

APPLICATION FORM

Complete the form below to apply for financial assistance with your gas bill.
Once complete, please submit your application to SusannahU2@cctexas.com.



2023 - 2024 Program Application for Financial Assistance

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Home Phone #: _____ Cell #: _____ Work #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Employer/School: _____

SNAP? YES NO Disabled? YES NO Have you applied here before? YES NO Household Size: _____

HOUSEHOLD MEMBERS INFORMATION (Include all other persons living in the household.)

Name	Relation to You?	Date of Birth	Employer/School	Receiving Benefits?	Disabled?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

ASSISTANCE REQUESTED (Include all other persons living in the household.)

GAS <input type="checkbox"/>	Account Name:	_____
	Account Number:	_____
	Account Address:	_____

INCOME/BENEFITS (Include all household members for each amount.)

Gross Wages: \$	Unemployment: \$
TANF: \$	Alimony: \$
SSI: \$	Child Support: \$
Social Security: \$	Retirement: \$
Worker's Comp: \$	Other Income: \$
VA Benefits: \$	Cash on Hand: \$
Financial Aid: \$	Other: \$
SNAP: \$	TOTAL: \$

APPLICANT SIGNATURE (Please read the statement and verify your signature below.)

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

Applicant Signature: _____ Date: _____

DO NOT COMPLETE: FOR DEPARTMENT USE ONLY	
Last Assistance:	
Screener Initials:	Screen Outcome: S/D Appt.
Appointment Date:	Appointment Time:
Comments:	

