



CSNT
Community Services of Northeast Texas, Inc.



TO COMPLETE THE ENERGY ASSISTANCE APPLICATION PLEASE READ

For 2025, applications must be filled out completely with THE REQUIRED DOCUMENTS.

If your application is received incomplete or missing any supporting documents, there will be one attempt from CSNT to contact your household for missing documents.

Applications submitted are with the understanding that the client MUST have all supporting documents with the application.

Documents needed:

- Current ID for all household members 18 years old or older.
- Birth-Certificates for all household members
- Social Security cards for all household members
- Income 30 days prior to the date on your application (example Date on app 8-26-24 you will need pay stubs received (from 7-27-24 to 8-25-24) other forms of income include – Unemployment, Child support, or CSNT employer verification form)
- 2025 Social Security / SSI award letter
- 2025 Veterans income letter
- 2025 Retirement income letter
- 2025 TANF Letter
- Food Stamp letter (SNAP)
- Anyone 18 years or older with no income must fill out and sign the DIS Form.
- Sign all forms (Second page, Third page, SAVE Form and DIS Form)
- Sign and Date all areas on the application that require a signature. Make sure all areas that apply are filled out and not left blank.
- Email applications with documents to **CustomerService@csntexas.org**, Fax to **903-205-3092**, Mail to **P.O. Box 1198 Mount Pleasant Texas 75456** or bring it to **Mount Pleasant office at 1506 W Ferguson RD Mount Pleasant Texas 75455.**

Customers who wish to call and check on the status of their application, are encouraged to wait at least 90 days to allow time for processing. Updates will be sent to the mailing address on the application. CSNT serves 12 counties and excessive calls take away from processing time. Please limit calls to once per month.

Older versions of the Assistance Application will NOT be accepted.


CSNT

ADDRESS: 1506 W FERGUSON RD, MOUNT PLEASANT TEXAS 75455

FAX: 903-205-3092 ATT CEAP --- OFFICE: 903-717-7400

MAILING: PO BOX 1198, MOUNT PLEASANT TX 75455

EMAIL: CustomerService@csntexas.org

FORM 575	P CSNT 2025	Community Services of Northeast Texas, Inc. 1506 W. Ferguson Rd. P.O. Box 1198 Mount Pleasant Texas 75456		
<h2>Assistance Application</h2>				
Applicant Last Name		Applicant First Name		Date
Physical Address		City		State Zip
Mailing Address (if different)		City		State Zip
Email		Home Phone	Work Phone	Cell Phone

ALL FIELDS MUST BE COMPLETED FOR EACH HOUSEHOLD MEMBER

Instructions: Relationship: Son, Daughter, Brother, Spouse, Father, etc **Gender:** Choose from Male or Female.

Work status: Yes or No.

First & Last Name	Relationship to you	Social Security #	Date of Birth	Male or Female	Veteran or Active Military	Is this person Disabled	Work status (18 yrs. or older)
EXAMPLE --- (JANE DOE)	(SISTER)	123-45-6789	1-1-2001	MALE	VETERAN	YES or No	YES or No
1	SELF						
2							
3							
4							
5							

HOUSEHOLD MEMBERS ABOVE PLEASE CHECK EVERY BOX (OR YOUR APPLICATION MIGHT NOT BE ACCEPTED) Insurance source: **Choose from:** Private, Employer, Medicaid, Medicare, Military, CHIPS, none **Race:** Choose from White, Black, Asian, Native, or other **Ethnicity:** Choose from Hispanic or Non-Hispanic

Person above Name in order	What race is this person	Ethnicity of this person:	What kind of Insurance does this person have?	What level of education does this person have?
1 (SELF)				
2				
3				
4				
5				

Please use another sheet of paper if more than five are in the household and provide all their information

All Boxes Need to be Checked or Your application could be closed and you will have to reapply.

How did you hear about this program?	Have you ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes how long? <input type="checkbox"/> 1 year or less <input type="checkbox"/> More than 1 year	Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> NO
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Previous incarceration does not disqualify services. Date is needed for obtaining additional funding for previously incarcerated individuals

Certification

1. The information provided is true and correct to the best of my knowledge and belief.
2. My household income has been annualized at the time of application according to pre-established procedures.
3. I understand I may appeal a denial of eligibility, and amount of assistance received, or a delay in service delivery.
4. I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to solicit or verify information on my utility and/or fuel bills, both past and future to the extent the information is used only to provide data relevant to my application for assistance.
5. I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information

Standard Information Release

I hereby give my permission to Community Services of Northeast Texas, Inc
for the following, and do affirm the stated understandings:

- CSNT may obtain information to complete my application for assistance or services
- CSNT may share necessary information with other individuals or organizations in order to provide case management services and/or secure resources on my behalf. I understand information will only be shared when necessary to meet the requirements of my established service plan.
- CSNT may use my success story, likeness, recording, both audio and video in public relations efforts, and may share same with other entities with or without personal identifying information when doing so shall be for the good of improving community development.
- I understand CSNT may use my likeness and/or success story in releasing annual report information to State and Federal entities, and in doing so, will assure that personal identifying information will be redacted
- I understand I am not entitled to any compensation for any use of my story or likeness.
- I will continue to provide income information for Case Management reasons for as long as necessary for CSNT to release me from any Self-Sufficiency Program in which I am enrolled.

Disability Certification Form

Name of the Person(s) with Disability- 1.

2.

3.

I hereby certify that this person or persons are disabled as defined in one of the following:

- 7(9) of the Rehabilitation Act of 1973
- 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act
- 102 (7) of the Developmental Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15)

- ☐ No one is disabled in the household
- ☐ I do not receive benefits as a result of my disability.
- ☐ I do not receive benefits as a result of my disability, but I have applied for benefits.

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the PENAL CODE, it is a felony of the third degree to falsify this document.

Applicant Signature:

Date:

For Office Use Only

*Eligible? Yes No If no, has applicant requested an appeal? Yes, No * Income denial? Yes No
If yes, what is the annualized income? *Is there a priority member in the household? Elderly Elderly/Disabled
Documented crisis Disabled Child Under 6 Cutoff notice
*Recommended Utility Assistance Component: HCC UA Other

Case Manager Signature:

Date:

Wages and Benefit Source Information

Household members listed on page 1:	Income Source please write all that apply: Wages, SSI, RSDI, Social Security, VA benefits, Unemployment, TANF, Child Support, Child SSI	How often are you paid? Weekly, Bi-weekly, Monthly, Semi-Monthly	What Is the Monthly Gross Income you received for this income source?	Do you receive Food Stamps,
Name				
1.(Self)				
2.				
3.				
4.				
5.				

DECLARATION OF INCOME STATEMENT (DIS)

Please write everyone who is 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: If not filled out and signed application could be denied.

Name of person with no proof of income or Unemployed	Due to the following Situation

I certify that the above information is true and correct to the best of my knowledge and belief.

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.

Applicant Signature: _____

Date: _____

Housing Information

This home is: <input type="checkbox"/> Owned or <input type="checkbox"/> Rented		Type of home: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other		How much do you pay monthly?
Landlord name:			Phone Number	
Landlord's address:		City:	State:	Zip code:
Is there any subsidy for the housing: <input type="checkbox"/> No <input type="checkbox"/> Section 8 <input type="checkbox"/> HUD <input type="checkbox"/> Public Housing <input type="checkbox"/> Other				
Are utilities included in the rent <input type="checkbox"/> Yes <input type="checkbox"/> No			Is there a utility allowance received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How are the Cooling/heating bills paid? <input type="checkbox"/> To Utility Company <input type="checkbox"/> To Landlord <input type="checkbox"/> In the rent payment				
How is this home heated? <input type="checkbox"/> Central Heat <input type="checkbox"/> Space heater <input type="checkbox"/> Wood <input type="checkbox"/> Window Unit <input type="checkbox"/> Other devices				
How is this home cooled? <input type="checkbox"/> Central Air <input type="checkbox"/> Window Unit <input type="checkbox"/> Box Fans <input type="checkbox"/> Ceiling Fans <input type="checkbox"/> Other devices				
How do you heat your water? <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric			What do you cook with? <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric	
Utility Provider	Account Number		Account Holder's Name – If not in your name the vendor might not take the pledge.	
Electric Company				
Gas Company				
Propane Company				
If you change Utility Companies, your pledge is <u>Not Guaranteed</u> to transfer: It is your responsibility to pay your bill.				
Has this home ever received services from Weatherization Program: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes what year				

Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)


[illegible]

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.

Date _____

Print Staff Name

Date _____

FORM	P 
705	Revised 04-10-2018



Declaration of Income

(DECLARACION DE INGRESOS)

Applicant 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 saher 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)

With respect to the use of the Declaration of Income Statement form that allows clients to declare their income without providing proof, CSNT establishes the following policy. DIS forms will only be used when all efforts have been made to secure documentation of household income and when there are serious extenuating circumstances that justify the use of the form. Except in situations where documents may have been destroyed by a disaster situation, such as fire, flood, etc., no more than one DIS form shall be used per household.

FORM

579

Revised
11-4-2024

Community Services of Northeast Texas, Inc.

1506 W Ferguson Rd.
P.O.Box 1198 Mount Pleasant Texas 75456

Approved for all programs

Initial Needs Assessment

Household member's name	Place an X in the appropriate box			COMMENTS
	None Never No	Some Sometimes Maybe	All Always Yes	
HEALTH AND NUTRITION				
Do all your children have their required immunizations?				
Does any one in your home need prenatal care?				
Do you have medications that Medicaid/Medicare does not pay				
BASIC NEEDS				
Do you need food?				
Do you need clothing?				
Do you need personal items?				
Do you have transportation?				
HOUSING NEEDS				
Do you have Air-Condition				
Do you have Heat?				
CHILD SUPPORT				
Is there a court order for you to receive child support?				
Are you actually receiving the support from that order?				
Do you have a child for which there is no court ordered support?				
BUDGETING				
Do you have a planned monthly budget?				
OTHER				
Are you being neglected or abused?				
Do you need counseling for a mental illness?				
EDUCATION/JOB INFORMATION				
(COMPLETE THIS SECTION ONLY IF YOU ARE ABLE TO WORK)				
Are you currently working?				
If NO, are you registered with the Texas Workforce?				
Do you have a high school diploma or G.E.D.?				
Would you like to further your education?				
Do you need child care?				

Monthly Budget Worksheet

Client: _____ ID#: _____ Date: _____

CATEGORY	Month: _____ ACTUAL BUDGET	Month: _____ TARGETED BUDGET
INCOME		
Monthly Gross Pay		
Child Support		
Food Stamps		
SS/SSI		
Other		
TOTALS		

EXPENSES

Rent / Mortgage		
Homeowners / Renters Insurance		
Property Taxes		
Payroll Deductions / Taxes		
Electricity		
Natural Gas / Propane		
Water / Sewer / Trash		
Telephone/Cell Phone		
Internet / Cable /Satellite		
Medical Costs / Prescriptions / Other		
Car Payment		
Car Insurance		
Car Repair / Tags / Inspection		
Gasoline / Transportation		
Groceries		
Meals Out		
Child Care		
Cleaning Supplies/Laundry/Toiletries		
Clothing		
Entertainment		
Life / Burial Insurance		
Credit Card Payments		
Loan Payments		
Donations / Tithes		
Savings		
Other:		
Other:		
TOTALS		

SUMMARY

Total Monthly Income		
Total Monthly Expenses		
Difference (+/-)		