Department of Community Services and Development Energy Intake Form CSD 43 (12/28/2012)						0	1	9	0	0 A.C.C	).	0	0	0 0						
Job C							Control Code													
Agency: O19	Intake Initials:					ate: Eligibility							/ Cert Date:							
First Name	ame Middle Initia			Last Name											Date of Birth					
														М М	D	D	Υ	Υ		
Mailing Address											Unit Num	ber								
Mailing City	Mailing County					Mailing State							Mailing ZIP Code							
			Contra Costa Cour				CA													
Service Address (Do not use P.O. Box)							<u>.</u>							Unit Number						
Service City	Service County					Service State						Service ZIP Code								
		Contra				osta County				CA										
Social Security Number (SSN):		Telephone Number						)								Mess	age	Only?		
PEOPLE LIVING IN HOUSEHOLD	PEOPLE LIVING IN HOUSEHOLD INCOME								ILL D	ISCOU	NT			_	_		_	_		
Enter the total number	e total nun	e total number of				You may be eligible for a discount on your monthly utility bi											II!			
of people living in the household, including the	old members who				Contact your local utility company and ask about reduced rate											ate				
applicant>	eceive income>				programs.															
Enter the number of people who are:	gross monthly income for all				Which utility company do you want paid?															
2 years old or younger		people living in the household:																		
Ages 3 - 5 years Ages 6 - 18 years	<b> </b>	TANF \$																		
Ages 19 - 59 (Adult)		SSI/SSP \$ SSA/SSDI \$						Account Number:												
Ages 60 or older (Elderly)		Paycheck(s) \$																		
Disabled	<b></b>	Interest \$						Name of customer on the utility bill:												
Native American	Pension						Traine of sectional of the dumy office													
Limited-English Speaking	Other																			
Seasonal or Migrant	TOTAL INC	TOTAL INCOME \$					Check here if your utilities are included in your rent or sub-metered.													
Farmworker		·						nature gives consent for this information to be shared with other offices of the state												
and federal governments, their designated subcorgovernments. I understand that if my application appeal with the local service provider and my appropriate appeal to the Department of Community Service weatherization measures to my residence at no cosolely for the purpose of paying my energy costs.	tractors, my utilit for LIHEAP/DOE eal shall be review rices and Develop	y company( benefits or a wed no late oment pursu	ies), and f services is r than 15 c uant to Titl	for my utili s denied, c days after le 22, Cali	ity comp or if I rec the appo fornia Co	any(ie eive u eal is ode of	es) to s untimel receive f Regu	share i ly resp ed. If lations	nformonse I am r s secti	ation wit or unsat not satisf ion 1008	h oth isfact ied w 05. I	er offi tory p vith the If appl	ces of erform e loca icable	f the state nance, I ma I service pr , I hereby	and fed by initia ovider' authoria	leral te a wri s decisi ze insta	tten on I i llatio	may n of		
Applicant's Signature Date									Witne	ess' Sig	gnati	ure (	if sig	ned 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, marita status, sex, age, or sexual orientation.												nt ON: am O's oout								
Applicant: Do not fill out the info	rmation belo	ow. Th	is secti	ion is f	or off	icial	use	only	/.											
Cash Assistance being provided under which	program>		IEAP	F	ast Tra	ck		Suppl	emer	nt \$			Total	Benefit \$						
☐ HEAP WPO ☐ ECIP WPO	Referral>	· 🗆 F	lome refe	ered for w	veatheri	zatio	n		Refer	rred for	ECIF	PHC	S	Hor	ne alre	ady w	eath	erized		
Weatherization being billed under which prog	ram>		OE		IHEAP	WX		ECIP	HCS											
Type of Dwelling:	ner, 2 - 4 units	M	obile Hor	me - Owr	ner			Shelte	er: # 0	of units				Unoccupi	ed MF	D: 2 -	4 un	its		
SFD - Owner, 1 unit MFD - Ren		ШΜ	obile Hor	me - Ren	tal			Total	# of r	esident	s:		$\bar{\Box}$	Unoccupi	ed MF	D: > 5	unit	s		
<u> </u>	ner, 5 or more u tal, 5 or more u	ı ⊢r	nergy Co	ost = \$						] [E	nerç	gy B	urde	n =			%			
Agency Defined Priorities: Medically N		Frail Elder	ly	Sever	e Financ	ial Ha	ardship	)			ard T	o Rea	ıch		Prior	ity Offse	ets			