



CENTRAL COAST ENERGY SERVICES

1-888-728-3637

PO BOX 2707 · WATSONVILLE, CA 95077

2018

Serving Monterey, Santa Cruz, and San Mateo Counties

HE FT WP DN Intake Date:

First Name: Middle Initial: Last Name:
Mailing Address: Unit Number:
Mailing City: Mailing County: Mailing State: Mailing ZIP Code:
Service Address (where applicant lives): Unit Number:
Service City: Service County: Service State: Service ZIP Code:
Have you lived at this service address during the last 12 months? E-mail Address: Phone Number: Best time to reach you?

Applicant's Social Security Number
Applicant's Date of Birth

Energy Bill Information
Which energy bill should your LIHEAP benefit to be applied to?
Company Name:
Account Number:
Are your utilities included in rent or sub-metered?
What is the main fuel you use to HEAT your home?
What is the secondary fuel source (if any) used to HEAT your home?

Income
Household Information
How many adults in the household receive income:
Does anyone in your household currently receive CalFresh?
Enter total GROSS monthly income for all persons living in the household.
Wages Pensions Cal Works SSI/SSP SSA GA/GR Child Support Other TOTAL
Total number of persons living in the household including applicant:
How many people in your household are:
2 years old or under
3 years old to 5 years old
6 years old to 18 years old
19 years old to 59 years old
60 years old or older
Disabled
Native American
Limited English
Farm Worker

Electric Service
Are ALL your utilities electric?
Is your electricity shut-off?
Natural Gas Service
Is your gas company the same as your electric company?
Is your natural gas shut-off?
Propane, Wood, Fuel Oil Service
Are you currently out fuel?
A delivery of fuel lasts approximately:
Approximately how many days until you run out of fuel?

Table with 6 columns: First Name, Last Name, Relation to Applicant, Date of Birth (MM/DD/YY), Total Monthly Gross Income, Source of Income. Rows 1-8.

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.

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.

FOR OFFICE USE ONLY: Energy Services Restored after disconnection: Disconnection of Energy Services prevented: 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:

<u>1 person</u> \$2,097	<u>2 persons</u> \$2,743	<u>3 persons</u> \$3,389	<u>4 persons</u> \$4,034	<u>5 persons</u> \$4,680	<u>6 persons</u> \$5,325	<u>7 persons</u> \$5,446	<u>8 persons</u> \$5,567
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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 LAST 30 DAYS for ALL 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 applicant 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 the Department of Energy (DOE) Energy Conservation and Production Act (ECPA), as amended, require the applicant to provide their name, home address, social security 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 part 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 agencies 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 containing 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.