



Double-Sided

Phone (760) 873-8557

The Home Energy Assistance Program (HEAP)

Provides a one-time payment to help offset an eligible household's energy cost (utility bill). Funds are limited for this program and are not guaranteed. It is your responsibility to pay your utility bills.

The Energy Crisis Intervention Program (ECIP)

Provides assistance to low-income households that are in a crisis situation. Examples include a household that has received a 24 to 48 hours disconnect notice or service termination by its utility company. A household facing an energy-related crisis or life-threatening emergency in the applicant's household, including a combustible appliance. Funds are limited for this program and are not guaranteed. It is your responsibility to pay your utility bills.

Federal Income Requirements

Your household may qualify for the HEAP Program if your gross monthly household income is less than:

\$2,097.98	\$2,743.52	\$3,389.05	\$4,034.58	\$4,680.12	\$5,325.65	\$5,446.69	\$5,567.73
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons

Gross: All income from any source, before tax deductions.

What you will need to complete the HEAP Application Packet:

Dark Blue or Black Ink Pen

Social Security Number/Identification Number

ENERGY Utility Bills

Total Household **Gross Monthly Income** (Documented Proof)

IMPORTANT

In order to properly process your application, it is important that you complete the application correctly. Incomplete applications will not be accepted. All supporting documentation must be within 30 days of the date that your application is received. Back dated applications will not be accepted. Do not send original income verification documents—they will not be returned. Do not stop paying your utility bill(s). IMACA uses a priority point system serving those with the greatest need first. Payment is not guaranteed. White out may not be used on any portion of this application. **Applications with food/liquid damage will not be accepted.** Status updates are not give over the phone or via e-mail.

Once you have completed the HEAP Application Packet, please return to:

Inyo Mono Advocates for Community Action, Inc.

C/O HEAP

137 East South Street

Bishop, CA 93515

www.imaca.net

CHECKLIST OF **MANDATORY DOCUMENTS** FOR LIHEAP

Please read/use this form—it may help answer questions you have.

- ☐ **Energy Intake Form(s) CSD 43**
Fill out and sign/date form (DO NOT USE WHITE-OUT ON THIS FORM).
- ☐ **CSBG Intake Form 2017**
Fill out and sign/date form (DO NOT USE WHITE-OUT ON THIS FORM).
- ☐ **Client Education Confirmation of Receipt CSD 321**
Name, Age of your home, home address, signature and date.
- ☐ **CSD Consent Form CSD 081**
By signing this form, you give your 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 household's utility account, energy usage and/or other information needed to provide the services and benefits to you described on the back of this form.
- ☐ **Electric Bill**
Bill must contain a billing period of at least 22 days
- ☐ **Propane Bill**
Bill must contain a billing period of at least 22 days
- ☐ **Disconnection notice**
Is required for accounts that have been or are about to be disconnected. You must also provide the statement before disconnection.
- ☐ **Utilities Included in Rent Statement**
Must include address, account number, usage (KwH) and signature of Landlord.
- ☐ **Household Income:**
ALL INCOME FOR ANYONE 18 OR OLDER MUST BE PROVIDED

Gross Wages	→	Copies of check stubs for each pay period for the last 30 days.
Self-Employment	→	A detailed statement showing GROSS monthly income, signed.
Jobs Paid in Cash	→	Complete Form CSD43B (included).
TANF or Cash Aid	→	County Notice of Action or Passport to Services (current).
Unemployment Stubs	→	Stubs must cover the last 30 days.
Child Support	→	Bank Statement showing deposit, or State Form (current).
Social Security	→	Annual Award Letter or Current Bank Statement with Deposit.
Pension or Annuities	→	Annual Award Letter Showing Gross Yearly Earnings.
Tribal Per-Cap	→	Annual, Quarterly or Monthly, Statement from your tribal administrator.
- ☐ **Certification of Income and Expenses- CSD43B**
This form is to be completed by any household member who **IS NOT WORKING!**
- ☐ **Please also include:**
- ☐ **A current Notice of Action or Passport to Services if you receive SNAP/Cal-Fresh/Food Stamps, Cash Aid or General Relief.**

} **Both Bills are required for processing.**

REPORT FRAUD NOW!

42 U.S. Code §707 - Criminal penalty for false statements

(a) Whoever-

(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payment may be made by a State from funds allotted to the State under this subchapter, or

(2) having knowledge of the occurrence of any event affecting his initial or continued right to any such payment conceals or fails to disclose such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such payment is authorized, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(b) For civil monetary penalties for certain submissions of false claims, see [section 1320a-7a of this title](#).

(Aug. 14, 1935, Ch. 531, title V, §507, as added [Pub. L. 97-35, title XXI, §2192\(a\)](#), Aug. 13, 1981, 95 Stat. 824 .)

To Report Fraud Call: 1-800-HHS-TIPS (1-800-447-8477)

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2017)



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Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency: 60034 IMACA Intake Initials: Intake Date:

First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)			
Service Address			Unit Number
Service City	Service County	Service State CALIFORNIA	Service Zip Code
Have you lived at this residence during each of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State CALIFORNIA	Mailing Zip Code
Social Security Number (SSN):		Telephone Number ()	
E-mail Address:			

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself →	INCOME Enter the total number of people who receive income →
Demographics: Enter the number of people in the household who are:	Enter the total <u>gross</u> monthly income for <u>all</u> people living in the household:
Ages 0 – 2 Years	TANF / CalWorks \$
Ages 3 - 5 years	SSI / SSP \$
Ages 6 - 18 years	SSA / SSDI \$
Ages 19 - 59	Paycheck(s) \$
Ages 60 and older	Interest \$
Disabled	Pension \$
Native American	Other \$
Seasonal or Migrant Farmworker	Total Monthly Income \$

HOUSEHOLD MEMBERS					
ENTER THE INFORMATION BELOW FOR <u>ALL</u> HOUSEHOLD MEMBERS.					
If you have more than 7 people in your household, please list the information on a separate piece of paper.					
First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
Household Total Monthly Gross Income				\$	
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PAY BILL**To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied?** (Attach complete copy of most recent bill or receipt)☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Other Fuel**Enter the energy company and account number:**

Company Name: _____ Account #: _____

Is your utility service shut-off? ☐ Yes ☐ NoDo you have a past due notice? ☐ Yes ☐ No**Are your utilities included in rent or submetered?** ☐ Yes ☐ No**Are your utilities all electric?** ☐ Yes ☐ No**Is your Natural Gas Company the same as your Electric Company?** ☐ Yes ☐ No**WOOD, PROPANE or FUEL OIL SERVICE (WPO)****Are you currently out of fuel?** (Wood, Propane, Oil, Kerosene, Other Fuels) ☐ Yes ☐ No ☐ N/A**List the approximate number of days until you run out of fuel** (Wood, Propane, Oil, Kerosene, Other Fuels).Number of Days: _____ ☐ N/A**ENERGY INFORMATION**The questions below are **MANDATORY**. Please check all energy sources used to heat your home.A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided.

NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

What is the main fuel used to HEAT your home? One main heating source **MUST** be checked.☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Other Fuel**In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):**☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Other Fuel ☐ N/A**Are you the account holder:** **Electric Bill** ☐ Yes ☐ No **Natural Gas Bill** ☐ Yes ☐ No

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.

X***** APPLICANT'S SIGNATURE *****

Date

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.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.Utility Assistance being provided under which program → ☐ HEAP ☐ Fast Track ☐ HEAP WPO ☐ ECIP WPO**Base Benefit \$** _____ **Supplement \$** _____ **Total Benefit \$** _____**Total Energy Cost \$** _____ **Energy Burden** _____Energy Services Restored after disconnection: ☐ Yes ☐ No Disconnection of Energy Services prevented: ☐ Yes ☐ NoHome Referred for WX: ☐ Home Already Weatherized: ☐

**Home Energy Assistance
Program CSBG Intake Form 2018**



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Household Member Information							
Name of Household Member First, Last	Sex M/F	Date of Birth **/**/	Relationship to Applicant	Age	Race/Ethnicity	Education Last Grade Completed	Health Insurance Yes or No
1			Applicant				
2							
3							
4							
5							
6							
7							
8							
9							
10							

Household Demographics	
Single Person <input type="checkbox"/>	Single Parent: Female <input type="checkbox"/>
Single Parent: Male <input type="checkbox"/>	Two Adults – No Children <input type="checkbox"/>
Two Parent <input type="checkbox"/>	Are you an IMACA employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you home receive Home Energy Assistance in 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, check the box you received assistance with: <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Oil/Kerosene or <input type="checkbox"/> Electric <input type="checkbox"/> Weatherization	
Do you own or rent your home? <input type="checkbox"/> Own or Rent <input type="checkbox"/>	

Applicant Statement
<p>The information on this application will be used to determine and verify my eligibility for assistance with any IMACA program. I also understand that IMACA does not discriminate in the provision of services on the basis of race, color, national origin, disability, age, sex or sexual orientation. I certify that the information I have given is correct and is not provided with the intent to defraud. I am aware that any deliberate falsification of information will be grounds for immediate dismissal/denial from any Inyo Mono Advocates for Community Action, Inc., program. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation, and that by my signature I authorize all parties, whether they be third party agencies or individuals, to release any and all such information. I certify under penalty of perjury, that all information herein is true, correct and to the best of my knowledge. I certify that I have received; Energy Education: Information regarding changes you can make in order to reduce the energy consumption of your household, and Budget Counseling: Information regarding personal finance management.</p>
Applicant Signature
<div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div> <p>-----</p> <p>Applicant Signature</p> </div> <div> <p>-----</p> <p>Date</p> </div> </div>

THIS FORM TO BE COMPLETED BY: ANY HOUSEHOLD MEMBER (OVER 18) AND UNEMPLOYED.**Department of Community Services and Development**

CSD 43B (rev.12/2013)

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	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?

NOTARY PUBLIC STAMP HERE, OR
EXECUTIVE DIRECTOR SIGNATURE:

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



CLIENT EDUCATION CONFIRMATION OF RECEIPT

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Name of Occupant				Age of Dwelling	
Address of Dwelling					
Confirmation of Receipt					
I have received the following information:					
<input checked="" type="checkbox"/> Lead-Safe Education – A copy of the pamphlet, <i>Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools</i> , informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.					
<input checked="" type="checkbox"/> Energy Education – Information regarding changes I can make in order to reduce the energy consumption of my household.					
<input checked="" type="checkbox"/> Mold and Moisture Education - A copy of the pamphlet, <i>A Brief Guide to Mold and Moisture In Your Home</i> , informing me of how to clean up residential mold problems and how to prevent mold growth.					
<input checked="" type="checkbox"/> Budget Counseling - Information regarding personal financial management.					
<input checked="" type="checkbox"/> Radon Education - A copy of the pamphlet, <i>A Citizen's Guide to Radon</i> , informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.					
Signature of Recipient				Date	
Self-Certification Option					
I certify that I attempted to deliver the following educational information to the dwelling listed above:					
<input type="checkbox"/> Lead-Safe <input type="checkbox"/> Energy <input type="checkbox"/> Mold/Moisture <input type="checkbox"/> Budget Counseling <input type="checkbox"/> Radon					
If the information was delivered but a signature was not obtainable, you may check the appropriate box below.					
<input type="checkbox"/> Refusal to Sign — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.					
<input type="checkbox"/> Unavailable for Signature — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door.					
Attempted delivery dates and times					
Date	Time	Date	Time	Date	Time
Signature (Agency Representative)			Print name		
Mailing Option:					
I certify that I have mailed the following educational information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only):					
<input type="checkbox"/> Lead-Safe <input type="checkbox"/> Energy <input type="checkbox"/> Mold/Moisture <input type="checkbox"/> Budget Counseling <input type="checkbox"/> Radon					
Signature (Agency Representative)			Print name		Date mailed
			7		



CLIENT/CUSTOMER CONSENT FORM AND AUTHORIZATION

The California Department of Community Services and Development (CSD) is a state agency that oversees energy assistance programs for low-income families. Some of these services include helping families pay their utility bills or installing energy-efficient appliances and systems to reduce energy use and expenses. CSD also works with other organizations and programs that provide related services.

CONSENT (What you are agreeing to when you sign this form)

By signing this form, you give your 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 household's utility account, energy usage and/or other information needed to provide the services and benefits to you described on the back of this form.

1. NAME(S) AND MAILING ADDRESS

Your Name		
If your utility bill is in someone else's name, enter that name here		
Your mailing address (Street)		Unit Number (if any)
Your mailing address (City)	State	Zip Code

2. UTILITY SERVICE ADDRESS

☐ Check here if your utility service address is different from your mailing address.

If you checked the box, please provide your utility service address information below:

Your Utility Service Address (Street)		Unit Number (if any)
Your Utility Service Address (City)	State CA	Zip Code

3. 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

(If client applying for services is not the person whose name is on the account (i.e., the utility customer of record), both persons must initial and sign this form)

By initialing and signing below, I acknowledge and authorize my utility company, CSD, and CSD Partners to release upon request and/or to receive my information as described, exclusively for the purposes stated in this Authorization for up to **36 months** unless revoked as explained on the back of this form:

Client/Customer Initials	Utility company billing records: account name, service address, billing history and account balances, as needed for processing utility bill assistance and emergency payments.
Client/Customer Initials	1) Meter usage and energy consumption data, including up to 12 months of historical data prior to the date of my signature below; and 2) any information concerning prior weatherization of dwelling (if weatherized, date and measures installed).
Client/Customer Initials	Household income, composition and other information needed to determine my eligibility for energy assistance programs administered by CSD and/or CSD Partners.

Signature of Client/Utility Customer	Date
--------------------------------------	------

Signature of Utility Customer of Record (if different)	Date
--	------

Name of CSD Contractor/Partner Organization Inyo Mono Advocates for Community Action, Inc. 60034

Signature of 2nd Utility Customer of Record, if applicable	Date
--	------

HOME BUDGET & ENERGY SAVING TIPS

A budget is a tool to help you plan, prioritize and manager your income and expenses. Review your budget often and update it when you are experiencing a change in income and expenses. Consider these helpful tools:

Budget Box System

- The budget box is a small box with dividers for each day of the month, with one divider for each day of the month.
- When you receive a bill, check the due date and place it behind the divider that represents the bill's due date.
- As you receive income, pay all bill's that are due.

Computer System

- If you have access to a computer system, you can create your own spreadsheet. You may also find free budgeting tools on the internet. CAUTION: ONLY VISIT REPUTABLE SITES, SUCH AS MYMONEY.GOV
- You may also want to purchase a personal finance program. They are available for less than \$75.
- Using a computer to manage your finances is relatively simple. Once you set up the system, updating information is quick and easy. It is important to enter transactions frequently to truly understand your financial position.

Envelope System

- This tool is useful if you pay your bills in cash each month.
- Make an envelope for each expense category, such as rent, gas, electricity and food.
- Label the envelope with the name of the category, the amount and the due date.
- When you receive income, divide it into the amounts to cover expenses listed on the envelope.
- Pay bills right away so you will not be tempted to spend the money on something else.

No-Cost Energy Saving Tips

- Turn down your thermostat to 68°F during the day (health permitting) and leave at a reasonable temperature at night.
- Set your water heater to the "normal" setting unless your dishwasher requires a higher setting.
- Open the drapes and let the sun heat your home during the day, close them at night to help insulate.
- Close your fireplace damper tightly when not in use.

Low-Cost Energy Saving Tips

- Clean or replace furnace filters once a month.
- Install weather stripping or caulk to leaky doors and windows.
- Add plastic sheeting to your windows or purchase plastic window covering kits.
- Install low flow showerheads and faucets.

Health & Safety Tips

- Install smoke and carbon monoxide alarms in your home.
- Provide proper venting systems for all heating equipment.
- Never use your range, oven or BBQ to heat your home.
- Place heaters on level surfaces up to three feet away from any sleeping areas or flammable home goods such as blankets or drapes.