



The **Low-Income Home Energy Assistance Program (LIHEAP)** provides a one-time per calendar year payment assistance benefit on home energy bills for eligible, low-income households in the counties of Monterey, Santa Cruz, and San Mateo. Emergency assistance may be available for households in danger of being disconnected. Please complete both sides of this form.

Due to limited funding and high demand, a PRIORITY PLAN is in effect. Income-eligible households *may* be denied for LIHEAP

First Name:			Middle Initial:			Last Name:		
Mailing Address:					Unit Number:		Do You Own or Rent Your Home? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
Mailing City:		Mailing County:		Mailing State:		Mailing ZIP Code:		
Service Address (where applicant lives): <input type="radio"/> Same as above (Do not use P.O. Box)							Unit Number:	
Service City:		Service County:		Service State: California		Service ZIP Code:		
Have you lived at this service address during the last 12 months? <input type="radio"/> Yes <input type="radio"/> No		E-mail Address:		Home Phone: Mobile Phone: Text Messages ok? <input type="radio"/> Yes <input type="radio"/> No			Best time to reach you? <input type="radio"/> Morning <input type="radio"/> Afternoon <input type="radio"/> Evening	
Applicant's Social Security Number			Applicant's Date of Birth			Energy Bill Information		
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			Which energy bill should your LIHEAP benefit be applied to? <input type="radio"/> Natural Gas <input type="radio"/> Electricity <input type="radio"/> Wood <input type="radio"/> Propane <input type="radio"/> Fuel Oil <input type="radio"/> Kerosene Company Name: _____ Account Number: _____ Are your utilities included in rent or sub-metered? <input type="radio"/> Yes <input type="radio"/> No Do you or someone in your household depend on electricity for a medical or mobility device? <input type="radio"/> Yes <input type="radio"/> No What is the <u>main</u> fuel you use to HEAT your home? (Select Only One) <input type="radio"/> Natural Gas <input type="radio"/> Electricity <input type="radio"/> Wood <input type="radio"/> Propane <input type="radio"/> Fuel Oil <input type="radio"/> Kerosene What is the <u>secondary</u> fuel source (if any) used to HEAT your home? <input type="radio"/> Natural Gas <input type="radio"/> Electricity <input type="radio"/> Wood <input type="radio"/> Propane <input type="radio"/> Fuel Oil <input type="radio"/> Kerosene		
Income How many adults in the household receive income: <div></div> Does anyone in your household currently receive CalFresh? <input type="radio"/> No <input type="radio"/> Yes Enter the total GROSS monthly income for all persons living in the household. <u>You must send copies of all income records for all adult household members.</u> Wages \$ _____ Pensions \$ _____ CalWorks/TANF \$ _____ SSI/SSDI \$ _____ SSA \$ _____ GA/GR \$ _____ Child Support \$ _____ Other \$ _____ TOTAL \$ _____			Household Information Total number of persons living in the household including applicant: <div></div> How many people in your household are: 2 years old or under _____ 3 years old to 5 years old _____ 6 years old to 18 years old _____ 19 years old to 59 years old _____ 60 years old to 69 years old _____ 70 years old or older _____ Disabled _____ Native American _____ Limited English _____ Farm Worker _____			Electric Service Are ALL your utilities electric? <input type="radio"/> Yes <input type="radio"/> No Is your electricity shut off? <input type="radio"/> Yes <input type="radio"/> No Natural Gas Service Is your gas company the same as your electric company? <input type="radio"/> Yes <input type="radio"/> No Is your natural gas shut off? <input type="radio"/> Yes <input type="radio"/> No Propane, Wood, Fuel Oil Service Are you currently out of fuel? <input type="radio"/> Yes <input type="radio"/> No A delivery of fuel lasts approximately: _____ months Approximately how many days until you run out of fuel? _____		

HOUSEHOLD MEMBERS								
Complete the fields below for all household members. Please list information for more than 7 household members on a separate paper.								
	First Name, Middle Initial, Last Name	Relation to Applicant	Date of Birth	Gross Monthly Income	Source of Income	Gender	Race	Ethnicity
		APPLICANT				<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Decline to state	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Multi-Race <input type="radio"/> Other <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Unknown/Decline to State	Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown or Decline to State
1.	<div>Have you or someone in your household served in the United States military?<div><input type="radio"/> Yes, I have served <input type="radio"/> No <input type="radio"/> Decline to state</div><div><input type="radio"/> Yes, I am the spouse, legal partner, parent, or child of a person who served in the United States Military</div><div><input type="radio"/> I CONSENT to this agency and CSD transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I or my family member may be eligible. I understand that this consent is valid for 12 months. Witness consent is given if the applicant on record is a minor. <input type="radio"/> I DO NOT CONSENT</div></div>							
2.						<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Decline to state	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Multi-Race <input type="radio"/> Other <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Unknown/Decline to State	Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown or Decline to State
3.						<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Decline to state	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Multi-Race <input type="radio"/> Other <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Unknown/Decline to State	Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown or Decline to State
4.						<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Decline to state	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Multi-Race <input type="radio"/> Other <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Unknown/Decline to State	Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown or Decline to State
5.						<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Decline to state	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Multi-Race <input type="radio"/> Other <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Unknown/Decline to State	Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown or Decline to State
6.						<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Decline to state	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Multi-Race <input type="radio"/> Other <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Unknown/Decline to State	Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown or Decline to State
7.						<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Decline to state	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Multi-Race <input type="radio"/> Other <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Unknown/Decline to State	Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown or Decline to State
<div>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. *LIHEAP/DOE Intake Form (Rev.11/2024)</div>								
Applicant’s Signature			Date		Witness’s Signature (If signed with an X)			
<div>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.</div>								

The **HOME ENERGY ASSISTANCE PROGRAM (HEAP)** provides payment assistance for gas and electric, wood and propane costs, and free home weatherization services for eligible low-income households in Monterey, Santa Cruz, & San Mateo Counties.

You may qualify for Central Coast Energy Services programs if your gross monthly household income is less than:

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<u>1 person</u>	<u>2 persons</u>	<u>3 persons</u>	<u>4 persons</u>	<u>5 persons</u>	<u>6 persons</u>	<u>7 persons</u>	<u>8 persons</u>
\$3,170	\$4,145	\$5,120	\$6,096	\$7,071	\$8,047	\$8,229	\$8,412

US GOVERNMENT-ISSUED PHOTO ID (COPIES ONLY – ORIGINAL DOCUMENTS WILL NOT BE RETURNED)

The following are acceptable forms of government-issued photo identification:

- State or Tribal identification (ID) card
- U.S. Military Card or Military Dependent's ID Card (Front and Back)
- Driver License
- Permanent Resident Card, Certificate of Citizenship or Naturalization
- U.S. Passport or Passport Card
- Employment Authorization Document

ENERGY COSTS

Submit a copy of your most RECENT energy bill (for the last 30 days). The bill must show the billing name, service address (no PO Box), and account number, and must show at least 22 days of service. Also, submit a shutoff notice if you have one.

IF YOU HAVE:

SUBMIT COPIES OF:

Energy Account	ALL pages of the most recent energy bill & shutoff notice if you have one.
Wood or Propane Account	Most recent statement or invoice. Also, submit a copy of your most recent utility bill if you have one.
Sub-Metered Utilities	Most recent rent receipt showing your gas and electric costs.
Utilities Included in Rent	Letter from your landlord stating the total amount of rent that goes towards your monthly energy costs OR request a Certification Form that your landlord may complete.

INCOME DOCUMENTS

Please submit copies of income documents for the LAST 30 DAYS for ALL ADULTS in the household receiving income or aid. Adults with no income must submit a written statement explaining how they support themselves in the absence of income. CalFresh/CalWORKs: only submit an award letter from the last 30 days - no other proof of income is required for the household.

IF YOU HAVE:

SUBMIT COPIES OF:

CalFresh/CalWORKs, TANF General Assistance	Current CalFresh award letter, food stamp verification, Notice of Action, Passport to Services, aid summary, verification from worker with amount and date, or copy of check.
Wages/Earned Income	Current copy of paycheck stubs covering one full month (if paid weekly last 4 pay stubs; if paid bi-weekly last 2 pay stubs) or letter or printout from employer with gross amount and time period.
SSI/SSP/SSA	Copy of current check, most recent bank statement showing direct deposit, dated annual benefit letter, payee letter showing income amount, Form 4926, Form 2458, HUD statement with a SS amount.
Pensions, Annuities, Interest/Dividend Income	Current copy of check, pension verification, annual statement or bank statement showing direct deposit.
Workers Comp., Disability, Unemployment Benefits	Current copy of checks/check stub, printout, or award letter.
Child/Spouse/Individual Support	Current court document, current copy of check, current signed statement from person providing report, or notice of action showing support.
Veteran's Benefits	Current copy of check, benefit letter, letter of verification from VA, or copy of bank statement showing direct deposit.
Self-Employment	Current copy of ledger/journal, signed self-employment statement showing month, gross receipts, gross expenses and net income, 1040 form.
Other	Written statement for odd jobs with dollar amounts and dates, current receipts for recycled materials.

PLEASE NOTE: There is a 6-8-week processing period before program benefits are applied to utility accounts. Please **DO NOT** stop paying your energy bill. Applicants in dwellings eligible for free weatherization services will receive notice after processing their application.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS – THEY WILL NOT BE RETURNED.

Your Right to Privacy: In accordance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974, the following notification is provided to an applicant for energy assistance benefits through the local agency named below. The Low-Income Home Energy Assistance Program (LIHEAP) Act of 1981, as amended, and/or the Department of Energy (DOE) Energy Conservation and Production Act (ECPA), as amended, require the applicant to provide their name, home address, social security number, and monthly or annual income to the local agency for determination of applicant's eligibility to receive energy assistance benefits. Failure to provide all or part of the required information will prevent processing of the application. The information provided by the applicant will be used only for the determination of eligibility for energy assistance benefits provided by the local agency pursuant to grants issued by the State of California, Department of Community Services and Development (CSD). All personal information provided by the applicant shall be maintained by the local agency. The local agency may share the applicant's information with other agencies administering LIHEAP and/or DOE-ECPA programs, CSD, or the U.S. Department of Health and Human Services. The applicant has a right of access to records containing his/her personal information, which are maintained by the local agency. If the applicant requires additional information pertaining to the maintenance of their personal information, he/she may contact CSD at 2389 Gateway Oaks Drive, Sacramento, CA 95833, or telephone (916) 576-7109, attention Records Management Coordinator.

1-888-728-3637

Central Coast Energy Services, Inc.

PO BOX 2707, Watsonville, CA 95077