

Department of Community Services and Development

Energy Intake Form

CSD 43 (Rev. 02/04/2011)

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Priority Points						A.C.C.								
Job Control Code														

Utility Assistance:

Weatherization:

HEAP
 Fast Track
 Supplement
 DOE
 DOE ARRA
 LIHEAP WX
 ECIP HCS

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					
	San Bernardino	CA						
Service Address (Do not use P.O. Box)			Unit Number					
Service City	Service County	Service State	Service ZIP Code					
	San Bernardino	CA						

SOCIAL SECURITY NUMBER

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TELEPHONE NUMBER Message

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UTILITY BILL DISCOUNT

You may be eligible for a discount on your monthly energy cost for each utility company's reduced rate program.

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

How many household member receive income -

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

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

Which utility company do you want paid?

Account Number:

Name of customer on the utility bill:

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

For Official Use Only

Energy Cost =
 Energy Burden = %
 Total Billing Days =

<p>Type of Dwelling:</p> <input type="checkbox"/> SFD - Owner, 1 unit <input type="checkbox"/> SFD - Rental, 1 unit <input type="checkbox"/> MFD - Owner, 2 - 4 units <input type="checkbox"/> MFD - Rental, 2 - 4 units <input type="checkbox"/> MFD - Owner, 5 or more units <input type="checkbox"/> MFD - Rental, 5 or more units <input type="checkbox"/> Mobile Home - Owner <input type="checkbox"/> Mobile Home - Rental <input type="checkbox"/> Shelter - # of units <input type="checkbox"/> Total # of residents: <input type="checkbox"/> Unoccupied - MFD, 2 - 4 units <input type="checkbox"/> Unoccupied - MFD, > 5 units	<p>Heating Type</p> <input type="checkbox"/> No Primary Heating <input type="checkbox"/> Window/Wall <input type="checkbox"/> Portable Device <input type="checkbox"/> FAU <input type="checkbox"/> Other: <p>Water Heater Type</p> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other:	<p>Heating Fuel</p> <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Propane <p>Range Type</p> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other:	<p>Cooling Type</p> <input type="checkbox"/> Window/Wall <input type="checkbox"/> Central <input type="checkbox"/> Evap Cooler <input type="checkbox"/> Fan(s) <input type="checkbox"/> Portable Device <input type="checkbox"/> None <input type="checkbox"/> Other: <p>Other</p> <input type="checkbox"/> HUD Built <input type="checkbox"/> Year Built <input type="checkbox"/> Lead-Free Cert <input type="checkbox"/> Non Applicable <input type="checkbox"/> Agency Defined 1 <input type="checkbox"/> Agency Defined 2 <input type="checkbox"/> Agency Defined 3 <input type="checkbox"/> Agency Defined 4
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House Weatherized
 Referred for Weatherization
 Referred for RRP
 Referred for ECIP HCS

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.