

**The Home Energy Assistance Program (HEAP)** provides payment assistance for gas & electric costs, wood, or propane costs, and free home weatherization services for eligible low-income households in Monterey and Santa Cruz Counties.

#### You may qualify for the HEAP program if your gross monthly household income is less than:

\$2,019	\$2,641	\$3,262	\$3,883	\$4,505	\$5,126	\$5,243	\$5,359
1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons

## PLEASE RETURN YOUR COMPLETED APPLICATION WITH THE FOLLOWING DOCUMENTS: INCOME:

Please submit CURRENT copies of your monthly gross income documents for the LAST 30 DAYS **for all adults in the household**. Adult household members (*18 and over*) with no income must submit a written statement for any other earnings received within the last 30 days. All paperwork will be returned if documentation is outdated or unacceptable. **The application must be signed and dated by the applicant.** 

You may submit current copies of the following if applicable:

- ☑ Pay check stubs
- ☑ SSA/SSI letter showing monthly benefits
- ☑ CalWorks/TANF (AFDC) letter/Notice of Action/Passport to Services
- ☑ Current copy of check or letter from payee for child support
- ☑ Documentation of any other income source

#### INCOME DOCUMENTS FOR ALL ADULTS IN THE HOUSEHOLD MUST BE SUBMITTED

\* See reverse side for more detailed information \*

#### **ENERGY BILL:**

Please submit a copy of your most RECENT energy bill for the LAST 30 DAYS. The bill must have billing name, service address (No PO Boxes), account number and must show at least 22 days of service.

- ☑ PG&E account send a copy of your most recent PG&E bill, including ALL PAGES, dated within the last 30 days.
- ✓ **Wood or Propane account** send a copy of your most recent statement or invoice. If you also have a PG&E account, send a copy of your current bill as your household's total energy burden is used to determine eligibility.
- ☑ **Utilities are included in your rent** send a letter from your landlord stating how much of your rent goes towards energy costs *OR* you may call us to request a certification form that your landlord can fill out.
- ☑ **Utilities are sub-metered** send a copy of your recent rent statement from your property manager showing your energy costs.

#### PLEASE NOTE: VERY IMPORTANT!

\* Applicants may receive payment assistance only once per calendar year.\*

Applicants in dwellings eligible for free weatherization services will receive notification after the HEAP application has been processed. Please do not send originals – we will not return. \* Please do not stop paying your bill! \* There is an 8-10 week processing period before credit will appear on your PG&E bill. A shut-off notice is not a bill – please submit complete bill along with notice.



#### **CENTRAL COAST ENERGY SERVICES**

PO BOX 2707 • Watsonville, CA 95077

1-888-728-3637

Serving Monterey and Santa Cruz Counties

2014

HEAP 2014 LIHEAP/DOE INTAKE FORM (Rev.1/2014)						HE	FT	WP	DN	Intake Date:	
First Name:		Middle Initial: Last Name:			ne:						
Mailing Address:						Unit Number:					
Mailing City:	Maili	ailing County:			Mailing	Mailing State:		Mailing ZIP Code:			
Service Address if different from Same as above (Do not use P.O.		e:							Unit Number:		
Service City:		rvice County:			Serv	Service State: CA			Service ZIP Code:		
Phone Numbers:		Applicant's Date of Birth:  Month/Day/Year			When is the best time to reach you?						
Work/Daytime # ( ) Home # ( )					☐ Morning ☐ Afternoon ☐ Evening						
Social Security Number:		Household Information				Energy Bill Information					
		Total number of persons living in the household				Please check all applicable information and see application instructions for the appropriate documentation you are required to send.					
Income	ir	including applicant:			What	What is the main fuel you use to HEAT your home? (Select Only One)					
Enter total GROSS monthly income		How many people in your household are: 60 years old or older									
persons living in the household. You send copies of all income records f					□ w						
adult household members.	Of all	Disabled			Seco	Secondary fuel source (if any) used to HEAT your home:					
How many adults in the	D				☐ Electricity (such as space heaters) ☐ Wood (fireplace/stove)						
household receive income:		2 years old or under			☐ Check here if you're requesting assistance with your PG&E bill Account Number:						
, ,	No Yes 3	3 years old to 5 years old				Name on Bill:					
		years old to 5 years old			-	☐ Check here if utilities are sub-metered					
Wages \$	6	6 years old to 18 years old			☐ Check here if utilities are included in the rent						
Pensions \$											
		19 years old to 59 years old			Do you have a credit balance on your account? Amount:						
Cal Works \$		Native American			Is you	Is your gas or electricity currently shut-off? ☐ No ☐ Yes					
SSI/SSP \$						☐ Check here if you're requesting assistance with propane costs					
	Li	Limited English speaking			A delivery of propane lasts approximately: months Name of Propane Company:						
\$\$A \$		easonal/Migrai	nt Farm Worker					ompany:_			
GA/GR \$		Seasonal/Migrant Farm Worker				Account Number: Name on Bill:					
	V	Veterans									
Child Support \$		Hava a Carious Illaces			☐ Check here if you're requesting assistance with wood costs  A delivery of wood lasts approximately: months						
Other \$	<u> </u>	Have a Serious Illness			_	•				,	
		Energy Energy Cost: Burder					-		-	u run out of fuel?	
TOTAL \$			Burden:	%						other fuel?  No Yes	
The information on this application will of the state and federal governments, their of Community Services and Developmen	r designated	subcontractors	, my utility comp	pany(ies), an	d for my t	itility com	pany(ies)	to share my	account i	nformation with the Department	

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 if my application for LIHEAP 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 requested. 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 X) AGENCY NAME: Community Services and Development (CSD). UNIT RESPOSIBLE FOR MAINTENANCE: Home Energy Assistance Program. 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.

### Remember!

YOU MUST PROVIDE PROOF OF INCOME AND YOUR UTILITY BILL <u>FOR THE LAST 30</u>

<u>DAYS</u> WITH THIS APPLICATION. PROOF OF INCOME MUST HAVE NAME OF RECEPIENT VISIBLE. IF NOT PROVIDED, THE APPLICATION WILL BE SENT BACK TO YOU.

### **ACCEPTABLE FORMS OF INCOME VERIFICATION:**

- Wages/Earned Income current copy of pay stub(s) covering one full month of gross income, letter from
  employer with gross amount and time period, Notice of Action showing earned income, HUD statement
  with annual income amount.
- **Pensions and Annuities** *current* copy of check, pension verification, annual statement from pension plan, copy of bank statement showing direct deposit.
- **CalWorks/TANF (AFDC)** *current* copy of a check, notice of action, passport to services, verification from worker with amount & date, food stamp verification, current aid summary.
- **GA VERIFICATION** *current* copy of a check, notice of action.
- SSI/SSP current copy of check (last 30 days), copy of bank statement showing direct deposit (last 30 days), dated annual benefit letter, computer printout, payee letter showing income amount, Form 2458 from Social Security Office.
- SSA current copy of check, copy of bank statement showing direct deposit, dated annual benefit letter, computer printout, or payee letter showing income amount, Form 4926, Form 2458, HUD statement with a SS amount.
- Interest/Dividend Income current statement from bank(s), current copy of financial statement(s) showing direct deposit, current copy of check(s)
- Workers Comp/Disability/ Unemployment Benefits *current* copy of check(s) or check stub(s), current printout, or *current* award letter.
- **Child/Spouse/Individual Support** *current* court document, current copy of check, current signed statement from person providing report, notice of action showing support.
- **Veteran's Benefits** *current* copy of check, benefit letter, letter of verification from VA, copy of bank statement showing direct deposit.
- Self-employed current copy of ledger/journal, signed self-employment statement showing month, gross receipts, gross expenses and net income.
- Other Sources of Income current receipts for recycled materials, statement for odd jobs with dollar amount.

# PLEASE SEND COPIES ONLY ORIGINALS WILL NOT BE RETURNED!

#### Your Right to Privacy

In accordance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974, the following notification is provided to an applicant for energy assistance benefits through the local agency named below. The Low-Income Home Energy Assistance Program (LIHEAP) Act of 1981, as amended, and/or the Department of Energy (DOE) Energy Conservation and Production Act (ECPA), as amended, require the applicant to provide their name, home address, social security number, and monthly or annual income to the local agency for determination of applicant's eligibility to receive energy assistance benefits. Failure to provide all or part of the required information will prevent processing of the application. The information provided by the applicant will be used only for the determination of eligibility for energy assistance benefits provided by the local agency pursuant to grants issued by the State of California, Department of Community Services and Development (CSD). All personal information provided by the applicant on the reverse side of this application shall be maintained by the local agency. The local agency may share the applicant's information with other agencies administering LIHEAP and/or DOE-ECPA programs, CSD, or the U.S. Department of Health and Human Services. The applicant has a right of access to records containing his/her personal information, which are maintained by the local agency. If the applicant requires additional information pertaining to the maintenance of their personal information, he/she may contact CSD at 700 North 10th Street, Room 258, Sacramento, CA 95814, or telephone (916) 322-2940, attention Records Management Coordinator.