



CENTRAL COAST ENERGY SERVICES

1-888-728-3637

PO BOX 2707 · WATSONVILLE, CA 95077

2016

Serving Monterey, Santa Cruz, and San Mateo Counties

HE FT WP DN Intake Date:

First Name: Middle Initial: Last Name: Mailing Address: Unit Number: Mailing City: Mailing County: Mailing State: Mailing ZIP Code: Service Address (where applicant lives): Unit Number: Service City: Service County: Service State: Service ZIP Code: Have you lived at this service address during the last 12 months? E-mail Address: Phone Number: Best time to reach you?

Applicant's Social Security Number Applicant's Date of Birth

Energy Bill Information Which energy bill should your LIHEAP benefit to be applied to? Company Name: Account Number: Are your utilities included in rent or sub-metered? What is the main fuel you use to HEAT your home? What is the secondary fuel source (if any) used to HEAT your home?

Income Household Information How many adults in the household receive income: Total number of persons living in the household including applicant: Wages Pensions Cal Works SSI/SSP SSA GA/GR Child Support Other TOTAL

Electric Service Are ALL your utilities electric? Is your electricity shut-off? Natural Gas Service Is your gas company the same as your electric company? Is your natural gas shut-off? Propane, Wood, Fuel Oil Service Are you currently out fuel? A delivery of fuel lasts approximately: months Approximately how many days until you run out of fuel?

Table with 6 columns: First Name, Last Name, Relation to Applicant, Date of Birth (MM/DD/YY), Total Monthly Gross Income, Source of Income. Rows 1-8.

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.

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.

FOR OFFICE USE ONLY: Energy Services Restored after disconnection: Disconnection of Energy Services prevented: Energy Cost: Energy Burden: