



# Hidalgo County Community Service Agency

## 2026 Application & Instructions



Assistance is available for Hidalgo County residents

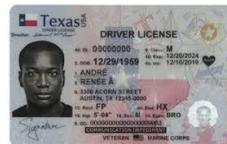
### REQUIRED DOCUMENTS

\*For each household member

#### Proof of Citizenship

one of the following:

- U.S. Passport
- Birth Certificate
- Certificate of Naturalization/Citizenship
- Permanent Resident Card
- Asylee/Refugee -Employment Authorized



If claiming children other than your own, a **valid proof of guardianship** will required.

#### Proof of Identity (18 and older) \*Non-Expired

- Federal or State Government Issued photo ID

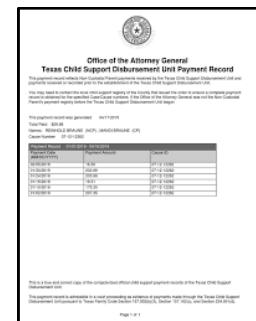
#### Proof of Income

\*For all household members ages 18+

\*Last 30 days from the date on the application

- Employment paystubs
- SS/SSI/RSDI Award Letter
- Retirement/Pension/Annuity
- VA Pension/Disability (DD214 required)
- Insurance/Workers' Compensation
- Child Support (payment record)
- Unemployment Benefits (payment summary)
- SNAP/TANF

- Unemployed, Self-Employment, or family support will require a Declaration of Income Statement



#### Utility Bills

- Most recent complete **ELECTRIC/GAS** bill.

#### Disconnections

- Disconnection notice and the prior complete **ELECTRIC/GAS** bill

### IMPORTANT NOTICE!

Additional documentation may be required depending on the program you are applying for.



# HIDALGO COUNTY COMMUNITY SERVICE AGENCY

## APPLICATION FOR SERVICES

OFFICE USE ONLY

Date Received:

Client ID:



What type of assistance are you seeking? (Select all that apply)

Utility Assistance  Family Support Services  Emergency Services  Veteran

Do you live in Hidalgo County?  Yes  NoHave you previously received services from Hidalgo County Community Service Agency?  Yes  No**APPLICANT'S INFORMATION**

Last name:	First name:	Middle initial
Date of birth:	Age:	SSN:
Primary phone:	Secondary Phone:	Email:
Residential Address:		City, State, Zip Code:
Mailing Address (if different):		City, State, Zip Code:
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other \$ _____		Do you live in a: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____
Landlord's Name:		Cell Phone: Email:

Gender	Race	Ethnicity	Education	Military Status	Medical Insurance	Dental assistance
<input type="checkbox"/> Male	<input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 0-8 Grades	<input type="checkbox"/> Active	<input type="checkbox"/> Direct Purchase	<input type="checkbox"/> Medicare
<input type="checkbox"/> Female	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> African American/Black	<input type="checkbox"/> Not Hispanic	<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"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Employment Based <input type="checkbox"/> Miliary Health Care <input type="checkbox"/> Adult State Health Ins.	<input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None
						<input type="checkbox"/> In need <input type="checkbox"/> No need
						<b>Dental Insurance</b> <input type="checkbox"/> Insured <input type="checkbox"/> Not insured

Employment Status (18 & Older)		Verify all income for ALL household members (Check all that apply)			Non-Cash Benefits (Check all that apply)	
<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"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other		<input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension/Annuity <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Child Support	<input type="checkbox"/> Worker's Comp. <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> SNAP <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Public Housing (Section 8) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC	<input type="checkbox"/> None <input type="checkbox"/> Other	

**Utility Service Information**

Electric Company:	Acct. Name:	Account #:	<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Gas Company:	Acct. Name:	Account #:	<input type="checkbox"/> Heat <input type="checkbox"/> Cool
Cooling Device Used: <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit (s) <input type="checkbox"/> Other _____		<input type="checkbox"/> None	
Heating Device Used: <input type="checkbox"/> Central Unit <input type="checkbox"/> Wood burning Stove <input type="checkbox"/> Stove <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Gas Heater <input type="checkbox"/> Electric Heater		<input type="checkbox"/> None	



## HOUSEHOLD INFORMATION

Household Member Name & Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex M/F	Race (White, African American/Black, Asian, American Indian, Alaskan Native, Multi-Race, Other)	Ethnicity (Hispanic/Not Hispanic)	Highest Level of Education (0-8 grades, 9-12 grades, HS grad, GED, 12+ college, 2 to 4 yr. grad)	Employment Status (Full-time, Part-time, Unemployed more than 6 months, Unemployed less than 6 months, Minor (under 18), Disabled, Retired)	Health Ins.	Military Status (Active, Veteran, N/A)
1. ss#									Y or N	
									Y or N	
2. ss#									Y or N	
									Y or N	
3. ss#									Y or N	
									Y or N	
4. ss#									Y or N	
									Y or N	
5. ss#									Y or N	
									Y or N	
6. ss#									Y or N	
									Y or N	
7. ss#									Y or N	
									Y or N	
8. ss#									Y or N	
									Y or N	
9. ss#									Y or N	
									Y or N	
10. ss#									Y or N	
									Y or N	



## HIDALGO COUNTY COMMUNITY SERVICE AGENCY RELEASE OF CLIENT INFORMATION



As an applicant, 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 provided is accurate to the best of my knowledge.
- I understand that eligibility for program assistance is determined under the Federal Poverty Income Guidelines and other criteria.
- I understand I can request a hearing to appeal eligibility decisions.
- I authorize 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 determinations. 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.

Are you interested in the Weatherization Program?  Yes  No

The Weatherization Program provides assistance to conserve energy and reduce high utility bills to assist in becoming more self-sufficient.

### Read carefully and select applicable options (last option cancels the first one):

I **authorize** Hidalgo County Community Services Agency to share personal/demographic information with other community-based organizations, Hidalgo County departments and agencies, for the purpose of providing additional services, and coordinating and facilitating delivery to our household.

I **do not** authorize Hidalgo County Community Service 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



- 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.
- 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 current Federal Income Guidelines established by USHHS.
- 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 with 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 or telephone

#### 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/>

**Hidalgo County Community Service Agency**  
**2524 N. Closner Blvd. Edinburg, TX 78541**  
**[www.hidalgoacs.org](http://www.hidalgoacs.org)**

Only complete applications will be processed