



YOU MUST MAIL IN THE FOLLOWING DOCUMENTS:

- **CURRENT PHOTO ID (REAL ID) FOR ALL THE ADULTS LIVING IN THE HOUSE HOLD:** UNITED STATES ID or DRIVER'S LICENSE FOR ALL THE ADULTS LIVING IN THE HOUSEHOLD (18 YEARS OF AGE AND OLDER). IF ID'S STATE **FEDERAL LIMITS APPLY** PLEASE ALSO MAIL US COPY OF BIRTH CERTIFICATE, U.S. PASSPORT, OR DOCUMENT OF DIRECT RECEIPT OF SSI OR SSA BENEFITS.

- **ALL PAGES OF CURRENT ENERGY BILLS:** (PG&E, TID, MID, PROPANE, WOOD, ETC.) **MUST SHOW ACCOUNT NUMBER, NAME, PHYSICAL ADDRESS, MAILING ADDRESS, BILLING DATE & DUE DATE, TOTAL CURRENT CHARGES & ANY PREVIOUS BALANCE. LATE NOTICES (48 HOUR NOTICES AND DELINQUENT NOTICES) WILL NOT BE ACCEPTED.**
 - **PLEASE MAIL ALL YOUR ENERGY BILLS.** If you have both MID or TID (electric) and PG&E (gas), please mail copies of both bills. If you have both propane (gas) and PG&E (electric) please mail both bills.

- **SOCIAL SECURITY CARDS:** FOR EVERYONE LIVING IN THE HOUSEHOLD INCLUDING CHILDREN. (MEDI-CAL CARDS, SHOT RECORDS AND BIRTH CERTIFICATE WILL BE ACCEPTED FOR CHILDREN ONLY.)

- **CURRENT PROOF OF INCOME FOR THE LAST 4 WEEKS, FROM EVERYONE IN THE HOUSEHOLD:** INCLUDING WAGES, PUBLIC ASSISTANCE, SOCIAL SECURITY, DISABILITY, UNEMPLOYMENT, CHILD SUPPORT, ALIMONY AND PENSION, IF SOMEONE LIVING OUTSIDE THE HOME IS PROVIDING YOU WITH CASH ASSISTANCE YOU NEED TO BRING A SIGNED LETTER FROM THAT PERSON WITH THE DOLLAR AMOUNT GIVEN. **ALL PROOF OF INCOME MUST BE DATED CURRENT WITHIN THE LAST 6 WEEKS.**
 - If your income is from employment please provide current copy of pay stub(s) covering 1 month of gross income before deductions (if multiple stubs, they must be consecutive).
 - If your income is from social security please send a copy of your current years benefit letter, or copy of your most current bank statement showing direct deposit or a copy of the most recent check.
 - If your income is from Pension/Retirement please provide copy of check stub or an award letter current within the last 6 weeks.
 - If your income is from Unemployment benefits please provide current check stubs (must be consecutive), or current printout, or current award letter.
 - If your income is from Workers compensation please provide copy of current check(s), current check stubs(s), current award letter.
 - If your income is from Self-employment and/or Rental Income please provide current years tax form 1040 and 1040 schedule 1. Form 1040, Schedule 1 must show dollar amount, either on line 12 or 17, to be valid income verification for self-employment or rental income. Schedule C (for self-employment) or Schedule E (for rental income) must be submitted with the current 1040.
 - If your income is from Public assistance (TANF) please provide current Notice of Action or Passport to Services or copy of bank statement showing direct deposit.
 - If your income is from Child support please provide copy of most current bank statement or most current monthly statement. If child support is a mutual agreement between the parents please provide a letter written by the parent paying the child support stating how much was paid in the last 4 weeks. The letter must state the name of the person paying the child support and their signature, the date the letter was written, and their phone number.
 - If your household did not have any income in the last 4 weeks please fill out the form CSD 43B.

Please DO NOT USE WHITEOUT on your application.

**If you have any questions or concerns please do not hesitate to call us
at (209)723-3201**

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:	Eligibility Cert Date
First name	Middle Initial	Last Name	Date of Birth
SERVICE ADDRESS – Address where you live (this <i>cannot</i> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 →	○
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
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 No

Do 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 No

Home Referred for WX: Home Already Weatherized:

CLIENT TRACKING FORM

SS# _____ Last Name _____ First Name _____

Date of Birth ___ / ___ / ___ Age _____ Street Address _____

City _____ Zip Code _____ Telephone _____ - _____ - _____

Household / Applicant Information

Gender	Disabled	Food Stamps	Veteran	Health Insurance
<input type="checkbox"/> Male	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Ethnicity	Education	Farmers	Family Type	Housing
<input type="checkbox"/> Black	<input type="checkbox"/> 0-8	<input type="checkbox"/> Farmers	<input type="checkbox"/> Single Parent F	<input type="checkbox"/> Rent
<input type="checkbox"/> White	<input type="checkbox"/> 9-12	<input type="checkbox"/> Migrant	<input type="checkbox"/> Single Parent M	<input type="checkbox"/> Own
<input type="checkbox"/> Hispanic	<input type="checkbox"/> HS Grad/GED	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Two Parents	<input type="checkbox"/> Homeless
<input type="checkbox"/> Native American	<input type="checkbox"/> 12+		<input type="checkbox"/> Individual	<input type="checkbox"/> Other
<input type="checkbox"/> Asian	<input type="checkbox"/> College Grade		<input type="checkbox"/> Couple	
<input type="checkbox"/> Other	<input type="checkbox"/> Unknown		<input type="checkbox"/> Other	
Number in House: _____	Income Sources:	<input type="checkbox"/> Employment	<input type="checkbox"/> TANF (AFDC)	<input type="checkbox"/> Pension
Income Amount: _____	<input type="checkbox"/> Unemployment	<input type="checkbox"/> General Assist.	<input type="checkbox"/> Disability	
	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI/SSD	<input type="checkbox"/> Other _____	

Household Members Information (Use back for additional members)

SS#				
Last Name				
First Name				
Date of Birth				
Age				
Gender				
Disabled				
Ethnicity				
Education				
Health Insurance				
Veteran				

I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any and all information necessary for verification purposes.

Yo cerifico que esta declaracion es cierta y correcta, y autorizo el uso de esta informacion para proposito de verificacion.

Signature of Client

Date

Additional Members Information

SS#			
Last Name			
First Name			
Date of Birth			
Age			
Gender			
Disabled			
Ethnicity			
Education			
Health Insurance			
Veteran			

Have you received services from any of the programs listed below in the last 30 days? Yes
 No

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Community Services
<input type="checkbox"/> Weatherization | <input type="checkbox"/> Head Start
<input type="checkbox"/> Child Development
<input type="checkbox"/> State Pre-School | <input type="checkbox"/> Meals-on-Wheels
<input type="checkbox"/> Project CHERISH | <input type="checkbox"/> Housing
<input type="checkbox"/> WIC |
| <input type="checkbox"/> HEAP
<input type="checkbox"/> Fast-Track
<input type="checkbox"/> Food Pantry | <input type="checkbox"/> Rent Assist.
<input type="checkbox"/> Shelter
<input type="checkbox"/> Clothing
<input type="checkbox"/> Senior Nutrition | <input type="checkbox"/> WIC Services
<input type="checkbox"/> Parent Involve
<input type="checkbox"/> Counseling | <input type="checkbox"/> Referral Out
<input type="checkbox"/> Social Services
<input type="checkbox"/> Health Services
<input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Disabilities
<input type="checkbox"/> Transportation
<input type="checkbox"/> Child Care
<input type="checkbox"/> CPR/First Aid
<input type="checkbox"/> REACH | | | |

Notes/Comments:

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

AUTHORIZATION AND CONSENT

By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	Date	Name of CSD Contractor/Partner Organization
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REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program