

## **CENTRAL COAST ENERGY SERVICES**

2016

1-888-728-3637 PO BOX 2707 · WATSONVILLE, CA 95077 WP Intake Date: ΗE DN ing Monterey, Santa Cruz, and San Mateo Counties Middle Initial: Last Name: Mailing Address: Unit Number: Mailing County: Mailing State: Mailing ZIP Code: Mailing City: Service Address (where applicant lives): Unit Number: ○ Same as above (Do not use P.O. Box) Service State: Service ZIP Code: Service City: Service County: California E-mail Address: Phone Number: Have you lived at this Best time to reach you? ○ Yes service address during Daytime: ○ Morning O No the last 12 months? Message: Evening Applicant's Social Security Number Applicant's Date of Birth **Energy Bill Information** Which energy bill should your LIHEAP benefit to be applied to? Electricity O Wood O Natural Gas Household Information Income Propane O Fuel Oil Kerosene How many adults in the Total number of persons Company Name: household receive income: living in the household Does anyone in your household O No including applicant: Account Number: currently receive CalFresh? Are your utilities included in rent or sub-metered?  $\bigcirc$  Yes  $\bigcirc$  No How many people in your Enter total GROSS monthly income for all household are: What is the main fuel you use to HEAT your home? (Select Only One) persons living in the household. You must ○ Natural Gas  $\bigcirc$  Wood Electricity send copies of all income records for all 2 years old or under ○ Fuel Oil O Propane ○ Kerosene adult household members. What is the secondary fuel source (if any) used to HEAT your home? 3 years old to 5 years old \$\_\_\_\_\_ Wages Electricity Natural Gas O Wood O Fuel Oil O Propane ○ Kerosene Pensions \$\_\_\_\_\_ 6 years old to 18 years old **Electric Service** Cal Works \$\_\_\_\_\_ 19 years old to 59 years old Are ALL your utilities electric? ○ Yes ○ No Is your electricity shut-off? ○ Yes ○ No SSI/SSP 60 years old or older **Natural Gas Service** SSA Is your gas company the same as your electric ○ Yes ○ No Disabled GA/GR Is your natural gas shut-off? Yes ○ No Native American Propane, Wood, Fuel Oil Service Child Support Are you currently out fuel? ○ Yes ○ No Limited English Other A delivery of fuel lasts approximately: \_\_\_ months **TOTAL** Farm Worker Approximately how many days until you run out of fuel? Relation to Date of Birth **Total Monthly** Source of Last Name First Name (MM/DD/YY) Gross Income Income Applicant Self The information on this application will be used to help determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

\*LIHEAP/DOE Intake Form (Rev.1/2016) Applicant's Signature Date Witness's Signature (If signed with an X) AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

FOR OFFICE USE ONLY:

Energy Services Restored after disconnection: ☐ Yes □No Disconnection of Energy Services prevented: ☐ Yes

Energy Cost: \$ ☐ No

Energy Burden: