Dear Applicant

Thank you for your interest in the Utility Assistance Program with the Department of Human Services, Family Assistance Division. Enclosed you will find an intake application for utility assistance and instructions to help you complete your application. **This application is ONLY for residential accounts!**

Please note that a signed, completed intake application and all required documents must be submitted in order for your application to be processed in a timely manner. Failure to submit the required documentation listed below will result in delayed processing or denial of your application.

**For rental assistance DO NOT complete this application. Please call 207.7830 for information.**

Please **MAKE COPIES** of all supporting documents, **DO NOT turn in originals**!

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**Utility Assistance Intake Application Documentation Check List**

<table>
<thead>
<tr>
<th>Intake Applications can be submitted by:</th>
</tr>
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<tbody>
<tr>
<td>MAIL or Drop Off</td>
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<tr>
<td>Family Assistance Division – Utility Assistance</td>
</tr>
<tr>
<td>Willie Velásquez Center</td>
</tr>
<tr>
<td>1302 N. Zarzamora</td>
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<tr>
<td>San Antonio, TX 78207</td>
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</tbody>
</table>

- **FAD Utility Assistance Intake Application**: Application requires 2 signatures and CPS form requires 1 signature.
- **Income**: Must submit proof of current income for the past 30 days for all household members eighteen (18) years of age and older.
- **Award Letters**: current year (Social Security, Supplemental Security Income, Disability, Unemployment) or bank statement for last 30 days of intake application.
- **Current utility bill(s)**: Provide current bill(s)
- **Photo ID(s) for Account holder** (Texas ID/Driver’s License/Matricular Consular)
- **Social Security number of Account holder**: Last 4 digits only
The City of San Antonio Department of Human Services provides Utility Assistance to individuals and families in need. Services are based on available funding.

Please check the service(s) you are in need of

- [ ] **CPS Utility Assistance for CPS Energy**

Please check what applies to you

- [ ] Seniors 60 years and older
- [ ] Families with young children
- [ ] Individuals with Disabilities
- [ ] Individuals using Critical Medical Care Equipment

**Household Income Information | Check Household Type:**

- [ ] Single Person
- [ ] Single Parent/Female
- [ ] Single Parent/Male
- [ ] Two Parent Household
- [ ] Non related adults with children
- [ ] Two Adults & NO Children
- [ ] Multi generational Household
- [ ] Other

**HOUSEHOLD INCOME LAST 30 DAYS:** Please tell us what income you and your household is receiving

<table>
<thead>
<tr>
<th>Person(s) receiving income</th>
<th>Sources of Income</th>
<th>Amount</th>
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</table>

*State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance:

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My household has no documented proof of income due to the following situation:

**Declaration of Income**

Does anyone in the household currently receive any of the following other sources of income? | Check all that apply

- [ ] TANF
- [ ] VA Service Connected Disability Pension
- [ ] EITC
- [ ] Child Support
- [ ] VA Non-Service Connected Disability Pension
- [ ] SSDI
- [ ] Alimony or Spousal Support
- [ ] Private Disability Insurance
- [ ] Unknown/Not Reported
- [ ] No Income
- [ ] Pension
- [ ] Unemployment
- [ ] SSI
- [ ] Retirement Income from SS

**For Rental Assistance Call (210) 207-7830**

⚠️ Please **MAKE COPIES** of all supporting documents, **DO NOT turn in originals**

Revised 6-19-2020
Client Acknowledgement

<table>
<thead>
<tr>
<th>Please Read - Keep this page for your records</th>
<th>DO NOT submit this page with your application</th>
</tr>
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<tbody>
<tr>
<td>• I understand the Utility Assistance Program is a federal and city funded program and that receiving assistance is based on eligibility (my household must meet the Federal Poverty Income Guidelines and live in San Antonio, Bexar County); and on available funding.</td>
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</tr>
<tr>
<td>• I understand that the Intake Application is processed in the order received and submission of my Intake Application does not guarantee assistance.</td>
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<tr>
<td>• I understand that the application processing period can take up to 30 days or longer. I understand that if I do not submit all the REQUIRED documentation as listed on the Intake Application request instruction letter, there will be further delays in processing my application.</td>
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<tr>
<td>• I understand the City of San Antonio will not secure any pledge(s) from the utility company or make utility payments until the Intake Application process has been completed and the City has confirmed the availability of funds. During this process, I am fully responsible for my bill before, during, and after the application and eligibility determination process is completed. Non-payment of a utility bill may result in interruption of services.</td>
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<tr>
<td>• I understand the City of San Antonio will not pay any late fees, deposits, or reconnection charges and that I am responsible for making payments for those fees and charges to my utility provider.</td>
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<tr>
<td>• If my application is approved, I will receive a Notice of Eligibility (NOE) as well as benefit amount.</td>
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<tr>
<td>• If my application is denied, I will receive a Notice of Denial (NOD) with the reason(s) indicated. I will also be provided with information on the appeal process.</td>
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</table>

Please proceed to page 4 & 5 to complete your application

⚠️ Please MAKE COPIES of all supporting documents, ⚠️

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Utility Assistance Intake Form

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Race/ethnicity</th>
<th>Relationship to Head of Household</th>
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<tbody>
<tr>
<td>1. Head of Household</td>
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Location:

Service Address:

City: County: State: Zip Code:

Phone Number: Alt. Phone Number: Email:

Do you have more than one account with CPS? Yes ☐ No ☐

Is your Household receiving Food Stamps (SNAP)? Yes ☐ No ☐

Applicant (Head of Household) Demographic Information

1. Highest Grade Completed ☐ Less than HS ☐ HS Grad / GED ☐ Some College ☐ 2-Year Degree ☐ 4-Year Degree

2. Health Insurance ☐ Yes ☐ No

3. Disabled ☐ Yes ☐ No

4. Veteran ☐ Yes ☐ No

5. Homeless ☐ Yes ☐ No

6. Employed ☐ Yes ☐ No

7. Looking for Work ☐ Yes ☐ No

8. Do you own or rent a home? ☐ Own ☐ Rent

I certify that the information on this application is true and correct to the best of my knowledge and belief. If granted assistance and fraud is proven, I will repay funds spent on my behalf. I authorize the City of San Antonio and utility companies and other sources to release information in this application to pertinent parties. My signature below certifies that I am in need of utility assistance and fully understand the above statement and I agree to the terms of the Utility Assistance Program. I understand a completed application does not guarantee assistance will be provided.

Applicant Signature: ___________________________ Date: ___________________________

Please Drop Off or Mail to: 1302 N. Zarzamora, San Antonio Tx, 78207

⚠️ Please MAKE COPIES of all supporting documents, ⚠️

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Revised 6-19-2020
I hereby give permission to obtain and release personal information regarding my case to other agencies as deemed necessary. Information requested may include, but is not limited to: 1) Status on utility accounts, payments and consumption histories; 2) Proof of income, residency, and household members; 3) Employment details.

- The information I have provided is true and correct to the best of my knowledge and belief.
- My total household income has been calculated, accounted for, and provided to the City.
- I authorize the City of San Antonio to obtain online access to my utility account information and understand that account information may contain personal and/or personally-identifying information.
- I understand that the City of San Antonio will never use my information provided except as needed to process this application.
- I understand that the City of San Antonio intends to use my information only as needed to process this application; I also understand, however, that my information may be subject to a public information request since the City is a public entity. In that instance, the City will seek authority to withhold the information from disclosure.
- I am aware that I am subject to federal prosecution for providing false or fraudulent information.

My signature indicates I have received and read the Release of Customer Information, Application Instructions, and the Customer Acknowledgement and that I agree to abide by the terms stated.

Applicant (Print Name)  

Applicant Signature:  Date Signed:

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Revised 6-19-2020
CPS AUTHORIZATION

If applying for CPS assistance this form MUST be completed, signed and returned with your application.

Authorization to Receive Customer Information or Act on a Customer's Behalf

In order for CPS Energy to allow third party access to your account, CPS Energy requires the following account holder information, authorization and release:

Agency Name: City of San Antonio, Family Assistance Division

Account Number: ____________________________

Account Holder Name: ____________________________

Account Holder Phone Number: ____________________________

Account Holder Address: ____________________________

By signing below, I authorize City of San Antonio to access my utility account information and authorize them as my agent to act on my behalf for the following purposes:

☐ Request, obtain, view my utility customer account data, including all usage, past billing amounts, charges, fees incurred, date of interruption and/or disconnection of service, including all charges owed from an installation plan and/or consumption history for the purpose of determining eligibility for and/or providing financial assistance.

☐ To discuss and make changes to above account including the updating of customer's phone number and e-mail address, acquiring account status, payment history, disconnection of service, (discussion only) and pending orders. This includes making payment arrangements on the account, and entering into, cancelling or modifying installment or other payment plans.

This Authorization is valid for one (1) year or three (3) years for those seniors and disabled persons qualified by the agent, from the date of signature. I understand I may cancel it at any time by submitting a written request to above Agency.

This Authorization provides authority to the above Agency and its authorized agents (herein called "Agency," and I authorize CPS Energy to release the requested information on my account to the above Agency who is acting on my behalf. I hereby release, hold harmless, and indemnify CPS Energy from any liability, claim, demands, causes of actions, damages or expenses resulting from and release of information and any unauthorized use of this information by the above agent.

_________________________________________  _________________________________________
Printed Name  Date

_________________________________________
Signature

A copy of this Authorization must be maintained by the agent and may be requested by CPS Energy for verification of authority to access utility account holder information.

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