

Frequently Asked Questions

What is LIHEAP?

LIHEAP is a federally-funded program that helps households experiencing low income with payment assistance for electricity and/or natural gas costs. LIHEAP can also help with free home weatherization services for eligible households.

How does LIHEAP help me?

LIHEAP can provide a one-time per calendar year payment assistance benefit, in the form of a direct payment from the State of California, to a benefitted applicant's electricity and/or natural gas utility provider.

Am I eligible for a LIHEAP benefit?

Eligibility is based on the applicant household's total gross monthly income, which cannot exceed the LIHEAP gross income guidelines. Additionally, Federal law requires that LIHEAP funds go to households with low incomes and high energy costs, prioritizing households with seniors (60+ years of age), persons with disabilities, and/or children ages five and under.

SPECIAL NOTICE FOR 2024

Due to limited funding and a high demand for LIHEAP, a priority plan is in effect to serve those with the most critical need. We encourage you to apply but *cannot guarantee assistance* even if you meet the income eligibility guidelines.

Additional Resources

ENERGY PROVIDERS IN ALAMEDA COUNTY	
<p><u>Pacific Gas & Electric Company (PG&E)</u> PGE.com ♦ 800-743-5000</p> <p>Save money with these programs:</p> <ul style="list-style-type: none"> ● CARE/FERA ● REACH ● Medical Baseline ● Green Saver Program ● Arrearage Management Plan 	
<p><u>Alameda Municipal Power</u> (City of Alameda residents only) AlamedaMP.com ♦ 510-748-3900</p> <p>Save money with these programs:</p> <ul style="list-style-type: none"> ● Project EASE ● Energy Assistance Program (EAP) 	
<p><u>Ava Community Energy (formerly EBCE)</u> AvaEnergy.org ♦ 833-699-3223</p>	

Spectrum's other programs for Alameda County seniors (60+)

Seniors Meals	In-person meals for active seniors across northern, central, and southern Alameda County.
Meals on Wheels	Home-delivered meals in Dublin, Livermore, Pleasanton, and Sunol.
Fall Prevention	Virtual & in-person classes across the northern and central county for at-risk seniors to reduce/prevent falls.
Connect	Wellness check-ins, reassurance calls, and friendly visits to combat social isolation.



How to apply for the Low Income Home Energy Assistance Program

LIHEAP

A step-by-step guide for Alameda County residents interested in applying for LIHEAP

Submit your application...

Online: CALIHEAPApply.com

— or —

By mail:

Spectrum Community Services
LIHEAP
PO Box 4317
Hayward, CA 94540-4317



510-881-0300

SpectrumCS.org

Steps to Apply for LIHEAP:

1. **Completely fill out** the Application Form. Contact Spectrum if you need one.
2. Make **copies** of the Required Documents. Originals will not be returned.
3. Submit the **completed** Application Form and **all** Required Documents by mail, or apply online at CALIHEAPApply.com.
4. Wait for an update by US Mail or email.

Required Documents

Your complete application **MUST** include the following:

- ★ COMPLETED Application Form
- Applicant's US Government-Issued Photo ID
- ◆ Proof of Energy Costs
- ALL Household Income Documents

DO NOT SEND ORIGINAL DOCUMENTS.
They will not be returned.

2024 Income Guidelines

Household Size	Maximum Gross (pre-tax) Monthly Amount
1	\$2,882.83
2	\$3,769.83
3	\$4,656.83
4	\$5,543.92
5	\$6,430.92
6	\$7,317.92
7	\$7,484.25
8	\$7,650.58
9	\$7,816.92
10	\$7,983.17

Your household **must** not exceed the income guidelines**.
**Exception: Households with at least one person currently receiving CalFresh and/or CalWORKS are exempt from the income guidelines. Current (issued within 30 days) proof of CalFresh and/or CalWORKS must be provided with the application.

Due to limited funding and high demand, a priority plan is in effect. Some income-eligible households *may* be denied.

NOTE: There is a **minimum** 8-10 week processing period before program benefits are applied to utility accounts.

Please DO NOT stop paying your bills.

NO INCOME?

Households that do not or cannot provide proof of income **must complete** form CSD 43B Certification of Income & Expense (included with application). *Not required if your household provides documentation for income (including current CalFresh verification).*

Examples of Acceptable Documents

● US GOVERNMENT-ISSUED PHOTO ID ●

*Expired ID acceptable 1 year past expiration**

- State or Tribal ID card
- Driver license
- US passport or passport card
- US military ID or military dependent's ID card (front and back)
- Permanent Resident Card
- Certificate of Citizenship/Naturalization.

**Seniors 60+ need not meet expiration requirement*

Only 1 type needed

◆ PROOF OF ENERGY COSTS ◆

Most RECENT energy bill(s) (from the last 30 days). Must have the billing name, service address (no PO boxes), visible account number, and show at least 22 days of service for only one residence.

If you have:	Submit COPIES of:
Energy Account(s)	ALL pages of bill(s).
Submetered Utilities	Receipt showing gas/electric costs.
Utilities Included in Rent	Letter from property owner/manager stating total amount of rent that goes towards your monthly energy costs.

■ INCOME DOCUMENTS ■

Must be issued within 30 days of your application.
ONLY SEND COPIES.

If you receive:	Submit COPIES of:
Wages/ Earned Income (18+ only)	Paycheck stubs for <u>one month</u> (weekly = 4 stubs, bi-weekly = 2 stubs), or letter/printout from employer with gross amount and time period.
SSA/SSDI, SSI/SSP, Veteran's Benefits	Check/bank statement (showing direct deposit), or award letter.
Pensions, Annuities, IRAs	Lifetime award letter, or check stub, or current award letter.
CalWORKS**/GA	Notice of Action, or verification letter, or printout summary, or check/bank statement (direct deposit).
Workers Comp., Disability, Unemployment	Check stub, or printout, or award letter.
Child/Spouse/ Individual Support	Court document, or check, or <u>signed & dated</u> statement from payer of support.
Self-Employment	Ledger/journal (one month), or <u>signed & dated</u> 1040 form (most recent) + Schedule 1 + Schedule C.
Other	Written statement for odd jobs with dollar amounts & dates, current receipts for recycled materials.

Larger print needed? → SpectrumCS.org



The Low Income Home Energy Assistance Program (LIHEAP) provides a one-time per calendar year payment assistance benefit to a benefitted applicant's home energy bill. Please complete both sides of this form to apply for LIHEAP.

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="radio"/> Own <input type="radio"/> Rent			
Mailing City:			Mailing County:			Mailing State:		Mailing ZIP Code:			
Service Address (where applicant lives): <input type="radio"/> Same as above (Do not use PO Box)								Unit Number:			
Service City:			Service County: ALAMEDA			Service State: CALIFORNIA		Service ZIP Code:			
Have you lived at this service address during the past 12 months? <input type="radio"/> Yes <input type="radio"/> No		E-mail Address:			Home Phone: Mobile Phone:			Best time to reach you? <input type="radio"/> Morning <input type="radio"/> Afternoon <input type="radio"/> Evening			
Text messages okay? <input type="radio"/> Yes <input type="radio"/> No											
Applicant's Social Security Number				Applicant's Date of Birth				Energy Bill Information			
[Grid for SSN]				[Grid for Date of Birth]				Which energy bill should receive your LIHEAP benefit? <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				Household Information				Company Name: _____			
Total number of persons in your household receiving income: <input type="text"/>				Total number of persons living in your household (including you): <input type="text"/>				Account Number: _____			
Does anyone in your household currently receive CalFresh? <input type="radio"/> Yes <input type="radio"/> No								Are you the account holder? <input type="radio"/> Yes <input type="radio"/> No			
Enter the total GROSS monthly income for all persons living in your household. You must send copies of all income documents.				Enter the number of people in your household who are:				Are your utilities included in rent or sub-metered? <input type="radio"/> Yes <input type="radio"/> No			
Paychecks/Wages \$ _____				0-2 years old _____				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			
SSA/SSDI/SSI/SSP/CAPI, Veteran's Benefits \$ _____				3-5 years old _____							
Pensions/Annuities/IRAs \$ _____				6-18 years old _____				What is the <u>secondary</u> fuel (if any) to HEAT your home? (select all that apply) <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			
TANF/CalWORKS/GA/GR \$ _____				19-59 years old _____							
Worker's Comp., Disability, Unemployment \$ _____				60-69 years old _____							
Child/Spouse/Individual Support \$ _____				70+ years old _____				Electric Service			
Self-Employment \$ _____				Disabled _____				Are ALL your utilities electric? <input type="radio"/> Yes <input type="radio"/> No			
Other \$ _____				Native American _____				Is your electricity shut off? <input type="radio"/> Yes <input type="radio"/> No			
TOTAL \$ _____				Limited English _____				Natural Gas Service			
				Farm Worker _____				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			
								Approximately how many days until you run out of fuel? _____ days			
Internal use: Intake Date _____ Certification Date _____				Revised: 06.10.24 Discontinuation of energy services prevented? Yes / No Energy service restored after disconnection? Yes / No							

HOUSEHOLD MEMBERS

Complete the fields below for all household members. Please list information for more than 8 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
1.		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
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
8.						<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

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.11/2022)

Applicant's Signature

Date

Witness's 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 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.

This form must be completed **ONLY** when your household cannot or does not provide proof of income.

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

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

Only required when the LIHEAP applicant is not the energy utility account holder

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 Spectrum Community Services, Inc.
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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