

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2017)

Official Use Only:

Priority Points

A.C.C.

Eligibility Cert Date

Agency:

Intake Initials:

Intake Date:

First name

Middle Initial

Last Name

Date of Birth

MM/DD/YY

SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address

Unit Number

Service City

Service County

Service State

Service Zip Code

 Have you lived at this residence during each of the past 12 months? ☐ Yes ☐ No

 Is your service address the same as mailing address? ☐ Yes ☐ No

Mailing Address

Unit Number

Mailing City

Mailing County

Mailing State

Mailing Zip Code

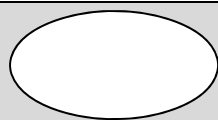
 Social Security Number
(SSN):

Telephone Number ()

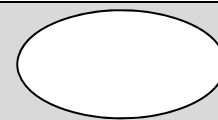
E-mail Address:

PEOPLE LIVING IN HOUSEHOLD

Enter the total number of people living in the household, including yourself →


INCOME

Enter the total number of people who receive income →


Demographics: Enter the number of people in the household who are:
Enter the total gross monthly income for all people living in the household:

Ages 0 – 2 Years

TANF / CalWorks

\$

Ages 3 - 5 years

SSI / SSP

\$

Ages 6 - 18 years

SSA / SSDI

\$

Ages 19 - 59

Paycheck(s)

\$

Ages 60 and older

Interest

\$

Disabled

Pension

\$

Native American

Other

\$

Seasonal or Migrant Farmworker

Total Monthly Income

\$

HOUSEHOLD MEMBERS

 ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.

If you have more than 7 people in your household, please list the information on a separate piece of paper.

First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
Household Total Monthly Gross Income				\$	
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PAY BILL**To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied?** (Attach complete copy of most recent bill or receipt)☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Other Fuel**Enter the energy company and account number:**

Company Name: _____ Account #: _____

Is your utility service shut-off? ☐ Yes ☐ NoDo you have a past due notice? ☐ Yes ☐ No**Are your utilities included in rent or submetered?** ☐ Yes ☐ No**Are your utilities all electric?** ☐ Yes ☐ No**Is your Natural Gas Company the same as your Electric Company?** ☐ Yes ☐ No**WOOD, PROPANE or FUEL OIL SERVICE (WPO)****Are you currently out of fuel?** (Wood, Propane, Oil, Kerosene, Other Fuels) ☐ Yes ☐ No ☐ N/A**List the approximate number of days until you run out of fuel** (Wood, Propane, Oil, Kerosene, Other Fuels).Number of Days: _____ ☐ N/A**ENERGY INFORMATION**The questions below are **MANDATORY**. Please check all energy sources used to heat your home.A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided.

NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

What is the main fuel used to HEAT your home? One main heating source **MUST** be checked.☐ 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):**☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Other Fuel ☐ N/A**Are you the account holder:** **Electric Bill** ☐ Yes ☐ No **Natural Gas Bill** ☐ Yes ☐ No

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 household's 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.

X***** APPLICANT'S SIGNATURE *****

Date

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 → ☐ HEAP ☐ Fast Track ☐ HEAP WPO ☐ ECIP WPO**Base Benefit \$** _____ **Supplement \$** _____ **Total Benefit \$** _____**Total Energy Cost \$** _____ **Energy Burden** _____Energy Services Restored after disconnection: ☐ Yes ☐ No Disconnection of Energy Services prevented: ☐ Yes ☐ NoHome Referred for WX: ☐ Home Already Weatherized: ☐