



# 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)		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) <input type="checkbox"/> Check if you've lived here all of prior 12 months.			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																															
<b>HOUSEHOLD INFORMATION</b>																																		
<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the number of people who are: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>2 years old or younger</td><td></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><b>TOTAL PEOPLE IN HH</b></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		<b>TOTAL PEOPLE IN HH</b>		<b>INCOME</b> How many people in the household receive income? <input style="width: 50px; height: 20px;" type="text"/> Enter total gross (pre-tax) <b>monthly</b> income for all people living in the household: <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><b>TOTAL INCOME</b></td><td style="text-align: right;"><b>\$</b></td></tr> </table>		TANF	\$	SSI/SSP	\$	SSA/SSDI	\$	Paycheck(s)	\$	Interest	\$	Pension	\$	Self-Employment	\$	Other	\$	<b>TOTAL INCOME</b>	<b>\$</b>	<b>TYPE OF HOUSING</b> <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
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<b>HOUSEHOLD DEMOGRAPHICS</b> Enter the number of people who are: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Disabled</td><td></td></tr> <tr><td>Native American</td><td></td></tr> <tr><td>Limited-English Speaking</td><td></td></tr> <tr><td>Seasonal or Migrant Farmworker</td><td></td></tr> </table>		Disabled		Native American		Limited-English Speaking		Seasonal or Migrant Farmworker		Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other																								
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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

