

Department of Community Services and Development

Energy Intake Form

CSD 43 (Rev. 12/27/06)

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Priority Prints							A.C.C.							

Utility Assistance: <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> Supplement _____	Weatherization: <input type="checkbox"/> DOE <input type="checkbox"/> LIHEAP WX <input type="checkbox"/> ECIP HCS
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Agency: **COMMUNITY ACTION** Intake Initials: _____ Intake Date: _____

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 SANTA CLARA	Service State CA	Service ZIP Code

Social Security Number	Telephone Number <input type="checkbox"/> 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	
<input type="checkbox"/> 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	<input type="checkbox"/> 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 # 10 Residents/Units 11 Unoccupied Dwelling(s)	<input type="checkbox"/> Type of Cooling 1 Window/Wall 2 Central 3 Evap. Cooler 4 Fan(s) 5 Portable Device 6 None 7 Other: _____	<input type="checkbox"/> Type of Water Heater 1 Gas 2 Electric 3 Other: _____
	<input type="checkbox"/> Heating Fuel 1 Electric 2 Natural Gas 3 Wood 4 Propane 5 Fuel Oil 6 Kerosene 7 None 8 Other: _____	<input type="checkbox"/> Type of Range 1 Gas 2 Electric 3 Other: _____	<input type="checkbox"/> Heating Type <input type="checkbox"/> No Primary Heating <input type="checkbox"/> Window/Wall <input type="checkbox"/> Portable Device <input type="checkbox"/> FAU <input type="checkbox"/> 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	_____

<input type="checkbox"/> Other <input type="checkbox"/> HUD Unit <input type="checkbox"/> Built Pre-1979 <input type="checkbox"/> Lead-Free Cert <input type="checkbox"/> Non Applicable	<input type="checkbox"/> Agency Defined 1 <input type="checkbox"/> Agency Defined 2 <input type="checkbox"/> Agency Defined 3 <input type="checkbox"/> Agency Defined 4
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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 cost.

_____ _____ _____
 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, me

MAIL COMPLETED FORM TO: COMMUNITY ACTION, 673 EAST BROKAW ROAD, SAN JOSE, CA 95112