



## Hidalgo County Community Service Agency 2025 Application Instructions



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

1. **2025 Application** Pages 2-4
2. **Income:** Proof of income for all adults (18 and over) 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 2025 award letter is required:  
**(Bank statements will not be accepted)**
    - Social Security (SS) or Supplemental Security Income (SSI) for 2025
    - 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 card and Texas ID/Driver's license or Permanent resident and ID. **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](http://Hidalgocsa.org) **Electricity Assistance/ Family Support/Emergency Assistance**

Hidalgo County Community Service Agency  
2524 N. Clossner | Suite B | Edinburg, TX 78541

Telephone: (956) 383-6240

**Only complete applications will be processed**



# HIDALGO COUNTY COMMUNITY SERVICE AGENCY

2025 APPLICATION FOR SERVICES

2 <sup>nd</sup> HOUSEHOLD MEMBER INFORMATION					
Last name:		First name:		Middle initial:	
Date of birth:		Age:		SSN:	
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 Grades <input type="checkbox"/> 9-12 Grades <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ College <input type="checkbox"/> 2 to 4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Never Served <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
Relationship to Applicant		Work Status		Health Insurance	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6+ Months <input type="checkbox"/> Unemployed less than 6 months <input type="checkbox"/> Minor <b>(under the age of 18)</b>		<input type="checkbox"/> Disabled <input type="checkbox"/> Retired	
				<input type="checkbox"/> Direct purchase <input type="checkbox"/> Medicare <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> CHIP <input type="checkbox"/> Adult state health ins. <input type="checkbox"/> None	
3 <sup>rd</sup> HOUSEHOLD MEMBER INFORMATION					
Last name:		First name:		Middle initial:	
Date of birth:		Age:		SSN:	
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 Grades <input type="checkbox"/> 9-12 Grades <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ College <input type="checkbox"/> 2 to 4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Never Served <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
Relationship to Applicant		Work Status		Health Insurance	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6+ Months <input type="checkbox"/> Unemployed less than 6 months <input type="checkbox"/> Minor <b>(under the age of 18)</b>		<input type="checkbox"/> Disabled <input type="checkbox"/> Retired	
				<input type="checkbox"/> Direct purchase <input type="checkbox"/> Medicare <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> CHIP <input type="checkbox"/> Adult state health ins. <input type="checkbox"/> None	
4 <sup>th</sup> HOUSEHOLD MEMBER INFORMATION					
Last name:		First name:		Middle initial:	
Date of birth:		Age:		SSN:	
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American/Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 Grades <input type="checkbox"/> 9-12 Grades <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ College <input type="checkbox"/> 2 to 4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Never Served <input type="checkbox"/> N/A	<input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
Relationship to Applicant		Work Status		Health Insurance	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6+ Months <input type="checkbox"/> Unemployed less than 6 months <input type="checkbox"/> Minor <b>(under the age of 18)</b>		<input type="checkbox"/> Disabled <input type="checkbox"/> Retired	
				<input type="checkbox"/> Direct purchase <input type="checkbox"/> Medicare <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Military health care <input type="checkbox"/> CHIP <input type="checkbox"/> Adult state health ins. <input type="checkbox"/> None	

## RELEASE OF CLIENT INFORMATION

As a participant, I do hereby grant permission for the Hidalgo County Community Service Agency to obtain and release personal information related to my case. This is necessary to assist my household in accessing services and funding sources. The information may include: 1. Services provided or requested from the agency and other agencies. 2. Utility account status, payment history, and consumption details. 3. Proof of income, residency, and household members. 4. Employment information. 5. Education records.

- I affirm that the information I provide is accurate to the best of my knowledge.
- My household income has been calculated according to agency procedures.
- I understand I can request a hearing to appeal eligibility decisions.
- I authorize the Texas Department of Housing and Community Affairs and Hidalgo County Community Service Agency to verify my utility bills for data purposes.
- I consent to allow Hidalgo County Community Service Agency access to my utility account information to obtain my 12-month billing and payment history, which will be used solely for eligibility determination. I understand this may include personal information.
- I acknowledge that Hidalgo County Community Service Agency will not use my information without consent, except as needed to process my application.
- I am aware of potential federal prosecution for providing false information.
- I agree to receive communications via email and text messages.

**Read carefully and select applicable options (last option cancels the first two):**

- |  |
|--|
| <input type="checkbox"/> 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.                                 |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> I do not authorize Hidalgo County Community Services Agency to share my personal/demographic information except as necessary to process my application.   |

**By signing this application, I acknowledge that my signature will be considered valid and applicable for all related forms, including but not limited to the Declaration of Income Statement (DIS) and the Systematic Alien Verification for Entitlements (SAVE).**

**I ACKNOWLEDGE THAT MY APPLICATION WILL BE PROCESSED UPON AVAILABILITY OF FUNDS AND FEDERAL FUNDING.**

Applicant (Print Name) \_\_\_\_\_

Applicant (Signature) \_\_\_\_\_

Date \_\_\_\_\_



Hidalgo County Community Service  
Agency  
CLIENT ACKNOWLEDGEMENT

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

- I acknowledge that this program is federally funded and that assistance may not be available to all households each year due to limited funding.
- I am required to reapply annually for Utility Assistance.
- Funds are administered by the Hidalgo County Community Service Agency, which is neither an emergency assistance program nor an entitlement program.
- The application processing period may take up to 45 business days, and submission of an application does not guarantee assistance. My household must meet the 2025 Federal Income Guidelines.
- Failure to submit all required documentation may result in delays in processing my application.
- Hidalgo County Community Service Agency will not issue any utility payments until the application process is complete, and that assistance is contingent upon the availability of funds. I remain fully responsible for my utility bills during the application and eligibility determination process, and non-payment may result in service interruption.
- I acknowledge that Hidalgo County Community Service Agency will not cover late fees, deposits, or reconnect charges, or any other charges and/or fees not related to usage. I am responsible for those payments to my utility provider.
- If my application is approved, I will receive a Notification Letter specifying the benefit amounts and applicable months.
- If my application is denied, I will receive a Notice of Denial detailing the reasons for the denial and information regarding the appeal process.
- I acknowledge that all disconnection notices will be processed within 48 hours following the determination of eligibility.
- I acknowledge that the Utility Assistance Program is limited to electric or gas utility bills and does not cover water, rent, mortgage, cable, or telephone expenses.
- I acknowledge that I am responsible for notifying Hidalgo County Community Service Agency of any changes that may affect payment to my account, including:
  - Change of Account Number
  - Change of Utility Provider
  - Change of Address

**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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