



Bexar County Department of  
Economic and Community Development  
Direct Client Services

**The Application Process: *What you need to know . . .***

# How do I start the process of getting an application?

You may do ONE of the following:

- Call us at **(210) 335-3666**

- Mail us a request form or letter to  
**233 N. Pecos, Suite 590**  
**San Antonio, TX 78207**



- Email us your request to [clientservices@bexar.org](mailto:clientservices@bexar.org)



Written Request for Utility Assistance

CLIENT NAME	SOCIAL SECURITY NO.	DATE
ADDRESS	CITY/ZIP CODE	PHONE NO.
EMAIL ADDRESS	DATE OF BIRTH:	UTILITY ACCOUNT NUMBER

Have you been assisted before: Yes \_\_\_ No \_\_\_

# What happens if I decide to call?

**The following information will be asked of you and required to create an application just for you:**

- **Your Name**
- **Date of Birth**
- **Social Security Number**
- **Address, City and Zip Code**
- **Utility Bill Account Number**
- **Telephone Number**
- **Email Address**
- **U.S. Citizenship**
- **Estimated Amount of Income**
- **Number of People in Your Home**



# How will I get my application?

Applications are sent by **mail** based on funding availability.

- \* Be prepared to wait 7-10 business days to receive your application by mail.
- \* If you do not receive your application within this time frame, call us at [\(210\) 335-3666](tel:2103353666).

In the upper right hand corner of your application is a CASE ID Number. Please refer to this number if you need information on the status of your application.

**An application does not guarantee assistance.**

# I received my application, what's next?



1. Read the first page of your application, it explains the DOCUMENTS you will need so that we can accept your application
2. Answer all the questions on your application
3. Be sure to include two (2) telephone numbers so we can contact you in case we have questions
4. List your email address on the application for us to send you our Notices
5. Sign all Signature pages

# What do signature pages look like?

Utility Account Access Information			
Name of Utility Company:			
Account #:	Account Holder's Name:		
<input type="checkbox"/> I am listed as a Secondary Account Holder and am responsible for payment on this account			

Last 4 digits of Account Holder's Social Security Number \_\_\_\_\_

Last 4 digits of Account Holder's Driver's License or State ID \_\_\_\_\_

Last 4 digits of Account Holder's Matricula \_\_\_\_\_

## APPLICANT'S CERTIFICATION OF UNDERSTANDING AND AGREEMENT

- I authorize Bexar County to request, obtain, view my utility customer account data to include past and present billing amounts, charges, fees incurred, date of interruption and/or disconnection of services, including details of all charges owed from an installment plan and/or consumption history for the sole purpose of determining eligibility for and/or providing utility financial assistance. This authorization is valid for one (1) year from the date of signature.
- My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge and belief.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I will also provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.
- I also understand my household income has been annualized at the time of application 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 have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.
- I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and, upon conviction, may be fined and or imprisoned.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant Signature of Witness (if signed with "X")

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of individual making application on applicant's behalf or caseworker who assisted in completion of application



## TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

www.tdhca.state.tx.us

### Systematic Alien Verification for Entitlements (SAVE) System Applicant Certification Form for WAP and CEAP

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.

- Are you a U.S. citizen (born or naturalized)? Yes \_\_\_\_\_ (Go to number 4)  
or No \_\_\_\_\_ (Go to number 2)
- Are you a legal resident of the U.S.? Yes \_\_\_\_\_ (Complete numbers 3 and 4)  
or No \_\_\_\_\_ \*\*\*
- My legal residency is based on my status as a:
  - \_\_\_ Lawful Permanent Resident (LPR)
  - \_\_\_ Asylee
  - \_\_\_ Parolee
  - \_\_\_ Person with Deportation (or Removal) Withheld
  - \_\_\_ Conditional Entrant
  - \_\_\_ Cuban or Haitian Entrant
  - \_\_\_ Battered Non-Citizen
  - \_\_\_ Refugee
  - \_\_\_ Trafficking Victim
  - \_\_\_ Iraqi or Afghan Special Immigrant (SIV)
- Under penalty of perjury, I certify that I am a U.S. citizen, a non-citizen national, or a legal resident of the United States.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

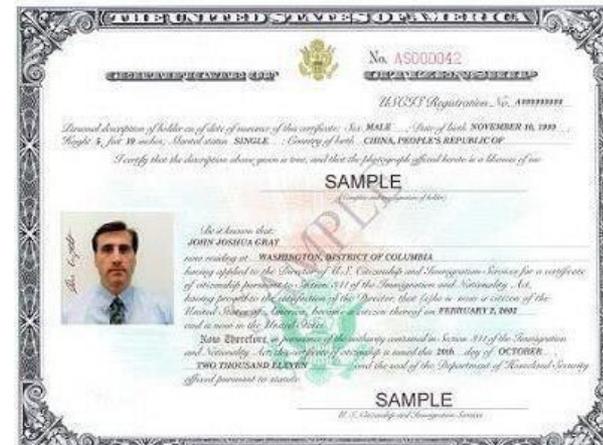
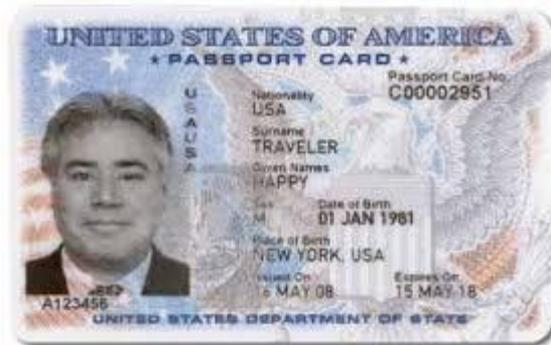
\*\*\*Applicants answering "No" to both questions 1 and 2 are not eligible for CEAP services and must be given a denial letter explaining their rights to appeal.

Persons born in Puerto Rico, Guam, the US Virgin Islands, American Samoa, Swains Island (or their descendants) are considered citizens. If the client's answer to question #2 is Yes, and the client has documentation, Agency must proceed with Systematic Alien Verification for Entitlements Program (SAVE) verification process.

DCS staff: Describe documentation reviewed \_\_\_\_\_  
Initial and date \_\_\_\_\_

# What documents are needed for U.S. Citizenship?

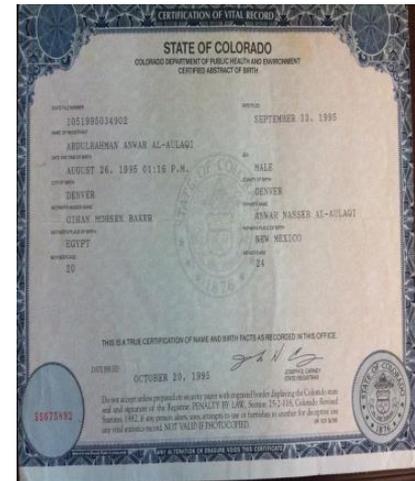
Types of US Citizenship Documentation accepted:  
**VALID U.S. Passport and/or Certification of Naturalization**



# I am a U.S. Citizen, but I don't have a Passport

We require two (2) documents as forms of Identification:

- \* A valid Government issued ID or Driver's License, that is not expired with your Birth Certificate



OR

# I am a U.S. Citizen, but I don't have a Passport

A valid Government issued ID or Driver's License, that is not expired with your Voter Registration Card



NOTICE REGISTRATION  
2015-2016 ELECTIONS  
MISSISSIPPI, TEXAS  
www.voteinfo.gov

Secretary of State's Office  
SARAH SUTHERLAND  
TRUST AND POLICE BUILDING  
600 NORTH BRIDGES  
HOUSTON, TX 77002

PRELIMINARY  
U.S. District  
COURT  
EAST  
DISTRICT  
OF TEXAS

RETURN SERVICE REQUESTED

VOTER REGISTRATION LIST FOR DISTRICT  
OF COLLIN COUNTY, TEXAS  
COLLIN COUNTY, TEXAS

REGISTRATION NUMBER	REGISTRATION TYPE	REGISTRATION DATE	REGISTRATION STATUS	REGISTRATION CLASS	REGISTRATION CLASS
1079326168	2	01/02/14		3	1
1573	003-05	02/21/15		NC	12

JARED Q. JENSEN  
4321 MAIZE ST.  
MCKENZEE, TX 75071

JARED Q. JENSEN  
4321 MAIZE ST.  
MCKENZEE, TX 75071

|||||

# What happens if my ID has expired?

- An expired Identification card or Driver's License cannot be accepted . . . You will need to renew this document.



# What if I am not a U.S. Citizen?

You will need to submit a valid copy of your Permanent Resident Card. An **expired card cannot be accepted.**



# What if SAVE cannot verify my U.S. Citizenship status (PRWORA Act)?

- \* If denied enrollment/benefits because SAVE cannot verify your U.S. Citizenship status then you will need to visit website: USCIS.gov/SAVE  
<https://www.uscis.gov/sites/default/files/SAVE/Publications/Records-Fast-Facts-for-Benefi-Applicants.pdf>
- \* Go to this website and select “Records Fast Facts for Benefit Applicants” and follow the instructions on how to update your U.S. Citizenship record.

## Records Fast Facts for Benefit Applicants

### What is SAVE?

The Systematic Alien Verification for Entitlements (SAVE) Program provides a fast, secure and efficient verification service that allows federal, state, and local benefit-granting and licensing agencies to verify your status when you apply for a license or government benefit. To learn more, visit [uscis.gov/save](https://uscis.gov/save).

### What does SAVE need to verify your immigration status?

The benefit-granting or licensing agency must provide SAVE with your current biographic information (first name, last name, and date of birth) **and** a numeric identifier (such as an Alien Number( A#/USCIS#); Form I-94, Arrival/Departure Record Number; Student and Exchange Visitor Information System (SEVIS) ID number; or unexpired foreign passport number).

### What happens if SAVE cannot verify your status?

You may correct or update your immigration record with the Department of Homeland Security (DHS). **SAVE cannot correct, renew, or replace records.**

### Where do you go to correct, obtain, renew or replace a record?

You must contact the DHS agency that issued your record.

#### U.S. Citizenship and Immigration Services (USCIS)

For instructions and forms on how to obtain, correct, renew, or replace a:

- Certificate of Citizenship, visit [uscis.gov/N-565](https://uscis.gov/N-565).
- Certificate of Naturalization, visit [uscis.gov/n-600](https://uscis.gov/n-600).
- Form I-551, Permanent Resident Card, visit [uscis.gov/I-90](https://uscis.gov/I-90).
- Form I-766, Employment Authorization Card, visit [uscis.gov/I-765](https://uscis.gov/I-765).
- Form I-94 issued by USCIS, visit [uscis.gov/I-102](https://uscis.gov/I-102).

For questions and assistance:

- Call the National Customer Service Center (NCSC) at 800-375-5283 (TTY 800-767-1833 for deaf or hard of hearing).
- For information about scheduling an appointment to talk to a USCIS officer in-person at a local USCIS office using INFOPASS visit: <https://my.uscis.gov/appointment>.

#### Custom Border Protection (CPB)

Contact CPB if you need to replace or correct your Form I-94, Arrival-Departure Record.

- To correct the Form I-94 records that originated at CPB's Deferred Inspection Sites (DIS), visit the CPB website at [cbp.gov/document/guidance/deferred-inspection-sites](https://cbp.gov/document/guidance/deferred-inspection-sites) for a list of all DIS's

If you have questions or need information on the I-94 automation process, visit the CPB INFO Center at <https://help.cbp.gov>.

#### Student and Exchange Visitor Program (SEVP)

If you are a student or exchange visitor and need to correct your record, contact your designated school official (DSO) or responsible officer (RO).

If they cannot help you, contact the SEVP Response Center (SRC) at 703-603-3400 or [sevp@dhs.gov](mailto:sevp@dhs.gov).

# How do I verify my immigration status with the SAVE Program?

<https://www.uscis.gov/save/casecheck>



U.S. Citizenship and Immigration Services

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[For Benefit Applicants](#)

[SAVE CaseCheck](#)

[SAVE Agency Search Tool](#)

## SAVE CaseCheck



Applying for a benefit or license with a federal, state, or local government agency?

Agencies may need to verify your immigration status to process your application. To verify your status, they use the SAVE Program. CaseCheck, a free and fast service, lets you follow the progress of your SAVE verification case online as often as you like.

Checking your case is easy! Simply click on the red CHECK YOUR CASE button below and enter your date of birth (DOB) along with the number from one of the following immigration documents:

- Certificate of Citizenship
- Certificate of Naturalization
- I-20 Certificate of Eligibility for Nonimmigrant Student Status
- I-94 Arrival/Departure Record
- I-94 stamp in Unexpired Foreign Passport
- I-551 Permanent Resident Card
- I-766 Employment Authorization Card
- Case verification number, provided by your agency

[CHECK YOUR CASE](#)

[CaseCheck En Español](#)

# What documents are needed for Proof of Income?

## Social Security Award Letter Must be for Current Year

Bank statements  
are never  
accepted.

**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Important Information

Western Program Service Center  
P.O. Box 2000  
Richmond, California 94802-1701  
Date: December 12, 2011

We will no longer deduct money for your health plan premiums and your Medicare prescription drug plan costs from your monthly benefits.

**What We Will Pay And When**

- You will receive \$1,347.00 for December 2011 around January 18, 2012.
- After that you will receive \$1,347.00 on or about the third Wednesday of each month.

**Information About Your Health Plan Premiums and Medicare Prescription Drug Plan Costs**

If you have any questions about your health plan premiums and your Medicare prescription drug plan costs, please contact your health plan and your Medicare prescription drug plan.

**If You Have Any Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-968-2945. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
ONE HSBC PLZ STE 1400  
100 CHESTNUT ST  
ROCHESTER, NY 14604

C See Next Page

\*\*\* REC 2011262 150413 R42D01B0 CKF2 CIPQYAS PQAS (7-1E4 ) \*\*\*

SOCIAL SECURITY ADMINISTRATION

Date: September 19, 2011  
Claim Number: 261 90 6357A  
261-90-6357DI

CHRISTOWISE A WALTERS  
C/O DASIL  
29 KORN IVY  
MEDFORD OR 97501

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

**Information About Supplemental Security Income Payments**

Beginning October 2011, the current Supplemental Security Income payment is.....\$ 674.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

There was no cost of living adjustment in Social Security benefits in December 2010. The benefit amount shown is current as of the date on this letter.

**If You Have Any Questions**

If you have any questions, you may call us at 1 800 772-1213, or call your local Social Security office at 866 553-3664. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
SUITE 101  
3501 EXCEL DR  
MEDFORD, OR 97504

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

*Juanita*  
OFFICE MANAGER

# What documents are needed for Proof of Income?

## Veteran Award Letter

Must be for the Current Year

Bank statements  
are never accepted.

Regional Office  
3223 North Central Avenue  
Phoenix, AZ 85012

Veterans Administration

FEB 14 1985

Mr. William L. Patterson  
4823 N. Crocus  
Scottsdale, AZ 85254

Dear Mr. Patterson:

You are awarded Veterans Administration benefits payable in the amount and beginning with the date shown below.

Monthly Amount	Beginning Date
\$ 1,372.00	11-1-84
1,374.00	12-1-84
1,295.00	2-1-85

Based on your claim received 10-25-84, and requested supporting documents received 1-14-85, action has been taken to amend your award of VA compensation effective 11-1-84 (first of month following receipt of claim) to include the following: **REVISION: DIVORCE OF WIFE, 10/25/84. YOUR AWARD IS INCREASED. YOU NOW RECEIVE THE AMOUNTS SHOWN IN THE TABLE ABOVE.**

If you believe our decision is incorrect, please see the reverse side of this letter for the Notice of Procedural and Appellate Rights. You should keep this letter for future reference. **IMPORTANT: Please show the veteran's full name and VA file number on all correspondence or evidence submitted.**

Sincerely yours,

W. H. BELL  
Adjudication Officer

Encl.  
OO: DAV

\*Revision is no longer included as your dependent spouse, based on your divorce of 1-14-85 and your award is reduced to the single veteran's rate.

In Reply Refer To: 345/212  
C

PL 21-822a  
Rev. 1980

TSM/mq/2/13/85/2/12/85

2.145

DEPARTMENT OF VETERANS AFFAIRS

Regional Office  
P.O. BOX 6608  
Huntington WV 25772-6608

In Reply Refer To: 245/212  
C

Dear Mr. Patterson:

We made a decision on your claim for service connected compensation received on 10/25/84.

This letter tells you what we decided. It includes a copy of our rating decision that gives the evidence used and reasons for our decision. We have also included information about what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

**What We Decided**

We determined that your claim for service connected compensation is granted for the following:

Medical Description	Percent (%) Assigned
Post-traumatic stress disorder	0%

We determined that your claim for service connected compensation is denied for the following:

Medical Description
Post-traumatic stress disorder

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered, and the reasons for our decision. Your Rating Decision and this letter constitute our decision based on your claim received on 10/25/84. It represents all claims we understood to be specifically made, implied, or inferred in that claim.

# What documents are needed for Proof of Income?

**Annuity / Pension Award Letter**  
*Bank Statement are never accepted.*

RI 25-23 (REV. 12/16)

## NOTICE OF ANNUITY ADJUSTMENT

This notice informs you of a change in the amount of your payments. Please read the back of the notice. If you have questions, call us or write to the address shown below.

Gross Monthly Annuity	Monthly Health Benefits	Monthly Medicare	Other Deductions or Additions*				Net Monthly Payment
			Code	Amount	Code	Amount	
<b>Old Status</b>							
361.00							361.00
<b>New Status</b>							
362.00							362.00

Your Payment Before Adjustment

Your Payment After Adjustment

\*SEE BACK FOR CODES FOR OTHER DEDUCTIONS OR ADDITIONS

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
 RETIREMENT OPERATIONS CENTER  
 PO BOX 45  
 BOYERS PA 16017-0045

REFER TO THIS NUMBER WHENEVER YOU CONTACT US

YOUR PAYMENT DATED: 01/03/2017  
 CLAIM NUMBER  
 CSF 7 121827 W

## VERIFICATION OF MONTHLY PAYMENTS

09/11/17  
 Date  
 Johnny Q. Public  
 Name  
 000-00-0000  
 Social Security Number

This form is used to provide information concerning retirement benefits for the named individual.

The person named above currently receives the following monthly payments from the Teacher Retirement System. Monthly annuity payments are generally due to be paid on the last working day of the month for which the payment accrues.

The payee is a member of TRS.

08/31/01 Retirement Date



CURRENT GROSS AMOUNT OF MONTHLY PAYMENT	EFFECTIVE DATE OF COMMENCEMENT OF PAYMENT FROM - THROUGH	TRS OPTION MEM. BENEFICIARY	EFFECTIVE DATE OF CURRENT PAYMENT
1027.19	09/30/01 - FOR LIFE	05	09/30/13
1027.19	Gross Total of All Monthly Payments		
-NONE-	Total Federal Income Tax Withheld Monthly		
-NONE-	Total Insurance Premium(s) Withheld Monthly		
-NONE-	Dues to Professional Organizations		
1027.19	Net Amount of All Monthly Payments		

JOHNNY Q. PUBLIC  
 1000 PEACEFUL LANE  
 SAN ANTONIO TX 78200

SS

*Amanda Gentry*  
 Amanda Gentry  
 Manager of Benefit Payments

# What documents are needed for Proof of Income?

## Check Stubs

**Bank Statements are never accepted.**

EMPLOYEE NAME				EARNINGS STATEMENT			
Sample Company Name, Sample Company Address, 55220							
EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK NO.	PAY PERIOD	PAY DATE		
Sample Name	XXX-XX-3432	44234	4888	10/15/13-10/31/13	11/08/13		
INCIDENT	DATE	AMOUNT	CURRENT PERM	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE	
GROSS WAGES	50	58	2,500.00	FICA MED TAX 35.25 FICA SS TAX 155.00 FED TAX 559.18 CA ST TAX 183.75 SDI 25.00	1,631.25 8,975.80 25,182.00 8,208.25 1,125.00		
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY					
112,500.80	43,183.51	69,318.40					



EMPLOYEE: JETER SMITH  
SSN: 993-99-9999  
PAY PERIOD: 8/1/99 TO 8/12/99  
PAY DATE: 8/15/99  
CHECK NO.: 3259  
NET PAY: \$182.41

PAYROLL

EARNINGS			TAXES WITHHELD		DEDUCTIONS		
Description	Hrs.	Amount	Tax	Current	YTD	Description	Amount
REGULAR	40	240.00	FED INCOME TAX	35.28	429.04	401(K)	30.00
OVERTIME	6	54.00	SOCIAL SEC	18.23	222.08	HEALTH	35.00
CURRENT		294.00	MEDICARE	4.26	51.94		
YTD		3582.00	STATE INCOME TAX	8.02	107.46		

C.O. FILE DEPT. CLOCK NUMBER					Earnings Statement	
ABC	126543	123456	12345	901379	Period ending: 12/27/2013 Pay date: 01/04/2014	
Your Company 789 Company St. Company City 66666-1111					Emp L. Name Emp F. Name 1234 Your St Your City 55555	
Taxable Marital Status: Married Exemption/Allowances: Federal: 3, \$25 Additional Tax State: 2 Local: 2						
Earnings	rate	hours	this period	year to date	Important Notes	
Regular	25.00	40.00	306.76	1,000.00	EFFECTIVE THIS PAY PERIOD YOUR REGULAR	
Overtime	37.50/hr	0.00	0.00	0.00	TO \$25.00 PER HOUR.	
Holiday	--	--	--	478.50		
Vacation	--	--	--	945.22		
Bonus	--	--	--	20.00		
Float	--	--	--	544.54		
			<b>Gross Pay</b>	<b>\$1.00</b>	1,000.00	
Deductions	Statutory		year to date			
Federal Income Tax		-296.65	193.65			
Social Security Tax		-66.20	66.96			
Medicare Tax		-15.95	15.66			
Anytown State Income Tax		-46.96	46.96			
Anytown Local Tax		-###.##	###.##			
Other						
401(K)		-10.00*	1.00			
FSR		-#.##	##.##			
Commuter Trip		-7.00*	-#.##			
			<b>Net Pay</b>	<b>583.24</b>		
* Excluded from federal taxable wages Your federal wages this period are 583.24						
Your Company 789 Company St. Company City 66666-1111					Payroll check number: 32728310 Pay date: 01/04/2014	
Pay to the order of: Emp F. Name Emp L. Name					This amount: 583.24	
This amount: five hundred eighty-three dollars twenty-four cents					583.24	
VOID VOID VOID					AUTHORIZED SIGNATURE VOID AFTER 90 DAYS	

# How many check stubs do I need?

## How do you get paid?

- \* **Weekly**                      **We need up to 5 check stubs**
- \* **Bi-weekly**                      **We need up to 3 check stubs**
- \* **Semi-monthly**                      **We need up to 2 check stubs**
- \* **Monthly**                      **We need up to 1 check stub**

**Check stubs submitted are for the 30 day period from the date you sign your application.**

# I get paid in cash . . .

- \* If you receive cash from your employer or if you work odd jobs or if you are self-employed, you will need to complete our Declaration of Income Statement.



- \* Answer all questions on form.
- \* Sign and Date the form.

**DECLARATION OF INCOME STATEMENT  
(DECLARACION DE INGRESOS)**

Applicant First Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

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: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveída de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)*

\_\_\_\_\_  
*(Applicant Signature/Firma del Solicitante)*

\_\_\_\_\_  
*(Date/Fecha)*

# What other documents are needed for proof of income?

- \* Child Support: Declaration of Income Letter
- \* TANF: HHSC Letter

# I'm unemployed, so I don't have any income . . .

- \* If you haven't received any income for the past 30 days, you will need to complete our Declaration of Income Statement
- \* Answer all questions
- \* List why you are not working
- \* If you lost your job give date of final check.
- \* Sign and Date the form

**DECLARATION OF INCOME STATEMENT  
(DECLARACION DE INGRESOS)**

Applicant First Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufrjo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

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: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que pueda ser enjuiciado por haber proveida información falsa ó fraudulenta.)*

\_\_\_\_\_  
*(Applicant Signature/Firma del Solicitante)*

\_\_\_\_\_  
*(Date/Fecha)*

I have everything I need,  
what's next?

**There are three (3) ways you can turn in your completed application with your supporting documents . . .**

# 1. Hand deliver your application

- Hand deliver your application to our office with your supporting documents.

**Monday through Friday**

**8:30 a.m. to 4:00 p.m.**

# What do I need to be aware of when I walk into your office?

If you are hand delivering your application to our office, you will be asked to pull a ticket and have a seat. If you bring a visitor, they may be asked to wait downstairs.

We work on a first come, first served basis and we'll do everything we can to see you as quickly as possible.

Please be prepared to wait about 1 hour.



## 2. Email your application

- **Email your application along with all your supporting documents to:**

**[clientservices@bexar.org](mailto:clientservices@bexar.org)**

- **You will need to upload our encrypted software before you submit your information to us**

# How to email your application

- **Please list on your Subject line: CONFIDENTIAL:**
- \* **Enter your Case ID Number found on your application**
- \* **Enter your First Initial and Last Name**
- \* **Type Application after your Last Name**
- \* **Insert your Application (Attached)**

	To...	<a href="mailto:CLIENTSERVICES@bexar.org">CLIENTSERVICES (CLIENTSERVICES@bexar.org);</a>
	Cc...	
	Bcc...	
	Subject:	CONFIDENTIAL: CASE ID (LIST YOUR NUMBER) (FIRST INITIAL) (LAST NAME) APPLICATION
Attached:	 2018 Application J PUBLIC.docx (254 KB)	

# How to email your application

- Here's a sample of how it should look:

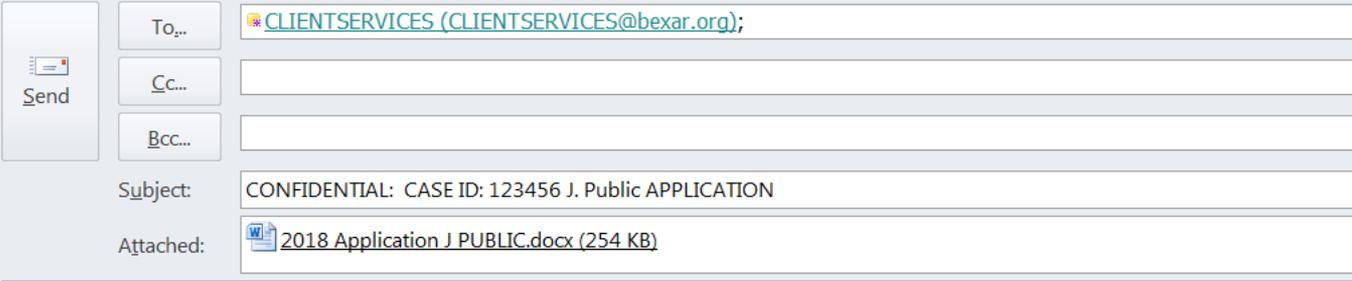


The screenshot shows an email composition interface. On the left is a 'Send' button with an envelope icon. The main area contains several fields: 'To...' with the recipient 'CLIENTSERVICES (CLIENTSERVICES@bexar.org);', 'Cc...' and 'Bcc...' which are empty, 'Subject:' with the text 'CONFIDENTIAL: CASE ID 123456 J. Public APPLICATION', and 'Attached:' with a document icon and the text '2018 Application J PUBLIC.docx (254 KB)'. An orange arrow points upwards to the 'Attached:' field.

- Your email should show there is an attachment

# How to email your application

- **Here's a sample of an email being sent to us:**



The screenshot shows an email composition window. On the left is a 'Send' button with a paper plane icon. The 'To:' field contains 'CLIENTSERVICES (CLIENTSERVICES@bexar.org);'. The 'Cc:' and 'Bcc:' fields are empty. The 'Subject' field contains 'CONFIDENTIAL: CASE ID: 123456 J. Public APPLICATION'. The 'Attached:' field shows a document icon and the text '2018 Application J PUBLIC.docx (254 KB)'. Below the header fields is the email body text.

**To:** CLIENTSERVICES (CLIENTSERVICES@bexar.org);

**Cc:**

**Bcc:**

**Subject:** CONFIDENTIAL: CASE ID: 123456 J. Public APPLICATION

**Attached:**  2018 Application J PUBLIC.docx (254 KB)

I have included my application with scanned documents for your review.

Please call me at (210) 123-4567 if you did not receive my attachment.

Sincerely,

Johnny Q. Public

# Emailing your application

- **If you experience problems uploading our software, then we recommend you hand deliver your application with documents to us**
- **Make sure you submitted everything to us**
- **Check on the status of your application after 7 business days**

# 3. Mail in your application

- Mail in your application along with all **copies** of your supporting documents to:

Bexar County Economic and Community Development  
Direct Client Services  
233 N. Pecos, Suite 590  
San Antonio, TX 78207

# Why is it important to turn in my application with all supporting documents?

If you turn in your application **WITHOUT ALL** your necessary documents it will be considered incomplete.



INCOMPLETE

**INCOMPLETE**

applications are denied.



# Summary

- **Review your application for completion**
- **Submit your supporting documents so that we can process your application**
- **Incomplete applications will be denied**
- **Refer to your Case ID number on your application when calling us to check your status**
- **You may call us Monday through Friday at (210) 335-3666**
- **You will receive a Notice from by regular mail or by email.**

# FREQUENTLY ASKED QUESTIONS



- **My spouse/room mate moved out last week, do I have to include them in my application?**

Answer: Yes, they contributed to using the electric and/or natural gas in the home. You will need to add them to your application and tell us the amount of income they received within the past 30 days and when they left your home on the Declaration of Income Statement.

- **My utility bill is under someone else's name. Can I still apply?**

Answer: Yes, if that person is a member of your household. If that person is not a member of the household then the applicant must be listed as a secondary account holder and responsible for payment on the account.

- **I cannot provide proof of my U.S. Citizenship, can I still apply?**

Answer: Yes, you can apply, however, if proof is not submitted, we will have to deny your case. Proof of U.S. Citizenship status is a federal requirement, without this verification, we cannot release funding.



# FREQUENTLY ASKED QUESTIONS



- **Do I have to submit all new paperwork even though I was in the system last year?**

Answer: Yes. Our funding source requires a new application and submission of documentation each year.

- **How will I know I received help?**

Answer: Once your application has been reviewed and you are determined eligible, you will receive a 'NOTICE OF ELIGIBILITY' letter. This letter will outline the program you are eligible for and the amount(s) of assistance you qualified for.

- **Is Bexar County going to pay my full bill?**

Answer: We are limited to only paying a households' electric and/or natural gas charges. Any remaining balance, once our pledge has gone through, will be your responsibility.



# FREQUENTLY ASKED QUESTIONS



- **How do I proceed once my application is turned in?**

Answer: You may call our main line at (210) 335-3666 to check the status. You may also contact CPS Energy to request an extension on your account.

- **What if my services are scheduled for disconnection?**

Answer: Please contact CPS Energy for arrangements or contact United Way at 211 to seek assistance during our processing period.

## **How long will it take for you to work on my application?**

Answer: Please allow us, **at least**, a 2 week time frame to process your application. Your application must go through certification process.



# FREQUENTLY ASKED QUESTIONS



- **Why was my application Denied?**

Answer: You will receive a letter explaining why your application was DENIED.

- **I was denied, but I still need help, can I reapply?**

Answer: You have 20 days from the date of your Notice of Denial to submit your missing documents to Bexar County. Your case will be closed after this period. If the case is closed you can reapply but you will need to start the process all over again by requesting a second application.

- **If Bexar County cannot help me, what are my options for getting my bill paid?**

Answer: You can call United Way at 2-1-1 for a listing of agencies that may be able to help and/or call CPS Energy at (210) 353-2222 to make arrangements on your account.

