



Utility Assistance Application Process

What you need to know.

How do I get an application?



Either:

- Call us at (210) 335-3666 (Monday- Friday, 8am-11:30am)
or
- Mail us a request form or letter to:
233 N. Pecos, Suite 590, San Antonio, TX 78207
or
- Email us your request to clientservices@bexar.org

What happens if I call?

- A Bexar County employee will ask you for the following information required to create an application 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 House



How will I receive my application?



Applications are sent by mail based on funding availability.

- Your application should arrive by mail within 14 business days.
 - If you do not receive your application within 2 weeks, call us at (210) 335-3666.
- Once you receive your application, you are assigned the CASE ID number that is on your application. Please refer to this number if you need information on your application status.
- An Application does not guarantee assistance.

I received my application, what's next?

1. Read the first page of your application, it explains the required documents needed for us to 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. Be sure to write your CASE ID # for future reference when calling about your account.
5. List your email address on the application to send you our notices.
6. Sign all signature pages.

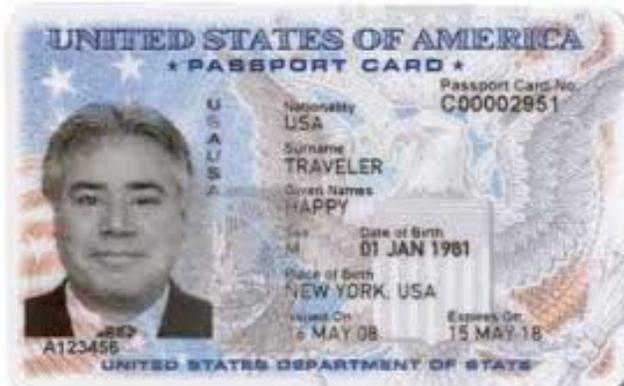
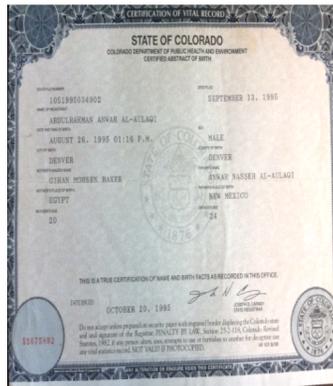


All household members must provide proof of U.S. Citizenship or Qualified Alien Status



Most common proofs accepted are:

- U.S. Birth Certificate
- U.S. Passport
- Certification of Naturalization,
- Permanent Resident Card.



Examples of acceptable household members 16+



- An unexpired government issued photo ID or Driver's License and your valid voter registration card



VOTER REGISTRAR
 804-BL-SOUTH FERRY RD
 MCCLURE, TEXAS 75068
 www.cocounty.gov

Secretary of State's Office
 14000A DRIVE
 FORT WORTH, TEXAS 76135

Post Office
 U.S. Postage
 1982
 Dallas, TX

RETURN SERVICE REQUESTED

VOTER REGISTRATION CARD (For Mailed or Precinct Voting)
 COLLIN COUNTY (Coronado or Collin)

PWD NUM:	Gender (Sex):	Mail from (Mail, check):
107226100	F	01/01/14
Prec. No. (Mailed or Precinct):	Prec. No. (Mailed or Precinct):	Mail from (Mail, check):
1073	001-05	02/31/15

NAME AND ADDRESS (Mailed or Precinct) (Mailed or Precinct)

JANE Q. PUBLIC
 4321 MAIN ST.
 MCKINNEY, TX 75071

CONGRESS DISTRICT	PRECINCT	POLYMER	CDM	...
3	5	70	3	1
CITY	CITY DIST	PRECINCT	PRECINCT	...
MC	MC1	MC	MC1	11

UNIQUE ID: 200601500

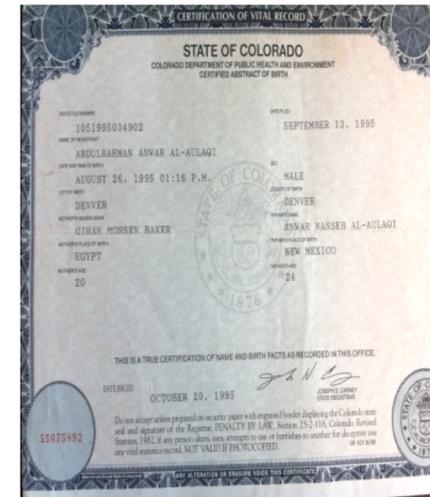
JANE Q. PUBLIC
 4321 MAIN ST.
 MCKINNEY, TX 75071

XXXXXX

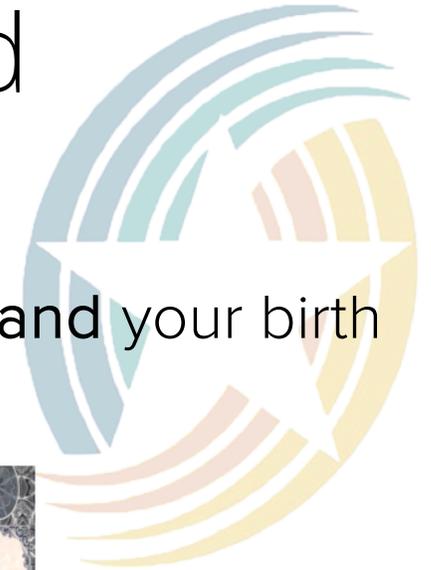
|||||

Examples of acceptable household members 16+

- An unexpired government issued photo ID or Driver's License and your birth certificate



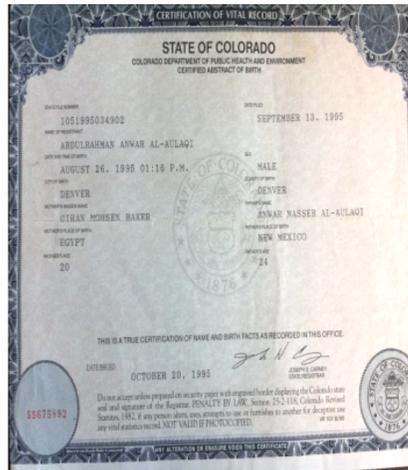
- If the information on your citizen document does not match your identity information, additional documentation will be requested.



Examples of acceptable household members under 16 of age



- All household members must provide citizenship and identity documents. For children under the age of 16 that do not have a valid form of ID, official clinic, hospital, and school records may be accepted.
- A birth certificate **and** a shot record is acceptable



Proof of Income Documents

- Social Security Award Letter (must be the current year)
- Veteran Award Letter (must be the current year)
- Annuity / Pension Award Letter (must be the current year)
- Check Stubs from the last 30 days
- Employment Verification Form may be required in some cases

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

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

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

What We Will Pay And When

- You will receive \$1,570.00 for December 2011 around January 18, 2012.
- After that you will receive \$1,567.00 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 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 800-848-8800. We can answer your questions over the phone. If you are deaf or hard of hearing you may call our TTY number, 1-800-877-8339. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
ONE NESH TPLZ BKE 1800
100 CHENING ST
ROCHESTER, NY 14604

C See Next Page

DEPARTMENT OF VETERANS AFFAIRS
Regional Office
P.O. Box 4608
Hartford, WV 25773-6008

In Reply Refer To: 242-016
DATE: 12/12/11
OFFICE: HARTFORD

Dear Mr. [Name]:

We made a decision on your claim for service connected compensation received on [Date].

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 [Description] is [Rating] percent.

Medical Description	Percent (%) Assigned
[Description]	0%

We determined that [Description] is [Rating] percent.

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 [Date]. If you disagree with our decision, it represents all claims we understood to be specifically made, implied, or defined in the claim.

VERIFICATION OF MONTHLY PAYMENTS

09/11/17
JOHNNY O. PUBLIC
008-06-0000
Social Security Number

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

The Pensioner's retirement benefits are generally due to be paid on the last working day of the month for which the payment is made.

The pensioner is a member of TRS.
Retirement Date: 05/31/91

CURRENT GROSS AMOUNT OF MONTHLY PAYMENT	EFFECTIVE DATE OF COMMENCEMENT OF PAYMENT THROUGH	THE OPTION OF PAYMENT	EFFECTIVE DATE OF PAYMENT
1027.18	09/30/01 - FOR LIFE	RS	09/30/13

1027.18 Gross Total of All Monthly Payments
-NONE- Total Federal Income Tax Withheld Monthly
-NONE- Total Insurance Premiums Withheld Monthly
-NONE- Dues to Professional Organizations
1027.18 Net Amount of All Monthly Payments

JOHNNY O. PUBLIC
1013 WALKER LANE
SAN ANTONIO TX 78200

Annex [Signature]
Annex Director
Manager of Benefits Systems

Earnings Statement

Period ending: 02/28/14
Pay date: 01/06/14

Four Company
789 Company Dr
Company City 88888-1111

Employee Name: [Name]
Employee ID: [ID]
Address: [Address]

Earnings	Rate	Hours	This Period	Year to Date	Important Notes
Regular	\$15.00	40.00	\$600.00	\$1,200.00	EFFECTIVE THIS PAY PERIOD YOUR REGULAR RATE IS \$15.00 PER HOUR
Overtime	45.00	0.00	\$0.00	\$0.00	TO \$65.00 PER HOUR
Holiday	45.00	0.00	\$0.00	\$0.00	
Sick	15.00	0.00	\$0.00	\$0.00	WE WILL BE STARTING OUR LIMITED BAY FUND PLAN SICK AND VACATION TO YOUR PARTICIPATION.
Other	15.00	0.00	\$0.00	\$0.00	
Subtotal			\$600.00	\$1,200.00	
Deductions					
Federal Income Tax			240.00	240.00	
Social Security Tax			45.00	90.00	
Medicare Tax			22.50	45.00	
Arizona State Income Tax			45.00	90.00	
Arizona State Income Tax			45.00	90.00	
Arizona State Income Tax			45.00	90.00	
Other			0.00	0.00	
Subtotal			402.50	802.50	
Net Pay			197.50	397.50	

* Excluded from federal taxable wages
Your federal wages this period are \$63.24

Your Company: 789 Company Dr, Company City 88888-1111
Payroll check number: 02728310E
Pay date: 01/06/14

Pay to the order of: [Name]
The amount: \$63.24
See hundred eighty three dollars twenty four cents

[Signature]
Authorized Signature

How many check stubs do I need for proof of income?

We'll need your check stubs from the last 30 days.

How do you get paid?

- Weekly : Up to 5 check stubs
- Bi-Weekly : Up to 3 check stubs
- Semi-monthly : Up to 2 check stubs
- Monthly : Up to 1 check stub



If you get paid in cash:

- Complete our Declaration of Income Statement
 - Answer all questions
 - Sign and date the form



DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

Applicant First Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
JOHNNY	PUBLIC	
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)
123 PEACEFUL LN	SAN ANTONIO	78123

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)
JOHNNY PUBLIC	\$400.00 CASH
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 AM SELF EMPLOYED AND GET PAID IN CASH

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 puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

 _____
(Applicant Signature/Firma del Solicitante)

 _____
(Date/Fecha)

If you are unemployed:

- Complete our Declaration of Income Statement
 - Answer all questions
 - List why you are not working
 - Sign and date the form



DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

Applicant First Name (Nombre del Solicitante) JOHNNY	Applicant Last Name (Apellido) PUBLIC	Suffix (Sufijo)
Address (Dirección) 123 PEACEFUL LN	City (Ciudad) SAN ANTONIO	Zip Code (Código Postal) 78123

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) JOHNNY PUBLIC	Gross Income Received (Ingreso Bruto Recibido) \$400.00 CASH
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):*

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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)

I have everything I need, what's next?



- Turn in your application
 - In person, via email, or send it in the mail
 - We're open Monday-Friday 8:30am to 4:00pm at:

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

If you come in person...

- Grab a ticket and have a seat in the lobby.
- Visitors are served in the order they pick a number.
- Wait time may vary based on peak emergency seasons.



If you email your application...

- Email your application and all your supporting documents to:

clientservices@bexar.org

- You will be required to upload our encrypted software before you submit your information to keep your identification documents safe.



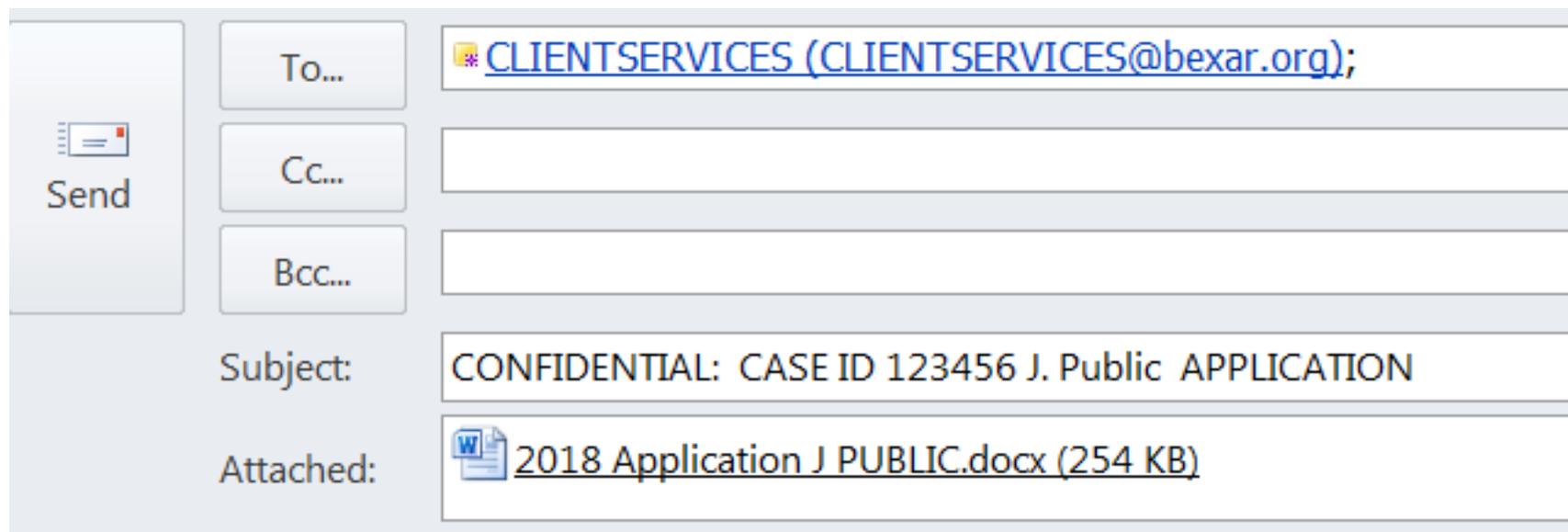
How to email your application:



- List the subject line as follows:
 - CONFIDENTIAL: (Your case ID number) (First Initial) (Last Name) APPLICATION
 - If your name is John Doe and your case number is 012345, type:
CONFIDENTIAL: 012345 J Doe Application
- Insert your application and attach supporting documents

How to email your application

- Here's an example:



The image shows a screenshot of an email composition window. On the left side, there is a 'Send' button with a paper plane icon. The main area is divided into several fields:

- To...:** CLIENTSERVICES (CLIENTSERVICES@bexar.org);
- Cc...:** (empty)
- Bcc...:** (empty)
- Subject:** CONFIDENTIAL: CASE ID 123456 J. Public APPLICATION
- Attached:**  2018 Application J PUBLIC.docx (254 KB)



- Make sure the attachments are included

How to email your application

- Here's an example of an email sent to us:

Send	To:	CLIENTSERVICES (CLIENTSERVICES@bexar.org);
	Cc:	
	Bcc:	
Subject:	CONFIDENTIAL: CASE ID: 123456 J. Public APPLICATION	
Attached:	 2018 Application J PUBLIC.docx (254 KB)	

Hello,

I have included my application with scanned documents for your review. Please reply via email if you received my complete application.

Sincerely,

John Doe



Technical Difficulties

- If you experience problems uploading our software, try hand delivering your application or mailing it to us.
- Make sure you submitted all of your documents.



Mailing in your application

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

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



What if I don't submit all supporting documents?



- Applications send by **email** or **mail** without all the necessary documents are **incomplete**.
- Make sure all copies are clear, sharp, and legible.
- **INCOMPLETE** applications will receive a letter of denial.

How long do I have to submit missing documents if I'm denied?



- You can submit missing documents within 20 days from the denial date via email or in person.
- If you don't submit all the documents by the 20th day, the application process starts again.
- You have 10 days from denial date to appeal your case if you feel a wrong decision was made.

Helpful Tips



- Review your application before you submit it to make sure its complete
- Submit your supporting documents at the same time as the application.
- Call us Monday-Friday (210) 335-3666 with the Case ID number from your application to check your status.
- Check your email or mail for Notices of Eligibility or Denials.
- Continue to pay and monitor your CPS Energy account to avoid disconnection.