

**Department of Community Services and Development**

Energy Intake Form

CSD 43 (11/2015)

Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	
Job Control Code	

Agency: 019                      Intake Initials:                      Intake Date:

First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code
SERVICE ADDRESS – Address where applicant lives (this <i>cannot</i> be a P.O. Box)			
Is your service address the same as mailing address?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived at this residence during each of the past 12 months.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Address			Unit Number
Service City	Service County	Service State	Service Zip Code
Social Security Number (SSN):		Telephone Number (    )	<input type="checkbox"/> Message Only?
E-mail Address (Optional):			

<p><b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including the applicant →</p> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div>	<p><b>INCOME</b> Enter the number of household members who receive income →</p> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div>
<b>Demographics - Enter the number of people who are:</b>	
Ages 0 – 2 Years	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59	
Ages 60 and older	
Disabled	
Native American	
Seasonal or Migrant Farmworker	
<b>Enter total gross monthly income for all people living in the household:</b>	
TANF / CalWorks	\$
SSI / SSP	\$
SSA / SSDI	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
<b>Total Income</b>	<b>\$</b>

**HOUSEHOLD MEMBERS (Optional)**  
**FULL NAME:** Full name is First Name, Last Name.  
**RELATIONSHIP TO THE APPLICANT:** For example: husband, daughter, friend, aunt, grandfather, etc.  
**DATE OF BIRTH:** List the date of birth of each household member.  
**AMOUNT OF MONTHLY GROSS INCOME:** "gross" income means the amount of money received before taxes or anything else is taken out.  
 If you have more than 8 people in your household, you can write the information on a separate piece of paper.

First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Monthly Income	Source of Income
		Self			

<b>Household Total Monthly Gross Income</b>	<b>\$</b>
<b>Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**To which energy bill do you want the LIHEAP benefit to be applied?** (Attach copy of most recent bill or receipt)

- Natural Gas    Electricity    Wood    Propane    Fuel Oil    Kerosene    Other Fuel

**List energy company and account number:** Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

**What is the main fuel used to HEAT your home?** A main heating source **MUST** be checked. (Attach copy of most recent bill or receipt)

- Natural Gas    Electricity    Wood    Propane    Fuel Oil    Kerosene    Other Fuel

**In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):**

- (Attach copy of most recent bill or receipt)  
 Natural Gas    Electricity    Wood    Propane    Fuel Oil    Kerosene    Other Fuel    N/A

**Energy Bill Information**

Check all that apply for each type of energy source for any home energy costs.

NOTE: The questions below are **MANDATORY** and require a response.

**Required:** Attach copies of all most recent energy bills and/or receipts. A copy of an **electric bill must be included.**

ELECTRIC SERVICE	NATURAL GAS SERVICE	WOOD, PROPANE or FUEL OIL SERVICE (WPO)
Are your utilities all electric? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your electricity shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Natural Gas Company the same as your electric Company? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your Natural Gas shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).  Number of Days: _____ <input type="checkbox"/> N/A

**Are your utilities included in rent or submetered?**  Yes    No

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. 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.

<b>X</b>		
*** APPLICANT'S SIGNATURE ***	Today's 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.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.			
Utility Assistance being provided under which program →	<input type="checkbox"/> HEAP	<input type="checkbox"/> Fast Track	<input type="checkbox"/> HEAP WPO
Supplement \$ _____	Total Benefit \$ _____	<input type="checkbox"/> Home referred for WX	<input type="checkbox"/> Home already weatherized
Energy Services Restored after disconnection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection of Energy Services prevented:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Dwelling:</b>	<input type="checkbox"/> MFD – Owner, 2 - 4 units	<input type="checkbox"/> Mobile Home – Owner	Shelter: # of units _____
<input type="checkbox"/> SFD – Owner, 1 unit	<input type="checkbox"/> MFD – Rental, 2 - 4 units	<input type="checkbox"/> Mobile Home - Rental	Total # of residents: _____
<input type="checkbox"/> SFD – Rental, 1 unit	<input type="checkbox"/> MFD – Owner, 5 or more units	<input type="checkbox"/> Unoccupied MFD: 2 – 4 units	<input type="checkbox"/> Unoccupied MFD: > 5 units
<input type="checkbox"/> MFD – Rental, 5 or more units	Total Energy Cost: \$ _____	Energy Burden: _____ %	
<b>Agency Defined Priorities:</b> <input type="checkbox"/> Medically Needy <input type="checkbox"/> Frail Elderly <input type="checkbox"/> Severe Financial Hardship <input type="checkbox"/> Hard to Reach <input type="checkbox"/> Priority Offsets <input type="checkbox"/> N/A			