

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



WEATHERIZATION PROGRAM

2024 Application Packet

We assist Alameda County residents with lowering their energy costs and energy consumption.



For quick processing, **MAIL** the completed application with **REQUIRED DOCUMENTS** including your LIHEAP Application to:

Spectrum Community Services
Weatherization Program

P.O. Box 4317
Hayward, CA 94540-4317
www.SpectrumCS.org

510-881-0300

DO NOT USE WHITE-OUT



NO-COST WEATHERIZATION PROGRAM for Low-Income Eligible Households

In an effort to reduce energy costs and consumption, Spectrum's Weatherization Program (Spectrum) provides a no-cost program to eligible tenants and homeowners. Some of these measures may lower energy usage and/or increase household comfort.

IMPORTANT! The Weatherization Program includes multiple mandatory appointments:

1. **ASSESSMENT Phase:** Initial household walk-through/assessment appointment or appointments
2. **WEATHERIZATION Phase:** Window/door caulking, smoke and CO detector installations, etc. and/or possible subcontractor appointments (window, furnace/water heater, stove installations, etc.)
3. **INSPECTION Phase:** Weatherization Program inspections post-subcontractor work and after Weatherization Phase work, and possible City/State final building permit inspections, etc.

Household energy efficiency measures, when applicable may include:

Health & Safety Measures

- Combustion Appliance Safety Check (i.e. testing gas-operated appliances for the presence of carbon-monoxide, proper exhausting of gas-operated appliances, and gas leak checks)
- Carbon-Monoxide Detector, Smoke Alarm Installation, and Controlled Air Circulation
- Safety checks on clothes dryer, free-standing range, furnace, thermostat, water heater

Energy Efficiency Measures

- Blower Door/Duct Blaster Test (helps to identify any leaks in the unit)
- Weather stripping, caulking, and other home sealing measures
- LED lightbulbs, LED night lights, low-flow showerhead and faucet aerators
- Replacement for programmatically qualified windows and doors
- Attic and floor insulation and venting
- Microwave oven, refrigerator, free-standing range, furnace, water heater (if eligible)

TO PROCEED with Spectrum's No-Cost Weatherization Program, please:

- Fill out this application completely, providing all needed and relevant information
 - Please make sure to have completed the LIHEAP Program packet as well for Spectrum
- Read and sign the Spectrum Weatherization Program Policies (on the reverse side of this document)
- Read and sign the Energy Service Agreement for Occupant (CSD 515A)

IF APPLICABLE: Have the property owner, agent and/or landlord verification read, sign and fill out the Energy Service Agreement for Rental Property Owner page in this application packet.

For questions, call Spectrum: 1-510-881-0300.

Mail your completed application to:

SPECTRUM WEATHERIZATION DEPARTMENT

P.O. Box 4317 HAYWARD, CA 94540-4317

www.SpectrumCS.org



Spectrum Weatherization Program Policies

IMPORTANT: We can only proceed with dwellings that are in good condition and not under or in need of major remodeling/repairs. (E.g. leaky roof/ceiling, filled with clutter/trip hazards, severe mold) If the policies below are not met, we cannot proceed with our no-cost Weatherization Program work.

Please read the information, initial and sign the acknowledgement below. By initialing and signing below the CLIENT HAS AKNOWLEDGED THEY HAVE READ, UNDERSTAND AND AGREE TO ALL POLICIES IN THIS DOCUMENT:

Initial	
	Clients are required to respond to phone messages in regards to appointment scheduling, be available by phone on the day of appointments; allow for follow-up appointments and inspections and photo documentation (if necessary).
	Allow for scheduling availability during the weekdays (only) and 18-year-old or older present during all appointments.
	All workers must have access to the home appliances (hot water heater, furnace, refrigerator, stove, microwave, dryer, etc.), attic, and crawlspace/basement (if applicable) – with minimal clutter.
	For all appointments, personal belongings in the attic and/or crawlspace/basement must be cleared and, if required, owner/manager be present to provide access to the hot water heater and furnace.
	Workers must have suitable access to the outside area for trucks and other equipment. Children and pets must be kept out of the way of workers and equipment at all times.
	Children and pets must be kept out of the way of <u>workers and equipment at all times.</u>
	The yard should be free of debris, the roof have no water leaks, the house have no major structural issues, and - in some cases – the client and/or landlord have the asbestos, pest infestation, and/ or mold be abated by a licensed certified contractor while providing Spectrum with that certification.
	If any illegal substance is used on the premises, workers will walk away from the job.
	Agency is not responsible for any damage to personal items in the normal course of work if the above policies are not met.

Signature

Date

Spectrum Weatherization NO-SHOW Policy:

Spectrum’s Weatherization Program provides a range of free weatherization services to qualified clients. In order to enable Spectrum to abide by our contractual obligations and to meet the weatherization needs of our clients, Spectrum has a policy regarding clients who fail (NO SHOWS) to make scheduled appointments. NO SHOWS include - but are not limited to - multiple phone call attempts, failure to answer the door during a scheduled appointment, cancellations of work the day of appointment, or anything that prevents the Weatherization crew or subcontractors from completing the work at a scheduled date, time, or time period.

Clients who miss **THREE** scheduled Weatherization appointments or fail to respond to three scheduling phone call attempts, shall have their Spectrum Weatherization Program file closed.



ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information			
Select the Dwelling Type		I am the	
Single-Family <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Multi-Unit <input type="checkbox"/>	Owner-Occupant <input type="checkbox"/> Tenant <input type="checkbox"/>
Owner-Occupant or Tenant Information			
Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Telephone Number
Owner-Occupant or Tenant Email Address			Owner-Occupant or Tenant FAX Number

Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner-Occupant or Tenant)

I agree to accept the following TERMS required for my primary residence to receive services from the Department of Community Services and Development (CSD) weatherization programs(s):

1. I certify that the above-listed property is my primary residence.
2. I (the Owner-Occupant or Tenant), grant the Contractor/Agency permission to enter my dwelling to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization services and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed dwelling.
3. I acknowledge that an assessment of my dwelling is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my residence. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
5. I authorize the Contractor/Agency to access my utility company records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
6. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
7. I shall not remove any permanently installed energy conservation measures unless they are damaged or no longer functional in the residence from where they were installed.

Additional Certifications For Owner-Occupants ONLY:

8. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
9. Mobile home units only: I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.

Additional Certifications For Tenants ONLY:

10. I acknowledge that the Rental Property Owner must grant the Contractor/Agency the same permissions by signing CSD 515B Energy Service Agreement for Rental Property Owner before any services are rendered.



ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).

12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property .

I CERTIFY THAT I am the Owner-Occupant or Tenant residing in the dwelling listed above that serves as my primary residence and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order to receive weatherization services under the CSD weatherization program(s).

Owner-Occupant or Tenant's Signature	Date
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Contractor/Agency Assurance

Contractor/Agency (Print name)		Address	
Spectrum Community Services, Inc.		P.O. Box 4317	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
626275	Hayward	94545-4317	1-510-881-0300
Contractor/Agency Email Address			Contractor/Agency FAX Number
www.SpectrumCS.org			

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Agency Program Manager's Signature	Agency Program Manager's Name (Print name)	Date
	Thomas Albrecht	1/2/2024



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Single-Family/Mobile Home Dwelling Information				
Tenant Name		Dwelling Address		
City		Zip Code	Type Single <input type="checkbox"/> Mobile <input type="checkbox"/>	
Multi-Family Dwelling/Complex Information				
Number of Eligible Buildings in Complex:		Use additional pages, if necessary.		
Building #1				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #2				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #3				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Owner and Owner's Agent Information				
Owner (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Owner Telephone Number	
Owner Email Address			Owner FAX Number	
<i>If the Owner uses an agent for the above-referenced property, complete <u>both</u> Owner and Agent information.</i>				
Agent (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Agent Telephone Number	
Agent Email Address			Agent FAX Number	



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner or Owner's Agent)

I agree to accept all of the following TERMS required for my rental property to receive services from the Department of Community Services and Development (CSD) weatherization program(s):

1. I certify that I am the Owner (or Owner's Agent) of the above-listed rental property.
2. I grant the Contractor/Agency permission to enter my property to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization measures and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed rental property.
3. I acknowledge that an assessment of my property is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my property. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I shall not remove any energy conservation measures unless they are damaged or no longer functional in the rental property from where they were installed. If the replaced item (i.e. refrigerator or other appliance) was the personal property of my tenant, the tenant shall retain the replacement energy conservation measure installed by the CSD weatherization program(s).
5. Mobile home units only: I acknowledge that my property may not receive services that require a permit if the registration is not up-to-date.
6. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with any work identified on a summarized list except as a consequence of gross negligence or willful and wanton misconduct.
7. I authorize the Contractor/Agency to access my complex's utility company master-metered records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
8. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
9. I certify that I, as the Owner or Owner's Agent, shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall be charged at the utilities' costs in accordance with California Public Utilities Commission Code Section 739.5 or other applicable government regulations.
10. I certify that I, as the Owner or Owner's Agent, shall not raise the rent of any weatherized unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
11. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
12. I certify that I shall provide a copy of this Agreement explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

13. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
14. I shall submit to the Contractor/Agency a schedule of rents prior to commencement of work.
15. Federal, State or Local Government Rehabilitation Projects only: I certify that if a vacant unit is counted as being an eligible household for purposes of meeting the minimum threshold for whole building weatherization (66% rule), then the unit will become occupied by an eligible family within 180 days after the completion of weatherization (CFR 440.22(b)(2)(ii)).



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

I CERTIFY THAT I am the Owner or Owner's Agent of the Dwelling or Complex listed above, and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order for my property to receive weatherization services under the CSD weatherization program(s).

Owner's (or Owner's Agent's) Signature	Date

Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
Spectrum Community Services, Inc.		P.O. Box 4317	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
626275	Hayward	94545-4317	1-510-881-0300
Contractor/Agency Email Address			Contractor/Agency FAX Number
www.SpectrumCS.org			

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the rental unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor/Agency Program Manager's Signature	Contractor/Agency Program Manager's Name (Print name)	Date
	Thomas Albrecht	1/2/2024

Required Documentation:

Rent schedule received from Property Owner, if applicable?	Y	N	If applicable, CSD 75 completed?	Y	N
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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 Social Security Number]				[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
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