



Hidalgo County Community Service Agency 2024 Application Instructions



Assistance is available for Hidalgo County residents.
Complete steps 1-5 listed below (Only complete applications will be accepted)

1. **2024 Application** Pages 1-3
2. **Income:** Proof of income for all adults (over 18 years) living in the household.
 - A. If you receive paycheck, please submit the consecutive stubs for the thirty (30) days prior to the date the application was signed. See example 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 2024 Award Letter is required:
(Bank statements will not be accepted)
 - Social Security (SS) or Supplemental Security Income (SSI) for 2024
 - 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 required.
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.**
6. Questions or Wish to Apply online Visit: [Hidalgocsa.org](https://www.hidalgocsa.org) **Electricity Assistance/ Family Support/Emergency Assistance**

Hidalgo County Community Service Agency 2524 N. Clossner (Business HWY 281) | Suite B |Edinburg, TX 78541

Telephone: (956) 383-6240

Only complete applications will be processed

Hidalgo County Community Service Agency

2024 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
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3. Residential Address

Street	City	State	Zip Code
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4. Mailing Address (if different from above)

Street	City	State	Zip Code
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5. Home Phone - () _____ - _____ Cell Phone - () _____ - _____	6. Preferred Language (PLEASE CHECK ONE) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	7. Do you or anyone in the household currently receive? <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> None
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HOUSE HOLD MEMBERS INFORMATION

List all household members- Applicant first	Ethnicity	Race	Sex (M or F)	D.O.B	Are you disabled?	Are You a Veteran?	Age	Relation	Income Source
								Self	

HIDALGO COUNTY STAFF USE

ONLY:

<input type="checkbox"/> New <input type="checkbox"/> Disconnection <input type="checkbox"/> Re-Apply <input type="checkbox"/> Family Support Services <input type="checkbox"/> Emergency Services	Case Number _____ Entered by (Print) _____
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Hidalgo County Community Service Agency

9. Are you currently employed at H.C.C.S.A.? (Hidalgo County Community Service Agency) <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you related to any employee at H.C.C.S.A.? (Hidalgo County Community Service Agency) <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are you related to a H.C.C.S.A. Board Member? (Hidalgo County Community Service Agency) <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 your mortgage or rent? \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Other _____
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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? The Weatherization Program provides assistance to conserve energy and reduce high utility bills to assist in becoming more self-sufficient. <input type="checkbox"/> Yes <input type="checkbox"/> No
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16. How do you cool your home? <input type="checkbox"/> A/C Window Unit <input type="checkbox"/> Central A/C Unit <input type="checkbox"/> Fan <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
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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 assistance are you applying for? <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane/Oil <input type="checkbox"/> Emergency Services <input type="checkbox"/> Family Support Services				
19A. Type of Bill	19B. Name on Bill	19C. Name of Utility Company	19D. Account Number	19E. Meter Number
Electric				
Gas / Propane/Oil				

Did anyone 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 without my consent except as needed to process this application.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.
- I agree to receive emails/text messages.

Check all that Apply:

- I authorize Hidalgo County Community Service Agency to share personal/demographic information with other community-based organizations for the purpose of providing additional services to our household.
- I authorize Hidalgo County Community Services Agency to share personal/demographic information with other Hidalgo County departments and agencies for the purpose of coordinating and facilitating delivery of services to our household.
- I do not authorize Hidalgo County Community Services Agency to share my personal/demographic information except as necessary to process my application.

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) _____

Applicant (Signature) _____

Date _____

Hidalgo County Staff Office Use Only: Case Number _____



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 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 45 days following application intake. Applications are processed by priority and my application does not guarantee assistance. I understand that my household must meet the 2024 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, etc. 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 months and 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, etc....).
- 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/>**

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