

## CENTRAL COAST ENERGY SERVICES 1-888-728-3637

2019

PO BOX 2707 · WATSONVILLE, CA 95077 WP DN Intake Date: ΗE ing Monterey, Santa Cruz, and San Mateo Counties Middle Initial: Last Name: Mailing Address: Unit Number: Mailing County: Mailing State: Mailing ZIP Code: Mailing City: Service Address (where applicant lives): Unit Number: ○ Same as above (Do not use P.O. Box) Service ZIP Code: Service State: Service City: Service County: California E-mail Address: Phone Number: Have you lived at this Best time to reach you? ○ Yes service address during Daytime: Morning O No the last 12 months? Message: Evening Applicant's Social Security Number Applicant's Date of Birth **Energy Bill Information** Which energy bill should your LIHEAP benefit to be applied to? Electricity O Wood O Natural Gas **Household Information** Income Propane O Fuel Oil Kerosene How many adults in the Total number of persons Company Name: household receive income: living in the household Does anyone in your household O No including applicant: Account Number: currently receive CalFresh? Are your utilities included in rent or sub-metered?  $\bigcirc$  Yes  $\bigcirc$  No How many people in your Enter total GROSS monthly income for all household are: What is the main fuel you use to HEAT your home? (Select Only One) persons living in the household. You must ○ Natural Gas Electricity ○ Wood send copies of all income records for all 2 years old or under ○ Propane ○ Fuel Oil ○ Kerosene adult household members. What is the secondary fuel source (if any) used to HEAT your home? 3 years old to 5 years old \$\_\_\_\_\_ Wages Electricity Natural Gas O Wood O Fuel Oil O Propane ○ Kerosene Pensions \$\_\_\_\_\_ 6 years old to 18 years old **Electric Service** Cal Works \$\_\_\_\_\_ 19 years old to 59 years old Are ALL your utilities electric? ○ Yes ○ No Is your electricity shut-off? ○ Yes ○ No SSI/SSP 60 years old or older **Natural Gas Service** SSA Is your gas company the same as your electric ○ Yes ○ No Disabled GA/GR Is your natural gas shut-off? Yes ○ No Native American Propane, Wood, Fuel Oil Service Child Support Are you currently out fuel? ○ Yes ○ No Limited English Other A delivery of fuel lasts approximately: \_\_\_ months **TOTAL** Farm Worker Approximately how many days until you run out of fuel? Relation to Date of Birth **Total Monthly** Source of Last Name First Name Applicant (MM/DD/YY) **Gross Income** Income Self The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs. \*LIHEAP/DOE Intake Form (Rev.11/2017) Applicant's Signature Date Witness's Signature (If signed with an X) AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation. Energy Services Restored after disconnection: ☐ Yes □No FOR OFFICE USE ONLY:

Disconnection of Energy Services prevented: ☐ Yes

□ No

Energy Cost: \$

Energy Burden:

The **HOME ENERGY ASSISTANCE PROGRAM (HEAP)** provides payment assistance for gas and electric, wood and propane costs and free home weatherization services for eligible low-income households in Monterey, Santa Cruz, & San Mateo Counties.

You may qualify for the HEAP program if your gross monthly household income is less than:

| 1 person | 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| \$2,170  | \$2,838   | \$3,506   | \$4,174   | \$4,842   | \$5,510   | \$5,635   | \$5,760   |

**PLEASE NOTE:** Applicants may receive HEAP once each year. There is an 8-10 week processing period before the HEAP credit is applied to your utility account - **DO NOT STOP PAYING YOUR BILL.** Applicants in dwellings eligible for free weatherization services will receive notice after the HEAP application is processed. **DO NOT SEND ORIGINAL DOCUMENTS** - they will not be returned.

## **REQUIRED DOCUMENTS: UTILITY BILL**

Submit a copy of your most **RECENT** energy bill (for the last 30 days). The bill must have the billing name, service address (no PO Box) and account number visible, and must show at least 22 days of service. Also submit a shutoff notice if you have one.

| If you have:               | Submit <u>COPIES</u> of:  |
|----------------------------|---|
| Utility Account            | ALL pages of most recent bill and shutoff notice if you have one.   |
| Wood or Propane Account    | Most recent statement or invoice. Also submit a copy of your most recent utility bill if you have one.  |
| Sub-Metered Utilities      | Most recent rent receipt showing your gas and electric costs.   |
| Utilities Included in Rent | Letter from your landlord stating the total amount of rent that goes towards your monthly energy costs OR request a Certification Form that your landlord may complete. |

## **REQUIRED DOCUMENTS: INCOME**

The following are acceptable forms of proof of income for eligibility for the Home Energy Assistance Program. You must submit copies of income documents for the <u>LAST 30 DAYS</u> for <u>ALL</u> adults in the household receiving income or aid. Adult household members with no income must submit a written statement explaining how they support themselves in absence of income.

| If you or someone in your household receive:     | Submit <u>COPIES</u> of:  |
|--|---|
| Wages/Earned Income                              | Current copy of paycheck stubs covering one full month (if paid weekly last 4 pay stubs; if paid bi-weekly last 2 pay stubs), letter or printout from employer with gross amount and time period. |
| SSI/SSP/SSA                                      | Copy of current check, most recent bank statement showing direct deposit, dated annual benefit letter, payee letter showing income amount, Form 4926, Form 2458, HUD statement with a SS amount.  |
| Pensions, Annuities, Interest/Dividend Income    | Current copy of check, pension verification, annual statement, bank statement showing direct deposit.   |
| General Assistance/CalWorks/TANF                 | Current copy of check, Notice of Action, Passport to Services, verification from worker with amount & date, food stamp verification, or aid summary, CalFresh award letter.                       |
| Workers Comp., Disability, Unemployment Benefits | Current copy of checks/check stub, printout, or award letter  |
| Child/Spouse/Individual Support                  | Current court document, current copy of check, current signed statement from person providing report, notice of action showing support  |
| Veteran's Benefits                               | Current copy of check, benefit letter, letter of verification from VA, or copy of bank statement showing direct deposit   |
| Self-Employment                                  | Current copy of ledger/journal, signed self-employment statement showing month, gross receipts, gross expenses and net income, 1040 form  |
| Other  | Written statement for odd jobs with dollar amounts and dates, current receipts for recycled materials.  |

Your Right to Privacy: In accordance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974, the following notification is provided to an applican for energy assistance benefits through the local agency named below. The Low-Income Home Energy Assistance Program (LIHEAP) Act of 1981, as amended, and/or th Department of Energy (DOE) Energy Conservation and Production Act (ECPA), as amended, require the applicant to provide their name, home address, social securit number, and monthly or annual income to the local agency for determination of applicant's eligibility to receive energy assistance benefits. Failure to provide all or par of the required information will prevent processing of the application. The information provided by the applicant will be used only for the determination of eligibility for energy assistance benefits provided by the local agency pursuant to grants issued by the State of California, Department of Community Services and Development (CSD All personal information provided by the applicant shall be maintained by the local agency. The local agency may share the applicant's information with other agencie administering LIHEAP and/or DOE-ECPA programs, CSD, or the U.S. Department of Health and Human Services. The applicant has a right of access to records containin his/her personal information, which are maintained by the local agency. If the applicant requires additional information pertaining to the maintenance of their personal information, he/she may contact CSD at 2389 Gateway Oaks Drive, Sacramento, CA 95833, or telephone (916) 576-7109, attention Records Management Coordinator.