

GENERAL ASSISTANCE APPLICATION CHECKLIST

ONLY **COMPLETED** APPLICATIONS, WITH REQUIRED DOCUMENTATION WILL BE ACCEPTED.

UTILITY ASSISTANCE

***LUBBOCK COUNTY IS PAYING FOR WATER, STORM WATER, WASTEWATER, SOLID WASTE, ELECTRIC, NATURAL GAS, OR PROPANE ONLY.**

ADULT (18 YEARS AND OLDER) IDENTIFICATION

ONE OF THE FOLLOWING:

- Texas Driver's License or photo ID within two years of expiration date
- Government employee ID
- U/S Military or Military Dependent ID
- Temporary driver's license with photo
- Out-Of-State driver's license within 60 days of expiration
- TDCJ ID card
- **Undamaged US Passport or passport card (This verifies Citizenship and Identity)**

OR TWO OF THE FOLLOWING:

- Social Security card (Actual card)
- Voter registration card (Actual card)
- Employee work ID
- Student ID
- Medicare or other health card
- TDCJ parole or mandatory release certificate
- W-2 or 1099 form
- School Record (report cards)
- Veteran Health ID card
- Original or certified copy of marriage certificate or divorce decree
- Current Texas motor vehicle registration or Title

INCOME DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS FOR THE LAST 30 DAYS

All check stubs from _____ to _____

Award letters (Benefit verification letters) for _____

Other _____

****YOU MUST MEET INCOME ELIGIBILITY REQUIREMENTS****

CURRENT AND 30-DAY ELECTRIC BILL AND 12-MONTH BILLING HISTORY

CURRENT GAS AND PROPANE BILLS OR ACCOUNT NUMBER

Return applications to:

US MAIL:

General Assistance

PO Box 10536

Lubbock, TX, 79408

EMAIL:

ERAG@lubbockcounty.gov

DROP BOX:

Located inside 916

Main Street, Suite #104

Lubbock, TX 79401

NOTICE TO ALL LUBBOCK COUNTY UTILITY CONSUMERS:

THE NON-ELECTRIC PORTION OF YOUR BILL MUST BE PAID OR PAYMENT ARRANGEMENTS MUST BE MADE BEFORE APPLICATION WILL BE ACCEPTED.

REMINDER: Once the **COMPLETED** application is received with **ALL** supporting documents it will be processed in the order it was received, and by priority until your application is processed. You are responsible for your utility bills and any late fees applied. You will be notified by phone call or email if you qualify for assistance. All assistance is subject to the availability of funds.

806-775-1605

LUBBOCK COUNTY GENERAL ASSISTANCE

DROP-BOX: 916 MAIN STREET SUITE #104

Mailing Address: PO Box 10536, Lubbock, TX 79408

Main Number: (806) 775-1605

Web: <https://www.co.lubbock.tx.us/department/index.php?structureid=18>

Utility Assistance

Applicant Information (please print)				
Applicant's Name:	LAST	FIRST	MIDDLE	
Physical Address:	Street Address & Unit Number	City	State	Zip
Mailing Address: (if different)	Street/Box Number	City	State	Zip
Phone Numbers:	Primary Phone	Work or other Phone	Email address	

Household Demographics

(INCLUDE ALL PERSONS LIVING IN THE HOUSEHOLD.)

	NAME	Relationship	SS Number	DOB	Highest Education	Race	Ethnicity Hispanic/Non-Hispanic	Disabled? (Yes/No)
1	YOU/YOURSELF	SELF						
2								
3								
4								
5								

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE BACK OF APPLICATION.)

Type of Health Insurance (if any)? Medicaid Medicare Employment Other None

Do you own or rent your home? Own Rent

What type of home do you live in? House Apartment Duplex Mobile Home

What is your home's heating source? Electric Gas Propane

What is your home's cooling source? Central Air Window Unit None

**DECLARATION OF INCOME STATEMENT
(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 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)

Certification Statement

I certify that the above information is true and accurate. I also understand that should verification that any part be false, participation may be terminated. I also understand that that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information may be shared with another Agency.

Applicant's Name (printed)

Date

Applicant's Signature

Staff's Name (printed)

Date

Staff's Signature