

DEL NORTE SENIOR CENTER ENERGY PROGRAM APPLICATION

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

Applicant First Name (This person MUST come	to the appointment) Midd	le Int. La	ıst Name				
Applicant Social Security No. Applicant Date o		f Birth	Telephone C		Check if M	Check if Message only	
Spouse/Other Adult Houshold Member Fir	st Name Midd	le Int. La	ist Name				
Service/Street Address (Do not use P.O. E	Box) ☐ Check	if you've I	lived here	all of	prior 12 mor	nths.	Unit Number
Service City			County	Service State		Service	ZIP Code
Mailing Address	as service/street addr	ress.		'			Unit Number
Mailing City			County	Mailing State CA		Mailing	ZIP Code
	HOUSEHOLD	INFORI	MATIO	N .		•	
PEOPLE LIVING IN HOUSEHOLD Enter the number of people who are: 2 years old or younger Ages 3 - 5 years Ages 6 - 18 years Ages 19 - 59 Ages 60 or older TOTAL PEOPLE IN HH HOUSEHOLD DEMOGRAPHICS Enter the number of people who are: Disabled Native American Limited-English Speaking Seasonal or Migrant Farmworker	INCOME How many people household receive Enter total gross (for all people living TANF SSI/SSP SSA/SSDI Paycheck(s) Interest Pension Self-Employment Other TOTAL INCOME	income? (pre-tax) megin the house \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		come	☐ Mobile ☐ Duplex with fev	Family H Home /Apartme ver than	ent complex 4 units. olex with
Are you or someone in your household	CURRENTLY receiv	ing CalFre	esh (Food	Stam	ps)?		☐ YES ☐ NO

PLEASE COMPLETE AND SIGN PAGE 2

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ELECTRIC UTILITIES - YOU MUST SUBMIT A COPY OF YOUR MOST RECENT BILL								
All Electric?	r & Light 🔲 Incl	uded in rent/submetered	I. ☐ Solar/Off-grid. ☐ None/Other					
Account Number		Name of customer on u	tility bill:					
Do you have a past due amount? ☐ YES ☐ NO		Is your electricity shut off? ☐ YES ☐ NO						
HOME HEATING FUEL - YOU MUST SUBMIT A COPY OF YOUR MOST RECENT BILL OR RECEIPT								
Which fuel are you requesting	1 1	ny other source to heat	Fuel Supply					
assistance for? (<u>SELECT ONLY ONE</u>)	your home?		Are you currently out of YES					
☐ Electricity ☐ Fuel Oil ☐ Pellets		ruel Oil Propane	nome neating fact:					
☐ Propane ☐ Wood ☐ Other	☐ Pellets ☐ V		How many days					
Kerosene Specify Other:	☐ Electric Space	e Heater	until you run out?					
Where do you usually buy home heating fuel?		Account Number						
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 or 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. 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's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. 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, and other offices of the state and federal gove								
Applicant's Signature VOLUMUST SURMIT A COPY OF			-					
YOU MUST SUBMIT A COPY OF YOUR MOST RECENT UTILITY BILL WITH THIS APPLICATION.								

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