

LIHEAP/LIHWAP UTILITY ASSISTANCE/WEATHERIZATION APPLICATION

Pages are double sided. Please complete all pages.

2022 LIHEAP Income Guidelines							
\$2564.73 1 Person	\$3353.87 2 People	\$4143.02 3 People	\$4932.17 4 People	\$5721.31 5 People	\$6510.43 6 People	\$6658.43 7 People	\$6806.39 8 People

Please read all instructions carefully. Incomplete applications and applications missing required documentation will be returned, which can result in delays in your application being processed.

Due to limited funding and stricter guidelines, we are currently using a Priority Point based system to determine each applicant's eligibility. The Priority system considers the household's total income, energy burden (percentage of income that goes to pay utility bills) and the demographics of your household.

- It is highly recommended to apply for utility assistance prior to falling past due on your utility bill. Doing so can help avoid disconnections, late charges, or past due notices.
- Incomplete applications will be returned to be completed or denied. Read instructions thoroughly in order to ensure that your application is completed in a timely matter.
- NO WHITE OUT MAY BE ON ANY PAGE OF THE APPLICATION
Applications with white out will be returned with a new application for you to complete. If you need to make corrections on the application put a line through the mistake, initial next to it and write the corrected information nearby it.
- **IMPORTANT!!** If you qualify for HEAP it takes 60 to 90 days before a credit is applied to your account. Unless you have a shut off notice the utility company will NOT be notified until they receive the payment. If a shut off notice is included, we will provide emergency services which can keep you from being disconnected. Unless a shut off is included in the application along with a complete normal bill, your application will not receive Fast Track services. It is very important to get your application turned in as soon as possible to get your application processed before your shut off date.

HEAP APPLICATION INSTRUCTIONS: Use the following checklist.

- Enter name and mailing address.
- Enter service address.
- Date of Birth
- Social Security Number
- Enter number of People in Household.
- Enter number of People living in the home with income.
- Enter total gross (before taxes) income to the penny, the total entered must match what you send for proof.
- Enter utility you want paid: REU, Shasta Lake, PG&E, propane, kerosene, wood, or pellets. (You may only apply for one and whatever you enter is what we will pay)
- Include ALL documents listed in the following sections.
- Ensure that each page is completed.
- For Weatherization: Include proof of ownership and year built for the home.

DOCUMENTS REQUIRED WITH APPLICATION:

All documents submitted must be current within the last 30 days from the date of processing.

- **Utility bills:** You must include current and complete pages of **ALL energy bills** in the household (This includes City of Redding, PG&E, Shasta Lake, kerosene and/or propane) You must include all pages of the bills, and the bills must be current within the last 30 days, going by the statement date, **NOT THE DUE DATE!** The utility bills will need to show a minimum of a 22 day or more billing period. If you have propane or kerosene in the household, we will also require a quote for 100 gallons of fuel, even if you are not requesting assistance with these bills. The same goes for if you are applying for propane or wood, we will also require copies of your utility bills.
- If you have a **shut off or late notice** you must include it in addition to the utility bills listed above in order to receive our emergency/fast track services. If you do not include this you may not receive the money in time to avoid disconnection, and you may not qualify for the amount necessary to keep your utilities on.
- Send 30 days consecutive **proof of income** (Current within the last 30 Days) for ALL family members 18 years of age or older. If anyone in the household is 18 years or older and does not have income, they are required to complete the Certification of Income and Expenses (One for each person with no income)
- Send proof of **CALFRESH** (food stamps) to prove this, send a current notice of action or passport to services. We can NOT accept copies of your card or a hand-written note.
- **For Weatherization:**
 - Proof of ownership: A mortgage statement, property tax bill, homeowner’s insurance or grant deed will be accepted.
 - Proof of year home was built: Unless the home is a mobile home we must have proof of the year the home was built. A certificate of title will be required for mobile homes.
- **For Water Assistance:** Include a copy of your most recent water bill and complete water assistance pages of packet

Please send copies of any documents you wish to keep as we will not return your originals.

EXAMPLES OF TYPES OF INCOME AND TYPES OF PROOF ACCEPTED

Due to diverse types of income and different situations, not all required income is listed here, only the most common forms.

All documentation submitted must be current within 30 days of the date we receive the completed application.	
Income Type	Acceptable verification
Wages/Earned Income	Pay stubs covering one full month showing gross income. Paystubs must be current and consecutive
Pensions/Annuities	Current annual or monthly statement from pension plan. We cannot accept bank statements.
TANF/AFDC/CALFRESH/GA	Current Passport to Services printout, Notice of Action, verification from worker showing amount & current date or certification period, current aid summary
SSI/SSA	Current yearly Award letter, bank statement showing direct deposit
Workers Comp/Disability/Unemployment	Current copy of check stub(s) or current pay history printout showing 1 full month.
Veterans Benefits	Current copy of check stub(s), bank statement, or current pay history printout.
Self Employed	Copy of ledger/journal for last 30 days (Profit and Loss), signed self – employment statement showing the month with gross income received, all expenses and net income.

No Income Verification	Signed and dated CERTIFICATION OF INCOME AND EXPENSES FORM for each adult household members 18 years and older that has no income. We will need separate forms for each household member
IHSS	We will need 30 consecutive days of pay stubs for each recipient.

Processing Procedure

- **Application Received** – Checked to verify that all necessary documents are included and application is correctly completed. If documents are missing or application is not completed correctly it will be returned to you by mail with a note explaining what needs to be corrected. Applications received after 12:00pm will not be reviewed until the following work day.
- **Application Processing** – Applications including a shut/off or disconnection letter will be processed within 2 working days. Applications without shut/off or disconnection letters will be processed within 14 working days.
- **Approval / Ineligible / Denial Notification** –Applications processed with shut/off or disconnection letters will be notified of status within 2 business days by mail. Applications without shut/off or disconnection letters will be notified of status within 15 business days by mail.
- **Benefits** - For approved applications including a shut/off or disconnection letter, a pledge will be placed on the account within 2 working days with the credit being applied to the account within 60 days. For standard applications, a credit will be applied to the utility account within 60 working days.

MAIL APPLICATION TO: HEAP
 3777 MEADOWVIEW DR #100
 REDDING, CA 96002

If you have any questions you may call 530-378-6900 and press 0 to speak to a representative OR call 1-877-801-7692

NO APPLICATIONS CAN BE ACCEPTED THROUGH EMAIL. APPLICATIONS MUST BE MAILED OR DROPPED OFF AT OUR OFFICE.

ENERGY CONSERVATION TOP 10 HOME ENERGY TIPS

1. **Wash clothes in cold water to save on average \$63 a year.**
2. **Install a programmable thermostat to save up to 10% on cooling and heating costs.**
3. **Use your window shades. Close blinds on the sunny side in summer to keep out the hot sun and open them in winter to bring in warm rays.**
4. **Turn off all lights, appliances and electronics not in use. A power strip can help turn off multiple items at once. (Sometimes the simplest things are effective!)**
5. **Change to new and improved light bulbs. Reduce energy use from about a third to as much as 80% with today's increasing number of energy-efficient halogen incandescent, CFLs and LEDs.**
6. **Look for the Energy Star label, the government's symbol of energy efficiency, on a wide range of consumer products to save up to 30% on related electricity bills.**
7. **Use low-flow faucets and shower heads to save on water bills.**
8. **Clean or change filters regularly. A dirty furnace or A/C filter will slow down air flow and make the system work harder to keep you warm or cool.**
9. **Reduce water heater temperature to 130° F to save energy and money on heating water; and wrap the water storage tank in a specially designed "blanket" to retain the heat.**
10. **Seal air leaks and properly insulate to save up to 20% on heating and cooling bills, while also increasing home comfort.**

CASH MANAGEMENT WORKSHEET

Self Help Home Improvement Project and the State of California Community Services Department would like to offer you this cash management worksheet. The worksheet is designed to help you better understand where your money goes each month and perhaps discover areas where your expenses can be reduced. Step by step instructions for completing the form are outlined on the back of the worksheet along with some helpful hints for reducing your monthly expenses.

STEP 1: List all your fixed expenses (those that do not change) under the appropriate heading below.

Fixed Expenses

Rent/Mortgage \$ _____
(if mortgage, include taxes and insurance)

Other \$ _____
Other \$ _____
Other \$ _____
Other \$ _____

Monthly Income \$ _____
Total Expenses \$ _____
(from left column)

Balance \$ _____
(Put this amount on the "Disposable
Income" line below)

Total Expenses \$ _____

STEP 2: List all of your flexible expenses under the headings below)

Flexible Expenses

PG&E \$ _____
Phone \$ _____
Water \$ _____
Medical \$ _____
Charge Accounts \$ _____
Clothing \$ _____
Transportation \$ _____
Entertainment \$ _____
Other \$ _____

Total \$ _____

Disposable Income \$ _____

Flexible Expenses \$ _____
(Total from left column)

Balance \$ _____
(Subtract flexible expenses from disposable
income)

INSTRUCTIONS

STEP 1: Add up your fixed expenses and subtract them from your total monthly income. This will leave you a balance.

STEP 2: Add up your flexible expenses and subtract them from the balance from step 1. This will give you the total amount of money that you will have left over after bills each month. If your bills exceed your income or if you see that there isn't enough money set aside for your needs proceed to step 3.

STEP 3: Go down your list of flexible expenses and rank them in order of importance to you (#1 being the most important and #3 being least important). Look through your list of flexible expenses and reduce as many of the #3 items as possible. If you're still over your monthly income, reduce as many #2 items as you can. Continue with this procedure until your "flexible expenses total" equals or is less than your balance from step 1. Keep your #1 items as generous as you can since these are the items that are most important to maintaining your household.

PHONE BILL

- Apply for the phone company's reduced phone rate for low-income customers
- Write letters instead of making long-distance calls
- Set a monthly budget and do your best to live within its limits

ELECTRIC/GAS BILL

- **Weatherize your home. (ask us about our FREE weatherization programs)**
- Practice energy conservation. Set a monthly energy conservation goal with the added bonus of reducing your energy costs
- Follow the tips in the enclosed "Guide for Home Energy Services"
- It is highly recommended to apply for your utility companies reduced rate programs which can save a percentage on your monthly charges.

OTHER IDEAS

- Use your credit cards only when absolutely necessary. Make sure to set aside the money for the purchase as soon as you can. Pay the bill off as soon as you can to avoid high finance charges and a large monthly bill.
- Consult the library for more information on money management techniques.

THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2022)

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

Agency: SHHIP		Intake Initials:		Intake Date:		Eligibility Cert 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? <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							
Do you own or rent your home?..... <input type="checkbox"/> Own <input type="checkbox"/> Rent							
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 <u>gross</u> monthly income for <u>all</u> 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 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name		M.I.	Last Name		Relationship to Applicant Self
Date of Birth:		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian			Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Black or African American			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			<input type="checkbox"/> Unknown/Decline to State
<input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):			Source of Income:		

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? Yes 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 Manufactured log Pellets 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 Manufactured log Pellets 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 Manufactured log Pellets 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:

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 Self Help Home Improvement Project
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REVOCAION 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

SERVTRAQ CHECKLIST

Customer Name: _____
 Address: _____ Over 60 Miles RT

Dwelling Type:

Pre-1979: Yes No HUD-Funded: Yes No # of Units _____

Tenancy Status:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Rented	<input type="checkbox"/> Temporary/Group Shelter
	<input type="checkbox"/> Emergency Housing	<input type="checkbox"/> Farmworker Housing	

Building Structure Type: Brick Mobile Home Stucco Wood Year Built - _____

Appliance Type: **All Electric:** Yes No

Cooking: Energy: Gas Electric Propane Wood Other _____

PRIMARY Heater:	<input type="checkbox"/> Interior Wall	<input type="checkbox"/> Exterior Wall Direct Vent	<input type="checkbox"/> FAU	<input type="checkbox"/> Package Unit
	<input type="checkbox"/> Floor	<input type="checkbox"/> Wood	<input type="checkbox"/> None	<input type="checkbox"/> Other:
	Energy: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other _____			
	Operational Status: <input type="checkbox"/> Operational <input type="checkbox"/> Non-Operational <input type="checkbox"/> In Crisis <input type="checkbox"/> Not Available			

SECONDARY Heating Source:	<input type="checkbox"/> Interior Wall	<input type="checkbox"/> Exterior Wall Direct Vent	<input type="checkbox"/> FAU	<input type="checkbox"/> Package Unit
	<input type="checkbox"/> Floor	<input type="checkbox"/> Wood	<input type="checkbox"/> None	<input type="checkbox"/> Other:
	Energy: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other _____			
	Operational Status: <input type="checkbox"/> Operational <input type="checkbox"/> Non-Operational <input type="checkbox"/> In Crisis <input type="checkbox"/> Not Available			

Cooling:	Air Conditioning: <input type="checkbox"/> Central <input type="checkbox"/> Wall <input type="checkbox"/> Window		Unit:	<input type="checkbox"/> Single Story
	Evaporative Cooler: <input type="checkbox"/> Roof <input type="checkbox"/> Wall <input type="checkbox"/> Window			<input type="checkbox"/> Multi Story
	Operational Status: <input type="checkbox"/> Operational <input type="checkbox"/> Non-Operational <input type="checkbox"/> In Crisis <input type="checkbox"/> Not Available			

Water Heater:	Energy: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other _____			
	Operational Status: <input type="checkbox"/> Operational <input type="checkbox"/> Non-Operational <input type="checkbox"/> In Crisis <input type="checkbox"/> Not Available			

Job Closed: Non-Eligible/Structure _____ Non-Eligible/Safety Hazards _____

ASSESSMENT COMPLETION DATE:	ASSESSED BY:	JOB COMPLETION DATE	COMPLETED BY:
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Job Type:	<input type="checkbox"/> Initial Weatherization	<input type="checkbox"/> Re-Weatherization	<input type="checkbox"/> Adjustment
	<input type="checkbox"/> Assess/Diagnostic Only	<input type="checkbox"/> SWEATS Only	<input type="checkbox"/> ECIP Heating/Cooling Only

Subprograms to Bill:	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> ECIP Cooling Services	<input type="checkbox"/> SWEATS Program
	<input type="checkbox"/> DOE WX	<input type="checkbox"/> ECIP Heating Services	

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?				
YES	NO	During the previous month have you been employed part time?		
YES	NO	During the previous month have you been self-employed?		
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?		
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:		
YES	NO	During the previous month did you receive any of the following: (circle any that apply)		
		WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS
				CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)		
		ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS
			RENTAL INCOME	INSURANCE BENEFITS

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Put Notary stamp below, if needed (DOE only)
 or have Executive Director Sign here

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____ Address: _____ Phone: _____
Utility Bills	\$		Name: _____ Address: _____ Phone: _____
Food	\$		Name: _____ Address: _____ Phone: _____

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature: _____

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

SHHIP

This page is required for all application of household eligibility for assistance for LIHEAP Programs

Name: _____ Social Security Number: _____ - _____ - _____

Phone Number: _____ Date of Birth for Applicant: _____

Do you own or rent your home? (Own) or (Rent)

Do you live in Subsidized Housing? (Yes) or (No)

Which Program(s) would you like assistance with:

- Utility Assistance
- Water Assistance
- Weatherization

For households with wood heat: (Must be answered if present in the home)

Approximately how many cords of wood have you used in the past month: _____

For households with Propane, Fuel Oil, or Kerosene fuel sources: (Must be answered if present in the home)

Approximately how many gallons have you used in the past month: _____

For households with Pellets: (Must be answered if present in the home)

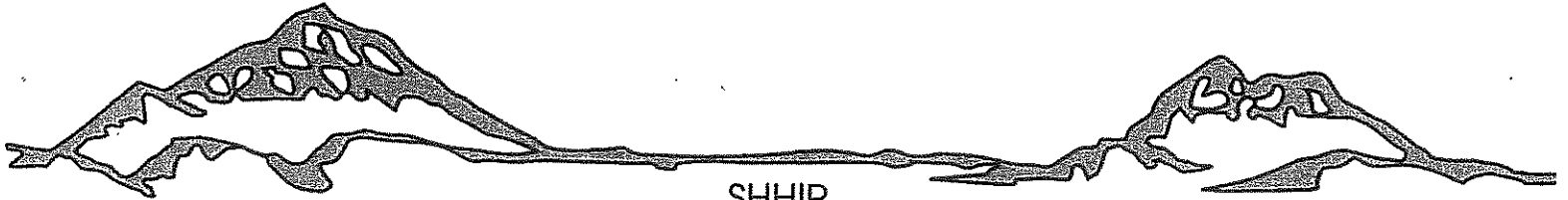
Approximately how bags have you used in the past month: _____

List ALL household members below:

Name (First and Last)	Age	Income Amount and Source	Ethnicity	Gender	Disabled	U.S. Citizen	Veteran
				M or F	Y or N	Y or N	Y or N
				M or F	Y or N	Y or N	Y or N
				M or F	Y or N	Y or N	Y or N
				M or F	Y or N	Y or N	Y or N
				M or F	Y or N	Y or N	Y or N
				M or F	Y or N	Y or N	Y or N
				M or F	Y or N	Y or N	Y or N
				M or F	Y or N	Y or N	Y or N

ANYONE LISTED AS LIVING IN THE HOME AND IS 18 OR OLDER WITH NO INCOME MUST FILL OUT A CERTIFICATION OF INCOME AND EXPENSES

SELF-HELP HOME IMPROVEMENT PROJECT



Established in 1973

SHHIP

A Private Non-Profit
Corporation

PHOTO USE RELEASE FORM

I, _____, hereby grant and authorize Self Help Home Improvement the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures including, but not limited to, newsletters, flyers, posters, brochures, advertisements, annual reports, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Self Help Home Improvement and will not be returned.

I hereby hold harmless, and release Self Help Home Improvement from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or behalf of my estate.

I Warrant that I am of the age of consent (18 years or older) and that I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

(Signature)

(Date)

Fact Sheet

HOME ENERGY ASSISTANCE PROGRAM

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

Established in 1981 HEAP is a federally funded program that helps low-income households pay their energy bill. Assistance is in the form of a dual or single party warrant or a direct payment to a utility company on behalf of an eligible applicant. Eligibility is based on the household's total monthly income, which cannot exceed the HEAP income guidelines. Because of significant funding cuts, the federal government enacted a law requiring that states target households with low-income and high energy costs, taking into consideration households with elderly and disabled persons and children under six. *This means there could be households that received assistance in the past and will no longer receive assistance because they fall into a low priority group and are not considered among the neediest of the needy.* The amount of assistance is based on the number of persons in the household, total household income, the cost of energy within the county the household resides, and funding availability. An incomplete/incorrect application will take additional time to process. Persons living in board-and-care facilities, nursing, or convalescent homes, or in jail or prison, are not eligible for HEAP.

The local Community services agencies are responsible for processing applications intake and the Department of Community Service and Development (CSD) is responsible for HEAP payments.

By signing below I acknowledge that I have read and understand the facts stated here regarding the HEAP program and have received the Instruction sheets including the Processing Procedure, Instructions, Budget Counseling Worksheet, and Energy Education information.

X _____ X _____

Applicants Signature

Date

If you have any questions you may call 530-378-6900 and press 0 to speak to a representative OR call 1-877-801-7692

MAIL APPLICATION TO: HEAP

3777 MEADOWVIEW DR #100

REDDING, CA 96002



ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information			
Select the Dwelling Type		I am the	
Single-Family <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Multi-Unit <input type="checkbox"/>	Owner-Occupant <input type="checkbox"/> Tenant <input type="checkbox"/>
Owner-Occupant or Tenant Information			
Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Telephone Number
Owner-Occupant or Tenant Email Address			Owner-Occupant or Tenant FAX Number

Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner-Occupant or Tenant)

I agree to accept the following TERMS required for my primary residence to receive services from the Department of Community Services and Development (CSD) weatherization programs(s):

1. I certify that the above-listed property is my primary residence.
2. I (the Owner-Occupant or Tenant), grant the Contractor/Agency permission to enter my dwelling to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization services and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed dwelling.
3. I acknowledge that an assessment of my dwelling is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my residence. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
5. I authorize the Contractor/Agency to access my utility company records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
6. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
7. I shall not remove any permanently installed energy conservation measures unless they are damaged or no longer functional in the residence from where they were installed.

Additional Certifications For Owner-Occupants ONLY:

8. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
9. Mobile home units only: I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.

Additional Certifications For Tenants ONLY:

10. I acknowledge that the Rental Property Owner must grant the Contractor/Agency the same permissions by signing CSD 515B Energy Service Agreement for Rental Property Owner before any services are rendered.



ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."
13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property .

I CERTIFY THAT I am the Owner-Occupant or Tenant residing in the dwelling listed above that serves as my primary residence and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order to receive weatherization services under the CSD weatherization program(s).

Owner-Occupant or Tenant's Signature	Date

Contractor/Agency Assurance

Contractor/Agency (Print name)		Address	
Self Help Home Improvement Project, inc.		3777 Meadowview dr #100	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
	Redding	96002	530-378-6900
Contractor/Agency Email Address			Contractor/Agency FAX Number

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Agency Program Manager's Signature	Agency Program Manager's Name (Print name)	Date
	Scott Berg	



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Single-Family/Mobile Home Dwelling Information				
Tenant Name		Dwelling Address		
City		Zip Code	Type Single <input type="checkbox"/> Mobile <input type="checkbox"/>	
Multi-Family Dwelling/Complex Information				
Number of Eligible Buildings in Complex:		Use additional pages, if necessary.		
Building #1				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #2				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #3				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Owner and Owner's Agent Information				
Owner (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Owner Telephone Number	
Owner Email Address		Owner FAX Number		
<i>If the Owner uses an agent for the above-referenced property, complete both Owner and Agent information.</i>				
Agent (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Agent Telephone Number	
Agent Email Address		Agent FAX Number		



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

*Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services
(to be completed by the Owner or Owner's Agent)*

I agree to accept all of the following TERMS required for my rental property to receive services from the Department of Community Services and Development (CSD) weatherization program(s):

1. I certify that I am the Owner (or Owner's Agent) of the above-listed rental property.
2. I grant the Contractor/Agency permission to enter my property to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization measures and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed rental property.
3. I acknowledge that an assessment of my property is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my property. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I shall not remove any energy conservation measures unless they are damaged or no longer functional in the rental property from where they were installed. If the replaced item (i.e. refrigerator or other appliance) was the personal property of my tenant, the tenant shall retain the replacement energy conservation measure installed by the CSD weatherization program(s).
5. Mobile home units only: I acknowledge that my property may not receive services that require a permit if the registration is not up-to-date.
6. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with any work identified on a summarized list except as a consequence of gross negligence or willful and wanton misconduct.
7. I authorize the Contractor/Agency to access my complex's utility company master-metered records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
8. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
9. I certify that I, as the Owner or Owner's Agent, shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall be charged at the utilities' costs in accordance with California Public Utilities Commission Code Section 739.5 or other applicable government regulations.
10. I certify that I, as the Owner or Owner's Agent, shall not raise the rent of any weatherized unit for a period of two years from the date of weatherization-because of the increased value of the unit due solely to weatherization measures provided (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
11. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
12. I certify that I shall provide a copy of this Agreement explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

13. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
14. I shall submit to the Contractor/Agency a schedule of rents prior to commencement of work.
15. Federal, State or Local Government Rehabilitation Projects only: I certify that if a vacant unit is counted as being an eligible household for purposes of meeting the minimum threshold for whole building weatherization (66% rule), then the unit will become occupied by an eligible family within 180 days after the completion of weatherization (CFR 440.22(b)(2)(ii)).



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

I CERTIFY THAT I am the Owner or Owner's Agent of the Dwelling or Complex listed above, and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order for my property to receive weatherization services under the CSD weatherization program(s).

Owner's (or Owner's Agent's) Signature	Date

Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
Self Help Home Improvement Project, Inc.		3777 Meadowview dr. #100	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
	Redding	96002	530-378-6900
Contractor/Agency Email Address			Contractor/Agency FAX Number

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the rental unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor/Agency Program Manager's Signature	Contractor/Agency Program Manager's Name (Print name)	Date
	Scott Berg	

Required Documentation:

Rent schedule received from Property Owner, if applicable?	<input type="checkbox"/> Y	<input type="checkbox"/> N	If applicable, CSD 75 completed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
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This page must be completed for assistance with water bills

Department of Community Services and Development

LIHWAP Intake Form

CSD 41 (04/2022)

Official Use Only:	
A.C.C.	
Eligibility Cert Date	

Agency: SHHIP Intake Initials: Intake Date:

First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
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SERVICE ADDRESS – Address where you live (this cannot be a P.O. Box)

Service Address	Unit Number
-----------------	-------------

Service City	Service County	Service State CA	Service Zip Code
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Is your service address the same as mailing address?..... Yes No
 Do you own or rent your home?..... Own Rent

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.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant Self
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	Amount of Gross Monthly Income (before taxes):		Source of Income:

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 7

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			

<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? Yes No

Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)? Yes No

Have you or someone in your household received LIHEAP assistance in the past 120 days? Yes No

PAY BILL

To which bill, includes property tax statements, (CHOOSE ONLY ONE) do you want the LIHWAP benefit to be applied? (Attach complete copy of most recent bill or receipt)

Water Bill Wastewater Bill Water and Wastewater is Combined in One Bill

Enter the water/wastewater company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? Yes No

Do you have a past due notice or past due balance on your bill? Yes No

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. 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 and/or other information needed to provide services and benefits to me as described at the end of the form. I understand that if my application for LIHWAP 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. 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 water or wastewater costs.

X	*** APPLICANT'S SIGNATURE ***	Date:
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AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Low Income Household Water Assistance Program (LIHWAP). AUTHORITY: Government Code Section 12087.2 (b) Names CSD as the agency responsible for administering LIHWAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHWAP benefit. 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. 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.

Total LIHWAP Benefit \$ _____

Total Water or Wastewater Cost (for water burden only) \$ _____ Water Burden _____

Water Services Restored after disconnection: Yes No Disconnection of Water Services prevented: Yes No