DEL NORTE LIHEAP

UTILITY ASSISTANCE APPLICATION

Thank you for your interest in applying for help with your utility costs. In order for us to process your application, it is important that you provide everything listed below. All documentation must be current within the six (6) before your application.

Completed applications and backup documents may be mailed to or dropped off at the Del Norte Senior Center (DNSC), 1765 Northcrest Drive, Crescent City, CA 95531. For questions, call (707) 464-3069

TO APPLY FOR ASSISTANCE, YOU MUST PROVIDE ALL OF THE FOLLOWING	
ALL APPLICATIONS	
☐ Completed DNSC Application	
☐ Completed Household Demographics for all Household Members	
☐ Utility Responsibility Statement	
☐ Income Verification Adults with no income must complete a Certification of Income and Expenses	
Examples: Paycheck stubs showing the past 30 days income	
Social Security/SSI award letters for the current year	
Passport to Services for CalWorks cash aid	
Retirement income statements showing monthly or annual payments	
Documentation of self-employment income or other income	
☐ Government issued photo ID for adult household members	**Do Not Mail Originals.** Mail copies or bring cards to DNSC to be copied.
☐ Social Security Cards for all household members	
APPLICATIONS FOR HOME HEATING/ENERGY ASSISTANCE	
☐ Most Recent Electric Utility Bill	
☐ Most Recent Wood, Propane, Heating Oil or Other Heating Fuel Bills	
☐ Pacific Power C.A.R.E. Application	
APPLICATIONS FOR WATER/SEWER ASSISTANCE	
☐ Most Recent Water/Sewer Bill	
☐ Passport to Services if receiving CalFresh (Food Stamps) only	
☐ Landlord Agreement if your water/sewer is included in your rent	

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.

DEL NORTE LIHEAP
UTILITY ASSISTANCE APPLICATION

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

Applicant First Name	Middle Int.	Last Name

Applicant Social Security No.	Birth Date	Phone ☐ Check if msg only	Email

Spouse/Other Adult Houshold Member First Name	Middle Int.	Last Name

Service/Street Address (Do not use P.O. Box) ☐ 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 ☐ 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:	
2 years old or younger	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59	
Ages 60 or older	
TOTAL PEOPLE IN HH	0
HOUSEHOLD DEMOGRAPHICS	
Enter the number of people who are:	
Disabled	
Native American	
Limited-English Speaking	
Seasonal or Migrant Farmworker	

INCOME How many people in the household receive income?	
Enter total gross (pre-tax) monthly income for all people living in the household:	
TANF	$
SSI/SSP	$
SSA/SSDI	$
Paycheck(s)	$
Unemployment	$
Pension	$
Self-Employment	$
Other	$
TOTAL INCOME	$ 0.00

TYPE OF HOUSING

- ☐ Single-Family Home/ House
- ☐ Mobile Home
- ☐ Duplex/Apartment complex with fewer than 4 units.
- ☐ Apartment complex with more than 4 units.
- ☐ Other

HOUSING ARRANGEMENT

- ☐ Own ☐ Rent
- ☐ Other

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	☐ YES ☐ NO
Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)?	☐ YES ☐ NO
Has your household received LIHEAP Energy Assistance in the last 120 days	☐ YES ☐ NO

PLEASE COMPLETE AND SIGN PAGE 3

DEL NORTE LIHEAP - UTILITY ASSISTANCE APPLICATION PAGE 3

ELECTRIC UTILITIES - YOU MUST SUBMIT A COPY OF YOUR MOST RECENT BILL

All Electric? ☐ YES ☐ NO | ☐ Pacific Power & Light ☐ Included in rent/submetered. ☐ Solar/Off-grid. ☐ None/Other

Account Number	Name of customer on utility 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

What help are you requesting? (*ONLY 1*)

☐ Electricity ☐ Fuel Oil ☐ Pellets
☐ Propane ☐ Wood ☐ Kerosene
☐ Manufactured Logs

Do you have any other heat source?

☐ No ☐ Fuel Oil ☐ Propane
☐ Pellets ☐ Wood ☐ Kerosene
☐ Manufactured Logs ☐ Space Heater

Are you currently out of fuel?

☐ YES ☐ NO

How many days left? _____

If you use any non-electric home heating fuel, please complete the following:

Where do you usually buy home heating fuel?	Account Number	In one month, I use about:	Amount	Units

HOUSEHOLD USE ONLY: I understand and acknowledge that any help I receive is for the home heating use of my qualified household only. Any other use is fraud. I may be subject to arrest, prosecution and/or repayment of the full cost of services received if I sell, give away, trade or otherwise improperly use any of the home heating fuel that I receive.

WATER/SEWER ASSISTANCE - YOU MUST SUBMIT A COPY OF YOUR MOST RECENT BILL

Who do you pay? ☐ City of Crescent City ☐ Included in rent/submetered ☐ Other: _____

Account Number	Name of customer on water/sewer bill:
Do you have a past due amount? ☐ YES ☐ NO	Is your water/sewer shut off? ☐ YES ☐ NO

CONSENT/ INFORMATION VERIFICATION: The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent to CSD, its contractors and consultants, other federal or state agencies, and to my utility company(ies), and its contractors to share information about my household's utility account, energy usage and/or other information for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I understand that this consent shall be effective for the period beginning 24 months prior to and continuing for 36 months after 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 utility costs.

APPEAL: I understand that if my application for 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.

_____ _____ _____

Applicant's Signature *Date* *Witness' Signature (if signed with an X)*

DEL NORTE LIHEAP
ENERGY ASSISTANCE PROGRAM
HOUSEHOLD MEMBER DEMOGRAPHIC INFORMATION

The following information is being requested to help us serve the community better. We use this information to learn more about the people who need our services. We may also use this information to offer your family a referral to other services that may be of benefit to you. Your information is confidential. We will never report, publish or share your individual information outside of the program for which you are applying without your permission. Please provide the following information for each member of your household. Thank you.

PLEASE RETURN THE COMPLETED FORM WITH YOUR APPLICATION

APPLICANT

First Name	Middle In	Last Name	Relationship to Applicant: Self

Date of Birth: / Gender:
Race: ☐ White/European ☐ Native Am/Alaskan ☐ Asian ☐ Black/African Am ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____
Hispanic/Latino? ☐ Yes ☐ No

Education Level: ☐ 0-8th grade ☐ 9th to 12th Grade ☐ HS Graduate/GED ☐ Some College ☐ College Degree

Does this person have Health Insurance? ☐ No ☐ Medi-Cal ☐ Medicare ☐ Other/Private

Check all that apply: ☐ Disabled ☐ Limited English Speaking ☐ Farmer ☐ Migrant Farmworker ☐ Seasonal Farmworker

HOUSEHOLD MEMBER 1

First Name	Middle In	Last Name	Relationship to Applicant:

Date of Birth: / Gender:
Race: ☐ White/European ☐ Native Am/Alaskan ☐ Asian ☐ Black/African Am ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____
Hispanic/Latino? ☐ Yes ☐ No

Education Level: ☐ 0-8th grade ☐ 9th to 12th Grade ☐ HS Graduate/GED ☐ Some College ☐ College Degree

Does this person have Health Insurance? ☐ No ☐ Medi-Cal ☐ Medicare ☐ Other/Private

Check all that apply: ☐ Disabled ☐ Limited English Speaking ☐ Farmer ☐ Migrant Farmworker ☐ Seasonal Farmworker

HOUSEHOLD MEMBER 2

First Name	Middle In	Last Name	Relationship to Applicant:

Date of Birth: / Gender:
Race: ☐ White/European ☐ Native Am/Alaskan ☐ Asian ☐ Black/African Am ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____
Hispanic/Latino? ☐ Yes ☐ No

Education Level: ☐ 0-8th grade ☐ 9th to 12th Grade ☐ HS Graduate/GED ☐ Some College ☐ College Degree

Does this person have Health Insurance? ☐ No ☐ Medi-Cal ☐ Medicare ☐ Other/Private

Check all that apply: ☐ Disabled ☐ Limited English Speaking ☐ Farmer ☐ Migrant Farmworker ☐ Seasonal Farmworker

HOUSEHOLD MEMBER 3

First Name	Middle In	Last Name	Relationship to Applicant:

Date of Birth: / Gender:
Race: ☐ White/European ☐ Native Am/Alaskan ☐ Asian ☐ Black/African Am ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____
Hispanic/Latino? ☐ Yes ☐ No

Education Level: ☐ 0-8th grade ☐ 9th to 12th Grade ☐ HS Graduate/GED ☐ Some College ☐ College Degree

Does this person have Health Insurance? ☐ No ☐ Medi-Cal ☐ Medicare ☐ Other/Private

Check all that apply: ☐ Disabled ☐ Limited English Speaking ☐ Farmer ☐ Migrant Farmworker ☐ Seasonal Farmworker

HOUSEHOLD MEMBER 4

First Name	Middle In	Last Name	Relationship to Applicant:

Date of Birth: / Gender:
Race: ☐ White/European ☐ Native Am/Alaskan ☐ Asian ☐ Black/African Am ☐ Hawaiian/Pacific Islander ☐ Multi-Racial ☐ Other: _____
Hispanic/Latino? ☐ Yes ☐ No

Education Level: ☐ 0-8th grade ☐ 9th to 12th Grade ☐ HS Graduate/GED ☐ Some College ☐ College Degree

Does this person have Health Insurance? ☐ No ☐ Medi-Cal ☐ Medicare ☐ Other/Private

Check all that apply: ☐ Disabled ☐ Limited English Speaking ☐ Farmer ☐ Migrant Farmworker ☐ Seasonal Farmworker

DEL NORTE LIHEAP

CERTIFICATION OF INCOME AND EXPENSES

This form must be completed if a household is asking for assistance, and one or more adult household household members doesn't have proof of income or states they have zero income. The State of California requires applicant households to report all sources of income.

☐ All adult members of the household have provided proof of income. You do not need to complete this form.

☐ One or more adult household members does not have any income. Please fill out the form below for each one.

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report? If yes, you must list the income on the application, page 1		
☐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 ☐UNEMPLOYMENT ☐ GOVERNMENT SPONSORED BENEFITS ☐ CHILD SUPPORT
☐YES	☐NO	Do you receive any of the following (circle any that apply) ☐ ANNUITY PAYMENT ☐ 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? _____

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

DEL NORTE LIHEAP
UTILITY RESPONSIBILITY STATEMENT

APPLICANT LAST NAME _____ FIRST NAME _____ M.I. _____

SERVICE ADDRESS _____ CITY _____ ZIP _____

The **ELECTRIC bill** at the above address is:
☐ In my name.
☐ In someone else's name: _____ This person is my _____
☐ I must pay the entire amount of the utility bill each month.
☐ Included in my rent or sub-metered by my landlord. Your landlord must sign this form.

The amount of my rent that covers utilities, or the amount that is sub-metered for this month is $_____

_____ _____
Signature of Landlord Date

_____ _____
Address Phone Number

The **WATER/SEWER bill** at the above address is:
☐ In my name
☐ In someone else's name: _____This person is my _____
☐ I must pay the entire amount of the utility bill each month.
☐ Included in rent or sub-metered – If you are applying for water/sewer assistance, you and your landlord must complete a Landlord Agreement form.

Authorization and Consent of Utility Client of Record (if not the applicant)
By signing below, I acknowledge and authorize my utility company, the California Department of Community Services and Development and CSD Partners to release upon request and/or to receive information about my utility company billing records, account name, service address, billing history, account balances, historical and future usage and energy consumption data and information about weatherization of the dwelling exclusively for the purposes of processing utility bill assistance and emergency payments and to collect data on the impact of services on energy consumption and costs. This Authorization will remain in effect for up to 36 months unless revoked in writing.

_____ _____
Signature of Customer on Utility Bill Date
☐ Check here if the customer on the utility bill is unreachable for signature.

I certify that all information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for Energy Assistance.

_____ _____
Applicant's Signature Date

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
LIHWAP Landlord/Management Agreement
CSD 040 (Rev. 6/2022)

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

LANDLORD/MANAGEMENT AGREEMENT

LIHWAP provides financial assistance to low-income Californians to help manage their residential water and wastewater utility costs. The federal LIHWAP funds are provided by the U.S. Department of Health and Human Services and the California Department of Community Services and Development (CSD) has been designated the administering agency for LIHWAP in California.

The Landlord/Management Agreement is a supplemental form to the LIHWAP application. This Agreement is used for the landlord/management agent to verify: 1) the tenancy of the applicant; 2) that water, wastewater, and/or stormwater costs are included in tenant's rent; and 3) these costs are past due. The Landlord/Management Agent signature on the Landlord/Management Agreement assures the LIHWAP benefit will be applied towards the Tenant's upcoming utilities included in rent payment.

Tenant Name			
Service Address		Unit Number	
City, State, Zip			
Phone		Email	

Amount of monthly rent that covers water and/or wastewater and or stormwater costs	$	Assistance to Cover	☐ Water Only ☐ Wastewater Only ☐ Water and Wastewater when combined in one bill under the Landlord/Management Agent's account
Number of months past due on rent			

Property Owner			
Manager/Rental Agent			
Address			
City, State, Zip			
Phone		Email	

Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

Electronic Signature. Both the Landlord/Management Agent and Tenant consent to the use of electronic signatures on this Agreement and all documents relating to this Agreement, including amendments to any of

the foregoing. An electronic signature shall have the same validity and enforceability as a handwritten signature to the fullest extent permitted by applicable law. The Agreement and any document related to this Agreement executed with electronic signatures shall be deemed to be "written" or "in writing", to have been executed, and to constitute an original written record when printed, and shall be fully admissible in any legal proceeding. For purposes hereof, "electronic signature" shall have the meaning set forth in the California Uniform Electronic Transactions Act ("UETA") (Civ. Code § 1633.1 - §1633.17).

Landlord/Management Agent Certification: The Landlord/Management Agent confirms the Tenant listed above has entered into a rental agreement with the Landlord/Management Agent and the Tenant's water, wastewater, and/or stormwater charges are included in rent. The Landlord/Management Agent agrees to accept a reduced rental payment from the Tenant in the amount of the LIHWAP benefit which will be applied to the Tenant's current or subsequent month's rent within 45 days of confirmation that the LIHWAP benefit was applied to Landlord/Management Agent's utility account. The Landlord/Management Agent consents to the release of the Landlord/Management Agent's utility account information and copy of current utility bill to the California Department of Community Services and Development (CSD) and its authorized agents, including HORNE LLP, for the purpose of processing the LIHWAP benefit. CSD and its authorized agents will restrict the uses and disclosures of this information to the minimal amount necessary to process LIHWAP benefits.

_____ _____

Landlord or Management Agent Signature Date

Tenant Certification: I certify that I am a tenant named on the rental agreement with the Landlord/Management Agent. I understand the Landlord/Management Agent agrees to accept a reduced rental payment if my LIHWAP application is approved and a corresponding payment is issued to the Landlord/Management Agent's utility company for my household's water, wastewater, and/or stormwater charges. I understand CSD, or its authorized agents, will notify the Landlord/Management Agency when the LIHWAP benefit is credited to the Landlord/Management Agent's utility account, and I consent to the release of this information for the purposes of processing my LIHWAP benefits. I understand I may be entitled to tenant protections, which may include a civil suit in small claims court for breach of contract, if the Landlord/Management Agent does not honor the terms of the Landlord/Management Agreement.

_____ _____

Tenant Signature Date

4867-3079-1972, v. 1

Pacific Power CARE Program Application

Mail completed forms to: CARE Program Manager
Pacific Power
825 NE Multnomah, Suite 2000
Portland, OR 97232

For questions call toll-free: 1-888-221-7070

If you are a California resident, you have specific rights related to your personal information under the California Consumer Privacy Act. For more information, please request a copy of our privacy policy or find it on our website at **www.pacificpower.net/privacy**.

Pacific Power Customer Information: (All information is required. Please print clearly.)

Account Number: You can find this in the upper right hand corner of your Pacific Power bill.

☐☐☐☐☐☐☐☐ ☐☐☐ ☐

Name (as it appears on your Pacific Power bill)

Home address (no P.O. Boxes, please) City, State Zip

Mailing address (if different than your home address) City, State Zip

Daytime telephone number including the area code

Number of people in your household: Adults ☐ + Children ☐ = Total ☐

How did you hear about the CARE program? ☐TV ☐Radio ☐Newspaper ☐website ☐Game app ad ☐friend/coworker ☐other

☐I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

CARE Program Guidelines

The chart below illustrates yearly gross income levels that qualify for the CARE program. Look at the income allowable for the number of people in your household.

- The Pacific Power bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- Your household must meet the program income guidelines described on this application.
- Applicants must add all sources of the household's combined income to determine eligibility. These sources include wages and salaries, interest and dividends from savings accounts/stocks/bonds/retirement accounts, unemployment benefits, rental and royalty income, school grants and scholarships, profit from self-employment, disability payments, workers compensation, Social Security (SSI, SSP), pensions, insurance and legal settlements, Temporary Aid for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), food stamps, child support, spousal support, cash and other income.

INCOME QUALIFICATION LEVELS

Households with incomes no greater than the amounts shown below may qualify for CARE:

Household size:	Yearly income at or below:
1-2	$36,620
3	$46,060
4	$55,500
5	$64,940
6	$74,380
7	$83,820
8	$93,260

For households with more than 8 people, add **$9,440** for each additional individual to determine allowable income level.

Please read carefully and sign below.

I state that my total combined household income is no greater than the amount shown above for the number of members in my household. I agree to provide proof of income if asked. I agree to inform Pacific Power if my income no longer qualifies and I may be required to pay back CARE benefits received. I understand that Pacific Power can share my information with other utilities or agencies to enroll me in their assistance programs.*

X _____ _____

Pacific Power Customer Signature Date

Check this box if someone in your household has a disability, or requires accessibility, financial or language support during a public safety power outage. Pacific Power will provide an additional notification prior to a public safety power shut off. For more information, visit **pacificpower.net/wildfire**.

PACIFIC POWER
POWERING YOUR GREATNESS

**A random sample of CARE participants will be required to provide proof of income.*