Department of Community Services and Development

Energy Intake Form

CSD 43 (12/2014)

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Priority Points: | A.C.C.

Job Control Code

Agency: O19	Intake Initials:	Intake Date:	Eligibility Cert Date:

First Name	Middle Initial	Last Name	Date of Birth (M M D D Y Y)

Mailing Address ☐ Check if same as service address | Unit Number

Mailing City | Mailing County Contra Costa | Mailing State CA | Mailing ZIP Code

Service Address (Do not use P.O. Box) | Unit Number

Service City | Service County Contra Costa | Service State CA | Service ZIP Code

Social Security Number (SSN): | Telephone Number: ( ) | ☐ Message Only?

PEOPLE LIVING IN HOUSEHOLD

Enter the **total number of people** living in the household, including the applicant -->

Enter the number of people who are:

2 years old or younger	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59 (Adult)	
Ages 60 or older (Elderly)	
Disabled	
Native American	
Limited-English Speaking	
Seasonal or Migrant Farmworker	

INCOME

Enter the **total number** of household members who receive income -->

Enter total gross monthly income for all people living in the household:

TANF	$
SSI/SSP	$
SSA/SSDI	$
Paycheck(s)	$
Interest	$
Pension	$
Other	$
TOTAL INCOME	$

UTILITY BILL DISCOUNT

You may be eligible for a discount on your monthly utility bill! Contact your local utility company and ask about reduced rate programs.

Which utility company do you want paid?

Account Number:

Name of customer on the utility bill:

☐ Check here if your utilities are included in rent or sub-metered.

☐ Check here if utilities are all electric

*** Questions 1-5 (below) are MANDATORY fields.**

1. What is the main fuel you use to HEAT your home? (*SELECT ONLY ONE*)

☐ Natural Gas ☐ Propane ☐ Wood ☐ Other Fuel

☐ Electricity ☐ Fuel Oil ☐ Kerosene ☐ Unknown

2. In addition to the main heating fuel you listed in Question 1, do you ever use any of the following to HEAT your home (you can check more than one):

☐ Electricity (such as space heaters) ☐ Wood (in a fireplace or wood stove) ☐ N/A

3. If you chose NATURAL GAS or ELECTRICITY in Question 1:

Do you currently have a past due notice?	☐ **YES**	☐ **NO**	☐ **N/A**
Is your gas or electricity currently shut off / disconnected?	☐ **YES**	☐ **NO**	☐ **N/A**

4. If you chose PROPANE, FUEL OIL, WOOD, KEROSENE or OTHER FUEL in Question 1:

Approximately how many days until you run out of fuel completely .....(*enter number of days*) :			☐ N/A
Are you currently out of fuel?	☐ YES	☐ NO	☐ N/A

5. Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? ☐ 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.

Applicant's Signature *Date* *Witness' 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.

Cash Assistance being provided under which program --> ☐ HEAP ☐ Fast Track ☐ Supplement $_____ Total Benefit $_____

☐ HEAP WPO ☐ ECIP WPO Referral --> ☐ Home referred for weatherization ☐ Referred for ECIP HCS ☐ Home already weatherized

Weatherization being billed under which program --> ☐ DOE ☐ LIHEAP WX ☐ ECIP HCS

Type of Dwelling:

☐ SFD - Owner, 1 unit ☐ SFD - Rental, 1 unit ☐ MFD - Owner, 2 - 4 units ☐ MFD - Rental, 2 - 4 units ☐ MFD - Owner, 5 or more units ☐ MFD - Rental, 5 or more units ☐ Mobile Home - Owner ☐ Mobile Home - Rental ☐ Shelter: # of units _____ Total # of residents:_____ ☐ Unoccupied MFD: 2 - 4 units ☐ Unoccupied MFD: > 5 units

Energy Cost = $ Energy Burden = %

Agency Defined Priorities: ☐ Medically Needy ☐ Frail Elderly ☐ Severe Financial Hardship ☐ Hard To Reach ☐ Priority Offsets