



DEL NORTE SENIOR CENTER ENERGY ASSISTANCE APPLICATION

RETURN TO: 1765 NORTHCREST DRIVE, CRESCENT CITY, CA 95531

Applicant First Name		Middle Int.	Last Name																			
Applicant Social Security No.		Applicant Date of Birth	Telephone <input type="checkbox"/> Check if Message only																			
Spouse/Other Adult Household Member First Name		Middle Int.	Last Name																			
Service/Street Address (Do not use P.O. Box)				Unit Number																		
Service City		Service County	Service State	Service ZIP Code																		
		Del Norte	CA																			
Mailing Address <input type="checkbox"/> Check if same as service/street address.				Unit Number																		
Mailing City		Mailing County	Mailing State	Mailing ZIP Code																		
		Del Norte	CA																			
HOUSEHOLD INFORMATION																						
PEOPLE LIVING IN HOUSEHOLD Enter the number of people who are:		INCOME How many people in the household receive income? <input style="width: 50px; height: 20px;" type="text"/>		TYPE OF HOUSING <input type="checkbox"/> Single-Family Home/ House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex/Apartment complex with fewer than 4 units. <input type="checkbox"/> Apartment complex with more than 4 units. <input type="checkbox"/> Other																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>2 years old or younger</td><td style="width: 50px;"></td></tr> <tr><td>Ages 3 - 5 years</td><td></td></tr> <tr><td>Ages 6 - 18 years</td><td></td></tr> <tr><td>Ages 19 - 59</td><td></td></tr> <tr><td>Ages 60 or older</td><td></td></tr> <tr><td>TOTAL PEOPLE IN HH</td><td></td></tr> </table>		2 years old or younger			Ages 3 - 5 years		Ages 6 - 18 years		Ages 19 - 59		Ages 60 or older		TOTAL PEOPLE IN HH		Enter total gross (pre-tax) monthly income for all people living in the household:							
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HOUSEHOLD DEMOGRAPHICS		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>TANF</td><td style="text-align: right;">\$</td></tr> <tr><td>SSI/SSP</td><td style="text-align: right;">\$</td></tr> <tr><td>SSA/SSDI</td><td style="text-align: right;">\$</td></tr> <tr><td>Paycheck(s)</td><td style="text-align: right;">\$</td></tr> <tr><td>Interest</td><td style="text-align: right;">\$</td></tr> <tr><td>Pension</td><td style="text-align: right;">\$</td></tr> <tr><td>Self-Employment</td><td style="text-align: right;">\$</td></tr> <tr><td>Other</td><td style="text-align: right;">\$</td></tr> <tr><td>TOTAL INCOME</td><td style="text-align: right;">\$</td></tr> </table>		TANF	\$	SSI/SSP	\$	SSA/SSDI	\$	Paycheck(s)	\$	Interest	\$	Pension	\$	Self-Employment	\$	Other	\$	TOTAL INCOME	\$	Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
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Native American																						
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Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?				<input type="checkbox"/> YES <input type="checkbox"/> NO																		

PLEASE COMPLETE AND SIGN PAGE 2



DEL NORTE SENIOR CENTER ENERGY PROGRAM PRELIMINARY APPLICATION

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ELECTRIC UTILITIES - YOU MUST SUBMIT A COPY OF YOUR MOST RECENT BILL		
<input type="checkbox"/> Pacific Power & Light <input type="checkbox"/> Included in rent or submetered. <input type="checkbox"/> Solar/Off-grid. <input type="checkbox"/> None/Other		
Account Number	Name of customer on utility bill:	
Do you have a past due amount? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is your electricity shut off? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOME HEATING FUEL - YOU MUST SUBMIT A COPY OF YOUR MOST RECENT BILL OR RECEIPT		
What is the MAIN fuel you use to HEAT your home? (<u>SELECT ONLY ONE</u>) <input type="checkbox"/> Electricity <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Pellets <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane <input type="checkbox"/> Don't Know	Do you have any other source to heat your home? <input type="checkbox"/> No <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Propane <input type="checkbox"/> Pellets <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Electric Space Heater <input type="checkbox"/> Other	Fuel Supply Are you currently out of home heating fuel? <input type="checkbox"/> YES <input type="checkbox"/> NO How many days until you run out? <input style="width: 50px; height: 20px;" type="text"/>
Where do you usually buy home heating fuel?	Account Number	
<p>STATE PROGRAM INFORMATION: 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.</p> <p>APPEAL: 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.</p> <p>CONSENT/ INFORMATION VERIFICATION: The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with CSD, its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. 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.</p>		
_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Witness' Signature (if signed with an X)</i>
YOU MUST SUBMIT A COPY OF YOUR MOST RECENT UTILITY BILL WITH THIS APPLICATION.		