Department of Community Services and Development
Energy Intake Form
CSD 43 (Rev. 12/09/09)

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Priority Points					A.C.C.									
ApplicationID							JobID							

Utility Assistance:
☐ HEAP ☐ Fast Track ☐ Supplement _____

Weatherization:
☐ DOE ☐ LIHEAP WX ☐ ECIP HCS

Agency: COMMUNITY ACTION | **Intake Initials:** | **Intake Date:** | **Date of Birth** m m d d y y

First Name | Middle Initial | Last Name

Mailing Address | Unit Number

Mailing City | Mailing County | Mailing State | Mailing ZIP Code

Service Address (Do not use P.O. Box.) | Unit Number

Service City | Service County **SAN MATEO** | Service State **CA** | Service ZIP Code

Social Security Number

Telephone Number ( ) ☐ Message

_____ Total number of persons living in household, including applicant.

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

Which utility company do you wish to be paid? | Energy Cost

Account Number | Energy Burden %

Name of Customer on Utility Bill

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

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

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

For Official Use Only
Weatherization Assessment

☐ **Type of Dwelling**
1 SFD-Owner, 1 unit
2 SFD-Rental, 1 unit
3 MFD-Owner, 2-4 units
4 MFD-Rental, 2-4 units
5 MFD-Owner, 5 or more units
6 MFD-Rental, 5 or more units
7 Mobile Home-Owner
8 Mobile Home-Rental
9 Shelter - # of Units _____
Total # of Residents _____
10 Unoccupied - MFD 2-4 units
11 Unoccupied - MFD >5 units

☐ **Type of Cooling**
1 Window/Wall
2 Central
3 Evap. Cooler
4 Fan(s)
5 Portable Device
6 None
7 Other: _____

☐ **Heating Fuel**
1 Electric
2 Natural Gas
3 Wood
4 Propane
5 Fuel Oil
6 Kerosene
7 None
8 Other: _____

☐ **Type of Water Heater**
1 Gas
2 Electric
3 Other: _____

☐ **Type of Range**
1 Gas
2 Electric
3 Other: _____

Heating Type
☐ No Primary Heating
☐ Window/Wall
☐ Portable Device
☐ FAU
☐ Other: _____

Demographics
Enter the number of persons in your household who are:

1 2 years or under	
2 Ages 3 to 5	
3 Ages 6 to 18	
4 Elderly (60 years or older)	
5 Disabled	
6 Migrant Farmworker	
7 Native American	
8 Limited-English Speaking	
9 Seasonal Farmworker	

Other
☐ HUD Unit
☐ Built Pre-1979
☐ Lead-Free Cert
☐ Non Applicable

☐ Agency Defined 1
☐ Agency Defined 2
☐ Agency Defined 3
☐ Agency Defined 4

☐ 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 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 requested. 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 the Reduce Rate Program. 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.

MAIL COMPLETED FORM TO: COMMUNITY ACTION, 930 BRITTAN AVENUE, SAN CARLOS, CA 94070