



Starr County Utilities Intake Form

1. First Name/ Middle Initial	Last Name	E-Mail Address	2. Do you live in Starr County? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Residential Address

Street:	City:	State:	Zip Code:
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4. Mailing Address (if different from above)

Street:	City:	State:	Zip Code:
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5. Telephone –(H) () _____ - _____ Telephone – (Cell) () _____ - _____	6. Preferred Language (PLEASE CHECK ONE) <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH	7. Do you or anyone in the household currently receive? <input type="checkbox"/> Food Stamps / (SNAP) <input type="checkbox"/> None <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
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HOUSHOLD MEMBERS INFORMATION

8. List all household members- Applicant first (Last Name, First Name)	8A. Relation	8B. Income Source Work, TANF, SS, SSI, Child Support, VA Pension
1.		
2.		
3.		
4.		
5.		

STARR COUNTY STAFF ONLY:	
<input type="checkbox"/> New <input type="checkbox"/> Disconnection <input type="checkbox"/> Re-Apply	Case Number _____
<input type="checkbox"/> Case Management <input type="checkbox"/> Emergency Service <input type="checkbox"/> Veteran	Entered by (Print) _____



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9. Is the address listed on this application owned or rented by the applicant?

Own Rent (Excluding Utilities) Rent (Including Utilities) Other _____

9A. Do you receive housing or Section 8 assistance? Yes No

10. Does your name match the name on your utility bills? Yes No (CHECK ONE) If no, explain why (Ex. Deposit too high) _____

UTILITY

11. Which utility do you have in your home? Electric Gas

11A. Type of Bill	11B Name on Bill	11C. Name of Utility Company	11D. Account Number	11E. Meter Number
Electric				
Gas				
Water				

Starr County Staff Use Only : Case Number _____