, while allowing lower winter sun angles to warm the inside of your house.
- **USE WINDOW COVERINGS INSIDE YOUR HOME.** Blinds, drapes, and shutters allow you to control how much sun enters your home from the inside. Draw them closed on warm days so the AC doesn't have to work as hard.
- **USE CAULK AROUND YOUR WINDOW AND DOOR FRAMES.** Caulking small cracks, gaps and joints is a good way to seal air leaks around window frames, doorframes, and other leaky parts of your home. Putting caulk in cracks and gaps is a key step in sealing your home to prevent infiltration, which is the unwanted leaking of air through openings in your home's envelope.
- **INSTALL WATHERSTRIPPING IN YOUR WINDOWS.** Weather-stripping creates an insulating cushion between the window and its frame to prevent air from leaking into your home.