

PRE-Application Questionnaire

Revised 3/18/2022

Applicant name: _____ **Phone number:** _____

Mailing Address if different from Service Address: _____

Email: _____ **Language spoken if not English:** _____

LIHEAP Program can assist you with one utility bill, **Circle the utility Company you choose to get assistance with:** MID, TID, PG&E

Please fill in the amounts for last month's expenses in the space provided. Enter 0 in spaces that do not apply or you had no expenses.

Rent/ Mortgage	\$	CABLE/DTV	\$	Food	\$
Gas/ Propane	\$	Out of Pocket Medical	\$	Clothing	\$
Electric	\$	Public Transportation	\$	Life Insurance	\$
Water	\$	Automobile Payment	\$	Furniture Payment	\$
Garbage	\$	Car Insurance	\$	Credit Card	\$
Phone	\$	Gasoline/ Car Repairs	\$	Childcare	\$
Cellphone	\$	Household supplies	\$	Other	\$

FAMILY TYPE: (Check one) SINGLE PARENT/FEMALE SINGLE PARENT/MALE SINGLE PERSON 2 ADULTS NO CHILDREN

2 PARENT HOUSEHOLD MULTIGENERATIONAL HOUSEHOLD NON-RELATED ADULTS W/CHILDREN OTHER EXPLAIN: _____

INCOME TYPE: (Check all that apply) TANF ALIMONY/ SPOUSAL SUPPORT CHILD SUPPORT PENSION UIB WORKERS COMPENSATION
 SSI SSA SSDI VA SERVICE CONNECTED DISABILITY COMPENSATION VA NON SERVICE DISABILITY PENSION PRIVATE DISABILITY PENSION EITC OTHER: (LIST): _____.

NON-CASH BENEFITS: AFFORDABLE CARE ACT CHILD CARE VOUCHER HOUSING CHOICE VOUCHER HUD-VASH LIHEAP WIC
 SNAP/CALFRESH PUBLIC HOUSING HOUSING VOUCHER PERMANENT SUPPORTIVE HOUSING OTHER (LIST) _____

TENANCY: (Check one) OWNER RENTER OTHER PERMANENT HOUSING OTHER (LIST): _____

Have you lived at this residence during each of the past 12 months? (Check one) Yes No

What is the main fuel you use to HEAT your home? (Check one) Natural Gas (PGE) Electricity (MID/TID) Propane Wood Fuel Oil other

In addition to the main heating fuel, do you ever use any of the following to Heat your home? Natural Gas Electricity (such as space heaters) Wood (in a fireplace/wood stove) Propane other fuel N/A

(Propane ONLY) Name of Propane Company: _____ Are you currently out of fuel? _____.

How many times a year do you fill up propane tank? _____ Approximately. how many days until you run out of fuel? _____.

PLEASE COMPLETE THE FOLLOWING QUESTIONS FOR YOURSELF AND EVERY MEMBER IN YOUR HOUSEHOLD

First & Last name	Relation to applicant	Date of birth	Age	Race	Veteran or Active military Enter Y or N	*Health Insurance Type (Select letter from key below)	**Work Status/Title (Select letter from key below for all HH member 18+)	Farmworker Migrant or Seasonal – Enter Y or N	***Level of Education (Select letter from key below for all HH members age 14 and over)	Is the Person Disabled? Enter Y or N
	Self									
*Health Insurance – a. Medicaid b. Medicare c. Migrant or State Children Health Insurance Program d. State Health Insurance for Adults e. Military Health Insurance f. Direct Purchase g. Employment based h. Unknown/Not Reported						**Work Status – a. Employed Full Time b. Employed Part time c. Migrant or Seasonal Farmworker d. Unemployed (Short Term 6 months or Less) e. Unemployed (Long Term 6 months or more) f. Unemployed (Not in Labor Force g. Retired h. Unknown/Not Reported				
*** Level of Education – a. Grades 0-8 b. Grades 9 – 12 non-graduate c. High School Grad d. GED Equiv. e. 12 + Some Post-Secondary f. 2 or 4 yr, College Graduate g. Graduate of other secondary school										

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2017)

Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency:		Intake Initials:		Intake Date:		Eligibility Cert Date	
First name		Middle Initial		Last Name		Date of Birth MM/DD/YY	
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)							
Service Address						Unit Number	
Service City		Service County		Service State		Service Zip Code	
Have you lived at this residence during each of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
Mailing Address						Unit Number	
Mailing City		Mailing County		Mailing State		Mailing Zip Code	
Social Security Number (SSN):						Telephone Number ()	
E-mail Address:							

PEOPLE LIVING IN HOUSEHOLD		INCOME	
Enter the total number of people living in the household, including yourself →		Enter the total number of people who receive income →	
○		○	
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
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		Total Monthly Income	\$

HOUSEHOLD MEMBERS					
ENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS.					
If you have more than 7 people in your household, please list the information on a separate piece of paper.					
First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
Household Total Monthly Gross Income				\$	
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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

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 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 Other Fuel N/A

Are you the account holder: Electric Bill Yes No Natural Gas Bill Yes No

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.

X _____
*** APPLICANT'S SIGNATURE *** 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.

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

Base Benefit \$ _____ Supplement \$ _____ Total Benefit \$ _____

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:

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?				
YES	NO	During the previous month have you been employed part time?		
YES	NO	During the previous month have you been self-employed?		
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?		
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:		
YES	NO	During the previous month did you receive any of the following: (circle any that apply)		
		WORKER'S COMP	UNEMPLOYME	GOVERNMENT SPONSORED BENEFITS
YES	NO	Do you receive any of the following (circle any that apply)		
		ANNUITY	PENSION	TRIBAL CASINO PAYMENTS
				RENTAL INCOME
				INSURANCE BENEFITS

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Put Notary stamp below, if needed (DOE only) or
have Executive Director Sign here

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____ Phone: _____ Address: _____
Utility Bills	\$		Name: _____ Phone: _____ Address: _____
Food	\$		Name: _____ Phone: _____ Address: _____

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature:		
By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Signature	Date
Signature	Date	