

Department of Community Services and Development

Energy Intake Form  
CSD 43 (1/6/2012)

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Priority Points:		A.C.C.													
Job Control Code															
Agency: CAPSBC				Intake Initials:				Intake Date:				Eligibility Cert Date:			
First Name				Middle Initial		Last Name				Date of Birth					
										M	M	D	D	Y	Y
Mailing Address <input type="checkbox"/> Check if same as service address												Unit Number			
Mailing City						Mailing County				Mailing State		Mailing ZIP Code			
Service Address (Do not use P.O. Box)												Unit Number			
Service City						Service County San Bernardino				Service State CA		Service ZIP Code			
Social Security Number (SSN):												Telephone Number: ( ) <input type="checkbox"/> Message Only?			

**PEOPLE LIVING IN HOUSEHOLD**  
Enter the **total number of people** living in the household, including the applicant -->

Enter the number of people who are:

2 years old or younger	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59 (Adult)	
Ages 60 or older (Elderly)	
Disabled	
Native American	
Limited-English Speaking	
Seasonal or Migrant Farmworker	

**INCOME**  
Enter the **total number of household members** who receive income -->

Enter total gross monthly income for all people living in the household:

TANF	\$
SSI/SSP	\$
SSA/SSDI	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
<b>TOTAL INCOME</b>	<b>\$</b>

**UTILITY BILL DISCOUNT**

You may be eligible for a discount on your monthly utility bill! Contact your local utility company and ask about reduced rate programs.

Which utility company do you want paid?

Account Number:

Name of customer on the utility bill:

Check here if your utilities are included in your rent or sub-metered.

The information on this application will be used to 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 information with other offices of the state and federal governments. 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.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness' 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.

**Applicant: Do not fill out the information below. This section is for official use only.**

Cash Assistance being provided under which program -->	<input type="checkbox"/> HEAP	<input type="checkbox"/> Fast Track	<input type="checkbox"/> Supplement _____
Referral -->	<input type="checkbox"/> Home referred for weatherization	<input type="checkbox"/> Referred for ECIP HCS	<input type="checkbox"/> Home already weatherized
Weatherization being billed under which program -->	<input type="checkbox"/> DOE	<input type="checkbox"/> DOE ARRA	<input type="checkbox"/> LIHEAP WX <input type="checkbox"/> ECIP HCS
Type of Dwelling:	<input type="checkbox"/> MFD - Owner, 2 - 4 units	<input type="checkbox"/> Mobile Home - Owner	<input type="checkbox"/> Shelter: # of units _____ <input type="checkbox"/> Unoccupied MFD: 2 - 4 units
<input type="checkbox"/> SFD - Owner, 1 unit	<input type="checkbox"/> MFD - Rental, 2 - 4 units	<input type="checkbox"/> Mobile Home - Rental	Total # of residents: _____ <input type="checkbox"/> Unoccupied MFD: > 5 units
<input type="checkbox"/> SFD - Rental, 1 unit	<input type="checkbox"/> MFD - Owner, 5 or more units	Energy Cost = \$ <input type="text"/> Energy Burden = <input type="text"/> %	
	<input type="checkbox"/> MFD - Rental, 5 or more units		

Agency Defined Priorities: 1  2  3  4