



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

2022 APPLICATION PACKET

Helping Alameda County Residents with Paying Their PG&E/Alameda Municipal Power Bills

ONE FINAL STEP

Before you seal the envelope, please mark all boxes below to ensure you have enclosed all required documents. An incomplete packet may delay the processing of your application.

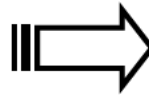
- Complete Application (all forms must be completed and signed).
- Copy of Energy Bill (please include a copy of all pages).
- Proof of Income (for all adults 18 years or older living in the dwelling).
- Form CSD 43B Certification of Income & Expense. This form is required for all persons listed on the application who are 18 years of age or older who **DO NOT** submit proof of income.



www.SpectrumCS.org



LIHEAP APP



For quick processing, **MAIL** the completed application with **REQUIRED DOCUMENTS** to:

Spectrum Community Services
LIHEAP Program
P.O. Box 4317
Hayward, CA 94540-4317
www.SpectrumCS.org

PLEASE DO NOT USE WHITE OUT.



LIHEAP Eligibility Applicant Agreement

Because of significant funding cuts, the federal government enacted a law requiring that states target households with low incomes and high energy costs, taking into consideration households with elderly and disabled persons, and children under six. This means there could be households that receive assistance in the past and will no longer receive assistance because they fall into a low priority group and are not considered among the neediest of the needy.

Eligibility is based on the household's total month income, which cannot exceed the 2022 LIHEAP Income Guidelines listed below. The chart below shows the gross income guidelines for this program:

2022 Monthly Gross Income Guidelines

HOUSEHOLD SIZES	MONTHLY GROSS INCOME
1	\$2,564.73
2	\$3,353.87
3	\$4,143.02
4	\$4,932.17
5	\$5,721.31
6	\$6,510.46
7	\$6,658.43
8	\$6,806.39
9	\$6,954.36
10	\$7,102.32

Please remember LIHEAP is not an entitlement program. Spectrum also offers weatherization services to help households' lower their utility bills. All applicants are encouraged to continue paying on their energy bill.

I understand and have read the LIHEAP Eligibility Agreement above.

Signature

Date

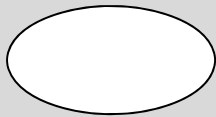
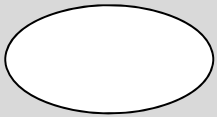
QUESTIONS? Please call us at (510) 881-0300

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
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 Enter the total number of people living in the household, including yourself →		INCOME 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:

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

AUTHORIZATION AND CONSENT

By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	Date	Name of CSD Contractor/Partner Organization
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REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program



APPLICATION CHECKLIST

Low Income Home Energy Assistance Program

Please REMEMBER to submit:

1. YOUR APPLICATION
2. COMPLETE PG&E or ALAMEDA MUNICIPAL POWER BILL Copy of utility bill which must be within 30 days, please include your 15-day, 48-hour, or Shut-off notice if you have one.
3. **CERTIFICATION OF INCOME & EXPENSE:** If you or other members of your household (18 years of age or older) **do not** or **cannot** provide proof of income, a **Certification of Income and Expense Form** must be completed by ***each individual*** in the home who meets this criteria. If you have proof of your income, you do not need to complete the **Certification of Income and Expense Form**.
 - a) **PROOF OF INCOME** – Copy of income documents within the last 30 days, payroll checks (if weekly = 4; bi weekly = 2).
 - b) **SSI/SSA** - 2022 Award letters, most recent bank statements, treasury deposits, or a copy of SSI/SSA.
 - c) **EDD** - Last 4 weeks of pay stubs or payment history.
 - d) **GA (General Assistance)** – Cal-Learn, CalWORKs, food stamp notice of action letter or print out within the last 30 days.
 - e) **Loans** - If you are receiving help from friends and relatives (if it is monthly, we will need a signed letter from the Lender with the specific amount, dates and telephone numbers).
 - f) **Self-Employed** - We will need signed taxes (all pages signed at the bottom) with the Schedule C, Ledger, or Receipt book with in the last 30 days.
 - g) **Pensions, Annuities and IRAs** – We will need the Award Letter for the last 30 days or Lifetime Award Letter. Bank statements cannot be accepted.
 - h) **Child Support** – We will need a recent copy of the child support notice from the court within the last 30 days or a letter from the parent stating the monthly amount.

SECTIONS 4 – 5: Provide documentation **ONLY IF THIS APPLIES TO YOU OR YOUR HOUSEHOLD.**

4. **PROOF OF DISABILITY** (at least one of the following)
 - a) SSI/SSA - Award letter 2022
 - b) Physician's statement letter
 - c) EDD letter indicating disability and payment history
 - d) DMV placard with letter stating disability
5. **HOUSEHOLD MEMBER(S) OVER 60** (for Weatherization Services only, at least one of the following)
 - a) ID card
 - b) Insurance card
 - c) Birth Certificate



BUDGET COUNSELING FORM

Why a budget?

A budget is a spending plan that makes you aware of where your money is going and what is important to you. This is a one-month budget plan to give you an example of how to spend your money. Please fill out the budget information below so you can see for yourself where your money goes. **If some of these items from the list below do not apply to you, you may put \$0 as the amount.**

THIS MUST BE COMPLETED TO PROCESS YOUR APPLICATION.

Monthly Income

Monthly Gross Income: (Before taxes)	\$
Monthly Net Income: (Minus Taxes)	\$
Total Income:	\$

Monthly Expenses

<i>*Please only enter the amount YOU PAY for Rent or Mortgage*</i>	Rent/Mortgage	\$
Food (Out of Pocket Expense):		\$
Food Stamps:		\$
Telephone:		\$
Garbage:		\$
Water:		\$
Electric Utility:		\$
Gas Utility:		\$
Insurance:		\$
Medical:		\$
Transportation:		\$
Other:		\$
TOTAL:		\$

<u>INCOME:</u>	\$
<u>EXPENSE:</u>	\$
<u>REMAINING FUNDS:</u>	\$



ENERGY SAVING TIPS

Energy Savings

- Replace your old refrigerator, washer/dryer, and dishwasher with an energy efficient model. Energy Star® appliances are recommended.
- Turn off the lights when you leave a room.
- Insulate the attic and crawl space (attic insulation and floor insulation).
- Caulk windows, doors and air leaks on the exterior walls of your home. Do not caulk around water heater and furnace flue pipes.
- Weather-strip around exterior windows and doors.
- Insulate heating and cooling duct work.
- Replace CFL and incandescent light bulbs with LEDs (Light Emitting Diode) bulbs.
- Turn off electronics and power strips when they are not in use.
- Dry clothes outside whenever possible.
- Avoid electricity peak hours from 4 PM – 9 PM. Delay running dishwashers, washing machines, clothes dryers and other major appliances until after 9 PM or before 4 PM to avoid higher rates.

Heating

- Set the furnace thermostat at 68 degrees or lower during the day.
- Have a professional inspect and tune up your furnace.
- Clean and replace furnace filter once a month.
- Wear a sweater or clothing in layers to insulate your body and trap heat.
- Close your fireplace damper when not in use.
- Close windows and doors to keep the heat in during winter months.
- Replace old windows with dual pane windows.
- Never use the kitchen stove, oven or BBQ to heat your home.
- When gathered in one room, consider using a space heater and/or ceiling fan to moderate the temperature and increase comfort while avoiding the use of central heating and air conditioning. Follow safety guidelines with all equipment.

Cooling

- Set the thermostat at 78 degrees in the summer or off.
- Use a fan and natural ventilation first.
- Wear cooler clothing.
- Window coverings should be closed during the day in the summer to keep the heat out.

Water

- Turn down the water heater thermostat to 120°F.
- Insulate old storage tank water heaters with a water heater blanket.
- Install low-flow showerheads and faucet aerators, fix/replace leaky faucets.
- Take shorter showers.
- Wash full loads in your dishwasher and use air-dry option on your dishwasher if available.
- Wash full loads and use cold water when washing clothes.

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling
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Address of Dwelling

Confirmation of Receipt

I have received the following information:

Lead-Safe Education – A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.

Energy Education – Information regarding changes I can make in order to reduce the energy consumption of my household.

Mold and Moisture Education - A copy of the pamphlet, *A Brief Guide to Mold and Moisture In Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.

Budget Counseling - Information regarding personal financial management.

Radon Education - A copy of the pamphlet, *A Citizen's Guide to Radon*, informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.

Signature of Recipient	Date
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Self-Certification Option

I certify that I attempted to deliver the following educational information to the dwelling listed above:

Lead-Safe **Energy** **Mold/Moisture** **Budget Counseling** **Radon**

If the information was delivered but a signature was not obtainable, you may check the appropriate box below.

Refusal to Sign — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.

Unavailable for Signature — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door.

Attempted delivery dates and times

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)	Print name
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Mailing Option:

I certify that I have mailed the following educational information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only):

Lead-Safe **Energy** **Mold/Moisture** **Budget Counseling** **Radon**

Signature (Agency Representative)	Print name	Date mailed
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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	CHILD SUPPORT
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.
Signature Date

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		RENTAL INCOME	INSURANCE BENEFITS	

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Signature:		
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<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	