



**PLEASE
MAIL COPIES**

Dallas County Health and Human Services Comprehensive Energy Assistance Program

2024

The **Comprehensive Energy Assistance Program** will be mailing out applications for energy assistance. Should you have any questions, you may contact us at **(214) 819-1848**.

Eligibility is based on Household Income

All forms must be completed, signed and mailed back to Dallas County in the enclosed self-addressed stamped envelope. **Please allow 6 – 8 weeks for processing of your application.** Please continue paying your bill or make arrangements with your providers, until you receive the payment letter from Dallas County.

Please enclose all applicable documents listed below with your application.

ALL HOUSEHOLD MEMBERS MUST PROVIDE PROOF OF CITIZENSHIP

1. **Proof of Citizenship:** Birth Certificate, U.S. Passport; Certificate of Citizenship or Naturalization Certificate.
2. If you are a legal resident of the U.S., you must provide proof of residency. (COPIES WILL BE ACCEPTED)!
3. **Photo ID/Driver License** for all household members 18 years of age and older. Children under age 18 requires 2 (two) forms of identification.
4. **Social Security Cards** for each household member.
5. **Proof of Gross Income** for the past 30 days for each household member 18 years of age and older. Income consists of Wages, Social Security Benefits (current year social security award letter), Retirement, Annuity, Pension, Unemployment, Workers Compensation, VA Benefits, SNAP, TANF, Child Support, Utility Allowance Checks, Adoption and/or foster care documents.
6. **Electric and Gas Bills (copies- front and back)**

You must be a U.S. Citizen, Non-Citizen National or a Legal Resident of the U.S. to receive assistance from the Comprehensive Energy Assistance Program.

Note: If the application is not completed or documents are not submitted the application will be mailed back to the client.

Thank you.

Dallas County Health & Human Services

Check List

You must include the following documents with your completed application in the return stamped envelope to Dallas County Health & Human Services:

- Copy of birth certificate or passport for all household members
- Copy of Picture ID or Driver's License for all household members 18 years or older
- Copy of social security card or shot record or school record for all household members 17 years or younger
- Copies of all household income earned within the last 30 days for proof of income
- Copies of electric and gas bills (front and back)

Please check the items off as you place them in the envelope, to ensure that all documents are enclosed

Signature

Date

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APPLICANT INFORMATION			
1. First Name	Middle Name	Last Name	2. County of Residency:
3. Residential Address	Apt # _____	City _____ State _____	Zip Code _____
4. Mailing Address (leave blank if same as residential address)	Apt # _____	City _____ State _____	Zip Code _____
5. Home Telephone: () _____ - _____		Cell Telephone: () _____ - _____	
Emergency Contact Number: _____			
6. Email Address: _____			
7. Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Other			

HOUSEHOLD MEMBERS INFORMATION <i>(List applicant first and all household members)</i>								
Applicant & Household Members First Name Last Name	8A. Race	8B. Ethnicity Hispanic (H) or Non-Hispanic (N)	8C. Gender Male, Female, Other	8D. Date of Birth (MM/DD/YYYY)	Social Security Number	8F. Military	8G. Disability?	8H. Receiving income?
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to an extent; and, that I am subject to prosecution for providing false or fraudulent information.

Applicant Name (Print) _____
First Name Last Name

Applicant Signature _____ Date: _____

Agency Signature: _____ Date: _____



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9. Do you or anyone in the household currently receive the following? (PLEASE CHECK THE APPROPRIATE BOX)

Supplemental Nutrition Assistance Program (SNAP)
 Temporary Assistance for Needy Families (TANF)

If you do, please provide a current year's SNAP/TANF Award Letter.

<p>10. Is the address listed on this application owned or rented by the applicant?</p> <p><input type="checkbox"/> Own <input type="checkbox"/> Rent</p>	<p>11. Do you receive Public Housing/Section 8? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>How much is your mortgage or rent? If receiving public housing or section 8 list your portion only</p> <p style="text-align: center;">\$ _____ per <input type="checkbox"/>Month</p>
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<p>12. Do you live in a?</p> <p><input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home/ Trailer <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse</p> <p>Apartment or Landlord name _____</p> <p>Telephone Number () _____ - Alternate Number () _____ -</p>	<p>13A. Are you interested in the Weatherization Program? Weatherization reduces air leaking from your home, reduces your energy cost, and makes your home more comfortable through the installation of energy saving materials.</p> <p>(PLEASE CHECK APPROPRIATE BOX) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13B. Does your home's heating and / or cooling system need service or repair?</p> <p>(PLEASE CHECK APPROPRIATE BOX) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>14. How do you cool your home?</p> <p><input type="checkbox"/> A/C Window Unit <input type="checkbox"/> Central A/C Unit <input type="checkbox"/> Fans <input type="checkbox"/> Other <input type="checkbox"/> None</p>	<p>15. How do you heat your home?</p> <p><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</p>
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UTILITY INFORMATION

17. Which utilities do you have in your home? Electric Gas Propane Water

17A. Type of Bill	17B. Account Holder (Name on Bill)	17C. Utility Provider (Name of Utility Company)	17D. Account Number
Electric			
Gas			
Propane			

List Referrals: _____

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RELEASE OF CUSTOMER INFORMATION

As a Utility Assistance Program/Weatherization Assistance Program participant, I do hereby give permission to obtain and release personal information regarding my case to other agencies as deemed necessary to further assist my household in accessing services and to funding sources for reporting purposes. Information requested / released may include, but is not limited to, the following: 1) Services provided to or requested from the household by Utility Assistance Program/Weatherization Assistance Program agency; 2) Status on utility accounts, payment and consumption histories; 3) Proof of income, residency, and household members; 4) Employment; 5) Education and 6) Proof of identity and citizenship for all household members.

- 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 agency, Dallas County CEAP, to solicit/verify information on my utility and/or fuel bill, both past and future, to the extent the information is used only to provide data.
- I hereby authorize the Texas Department of Housing and Community Affairs and Dallas County CEAP, 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 for benefits in the Utility Assistance Program/Weatherization Assistance Program. I understand that the account information obtained by Dallas County CEAP may contain personal and/or personally-identifying information.
- I understand that Dallas County CEAP will not use my information provided except as needed to review this application to determine eligibility.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.
- I understand that Dallas County CEAP will use the U.S. Department of Homeland Security (DHS)/ Systematic Alien Verification for Entitlements (SAVE) to verify status of non- U.S. born naturalized household members, citizens or permanent residents who provide the following documentation: Permanent Resident Card, Certificate of Naturalization, Certificate of U.S. Citizenship, Refugee Travel Document, Arrival/Departure Record, or Re-entry Permit.

My signature indicates I have read the Release of Customer Information, Application Required Document List, received a copy of the Customer Acknowledgement and agree to abide by the terms stated.

Applicant Name (Print)	_____
First Name	Last Name
Applicant Signature	_____
Date Signed	_____

Declaration of Income Statement

Please complete this form (for anyone 18 years of age or older) in the household.

I am applying for utility assistance and have no documented proof of income for 1 or more household members 18 years of age or older due to the reason(s) listed in the table below. **All proof of income must be submitted along with this form.**

Please complete steps 1 -3 in the chart below for all household members 18 years of age or older.

1. My household consists of _____ total members. The household members listed below are 18 years of age or older.	2. All household members 18 years of age or older must be listed. If a household member is 18 years of age or older and has NOT provided proof of income, check one of the reasons below or list the reason in "Other Reason." If proof of income was provided, indicate the type of income as Employer Wages or Award (s) and submit proof. For Paid in Cash list in "Other Reason" occupation and/or type of support received (ex. Family Support).						3. List previous 30 - day gross income (income received before deductions)
List Household Member Name (First and Last Name)	Age	Employer Wages (Pay Stubs)	Award Letter(s)	Paid in cash	Unemployed with No Income	Other Please explain (unemployment benefits, utility check, child support, etc)	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

For all household members 18 and over who have no income, please list last date income was received:

Applicant Name (Print) _____
First Name Last Name

Applicant Signature _____

Date Signed ____/____/____

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**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
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.		
(Sign Here) X		/ /
Applicant's Signature		Date
		/ /
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date



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This page is for Dallas County CEAP STAFF USE ONLY

Name	How Often Pd	Source of Income	Income	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Annual Household Income: _____

Describe below the documentation used to verify income:

Household Poverty Income Level: 0-50% 51-75% 76-150% >150% (not eligible)

Categorically Eligible: Food Stamps/Snap TANF SSI

CUSTOMER ACKNOWLEDGEMENT

PLEASE READ - KEEP THIS PAGE FOR YOUR RECORDS. DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION

- I understand the Dallas County CEAP is federally funded, and receiving assistance is based on income-eligibility, county of residence, citizenship or legal residency status (verified by documentation submitted or verification through the Systematic Alien Verification for Entitlement), and available funding.
- I am required to apply each year for Utility Assistance Program. If I receive assistance it will not carry-over to the next calendar year.
- I understand the Utility Assistance Program funds are administered by Dallas County CEAP and that the Utility Assistance Program is not an emergency assistance program. Application review for determination eligibility can take up to 8 weeks or longer after you submit your application. Applications are reviewed in the order received, and submitting an application does **NOT** guarantee assistance.
- I understand that my household is required to meet the Federal Income Guidelines and live in Dallas County.
- I understand that if I do not submit all the documents as listed on the application required documentation list, my application is incomplete and there will be a delay in reviewing my request for assistance.
- I understand that Dallas County CEAP will not pledge assistance or make utility payments to the electricity or gas vendors until the application is complete and eligibility has been determined.
- I understand that I am always responsible for paying my utility bill(s) before, during, and after the application and eligibility determination process.
- I am responsible for paying my utility vendor all remaining balances after the Utility Assistance Program makes a pledge/payment to my utility account. Non-payment of my utility bill may result in the interruption of services.
- I understand that Dallas County CEAP provides assistance for electric and/or gas utility bills only. We do NOT provide assistance for rent/mortgage, water, trash, sewer, cable, internet, or telephone.
- I understand that Dallas County CEAP will not pay any late fees, deposits, or reconnect charges and that I am responsible for making payments for those fees and charges to my utility vendor.
- If my application is approved, I will receive a Notice of Payment providing my benefit amount(s).
- If my application is denied, I will receive a Notice of Denial with the reasons indicated. The notice will include information on the appeal process.
- I understand that for pledges and payments to be made, the utility vendor must have a vendor agreement on file with Dallas County CEAP.
- I understand that it is my responsibility to notify Dallas County CEAP of changes that could affect payment to my utility account, including but not limited to:
 - ❖ Change in Utility Vendor
 - ❖ Change of Account Number
 - ❖ Change of Address, Telephone, or Email
- I understand that making a knowingly false statement or misrepresentation on this application may be subject to fines, imprisonment, or both.

COMPLAINTS

All complaints will be reviewed, and a response will be provided by the Program Manager. Upon receiving the complaint, the clerical staff will complete a complaint form. The complaint form will include the complainant's name, date of complaint, telephone number and detailed information regarding the client's concern. The complaint form will be submitted to the Program Manager, daily. In the absence of the Program Manager the CEAP Coordinator II will contact the client, to ensure that he/her concerns are handled in a timely manner. All complainants will receive a written response within 5 business days upon receipt of the complaint. If the complainant is not satisfied with the Program Manager's response, the complaint will be forwarded to the Assistant Director of Social Services, along with all documentation concerning the complaint, including but not limited to CEAP guidelines, TAC rules, etc. All complaints will be handled as expeditiously as feasible.

For all complaints, please send an email to:

ceap_info@dallascounty.org