

<b>Official Use Only:</b>	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency: **CAPK** Intake Initials: Intake Date:

First name	Middle Initial	Last Name	Date of Birth MM/DD/YYYY
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SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address			Unit Number
Service City	Service County <b>KERN</b>	Service State <b>CA</b>	Service Zip Code

Is your service address the same as mailing address?.....  Yes  No  
 Have you lived at this residence during each of the past 12 months? .....  Yes  No  
 Move in Date (Month/Year)? \_\_\_\_\_/\_\_\_\_\_  
 Do you own or rent your home?.....  Own  Rent  
 Total amount paid for rent or mortgage? \_\_\_\_\_  
 Do you receive housing assistance (HUD, Sec 8, etc)?.....  Yes  No  
 How did you hear about the program? \_\_\_\_\_

Mailing Address			Unit Number
Mailing City	Mailing County <b>KERN</b>	Mailing State	Mailing Zip Code

Social Security Number (SSN):	Telephone Number ( )
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E-mail Address:	Alternative Phone Number ( )
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<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →	○	<b>INCOME</b> Enter the total number of people who receive income →	○
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<i>Demographics: Enter the number of people in the household who are:</i>		<b>Official Use Only</b> Enter the total <b>gross</b> monthly income for <b>all</b> people living in the household:	
Ages 0 – 2 Years		TANF / CalWorks	\$
Ages 3 - 5 years		SSI / SSP	\$
Ages 6 - 18 years		SSA / SSDI	\$
Ages 19 - 59		Paycheck(s)	\$
Ages 60 and older		Interest	\$
Disabled		Pension	\$
Native American		Other	\$
Seasonal or Migrant Farmworker		<b>Total Monthly Income</b>	<b>\$</b>
		Non-countable	\$

**HOUSEHOLD MEMBERS**ENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS.

If you have more than 6 people in your household, please list the information on a separate piece of paper.

**APPLICANT (HOUSEHOLD MEMBER 1)**

First Name	M.I.	Last Name	Relationship to Applicant <b>Self</b>	<u>Disabled?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

**HOUSEHOLD MEMBER 2**

First Name	M.I.	Last Name	Relationship to Applicant	<u>Disabled?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

**HOUSEHOLD MEMBER 3**

First Name	M.I.	Last Name	Relationship to Applicant	<u>Disabled?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

**HOUSEHOLD MEMBER 4**

First Name	M.I.	Last Name	Relationship to Applicant	<u>Disabled?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

**HOUSEHOLD MEMBER 5**

First Name	M.I.	Last Name	Relationship to Applicant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

**HOUSEHOLD MEMBER 6**

First Name	M.I.	Last Name	Relationship to Applicant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

**Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?**  Yes  No

**PAY BILL**

**To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied?** (Attach complete copy of most recent bill or receipt)

Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Manufactured log  Pellets  Other Fuel

**Enter the energy company and account number:**

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Is your utility service shut-off?  Yes  No

Do you have a past due notice?  Yes  No

**Are your utilities included in rent or submetered?**  Yes  No

**Are your utilities all electric?**  Yes  No

**Is your Natural Gas Company the same as your Electric Company?**  Yes  No  N/A all electric

**WOOD, PROPANE or FUEL OIL SERVICE (WPO)**

**Are you currently out of fuel?** (Wood, Propane, Oil, Kerosene, Other Fuels)  Yes  No  N/A

**List the approximate number of days until you run out of fuel** (Wood, Propane, Oil, Kerosene, Other Fuels).

Number of Days: \_\_\_\_\_  N/A

**ENERGY INFORMATION**

The questions below are **MANDATORY**. Please check all energy sources used to heat your home.

A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided.

NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

**What is the main fuel used to HEAT your home?** One main heating source **MUST** be checked.

Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Manufactured log  Pellets  Other Fuel

**In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):**

Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Manufactured log  Pellets  Other Fuel  N/A

**Are you the account holder:** Electric Bill  Yes  No Natural Gas Bill  Yes  No  N/A all electric

The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. 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.

<b>X</b>		
	<b>*** APPLICANT'S SIGNATURE ***</b>	Date

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.

**NOTE: For your application to be considered complete you MUST ALSO complete, sign, and attach the "Client Education Confirmation of Receipt" Form (CSD 321).**

**APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.**

Utility Assistance being provided under which program →  HEAP  Fast Track  HEAP WPO  ECIP WPO

\_\_\_\_\_ ( HEAP  Fast Track) **Base Benefit \$** \_\_\_\_\_ **Supplement \$** \_\_\_\_\_ **Total Benefit \$** \_\_\_\_\_

\_\_\_\_\_ ( HEAP  Fast Track) **Base Benefit \$** \_\_\_\_\_ **Supplement \$** \_\_\_\_\_ **Total Benefit \$** \_\_\_\_\_

\_\_\_\_\_ ( HEAP  Fast Track) **Base Benefit \$** \_\_\_\_\_ **Supplement \$** \_\_\_\_\_ **Total Benefit \$** \_\_\_\_\_

**Total Benefit Assistance \$** \_\_\_\_\_

**Total Energy Cost \$** \_\_\_\_\_ **Energy Burden** \_\_\_\_\_

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

Home Referred for WX:       Home Already Weatherized:

Application received without CSD 081 consent form for energy bill(s) \_\_\_\_\_ Intake initials: \_\_\_\_\_