

## HEAP APPLICATION INSTRUCTIONS (PLUMAS & SIERRA COUNTY ONLY)

ALL documentation **MUST** be included with the application. An incomplete application will be returned. **NO EXCEPTIONS!!!**

- 1.) **Birth Certificate:** Head of Household (applicant)
- 2.) **Current Proof of Income:** All household members 18 and over must show one months income no older than **6 weeks** of application date. Adults not working must fill out a zero income form.
- 3.) **Current Electric Bill:** (All pages of bill)
- 4.) **Propane/Oil:** (Current bill or estimate from current provider, if applicable)

\*\*\*All utility bills must be within **6 weeks** of application date\*\*\*

If your utilities are included in your **RENT** you must have a copy of your **RENT RECEIPT** stating the cost of utilities.

**We cannot retrieve personal information from client files that are administered by HEAP or other programs offered in this office.**

**\*\*\*Applicants will be responsible for gathering their own documentation.**

When applications are complete mail to:

PCCDC  
P.O. Box 319  
Quincy, CA 95971

If you have questions please call 530-283-2466 Ext. 113

The HEAP Program is a low-income energy assistance program that can help pay **ONE** utility bill of choice. The utilities we serve are electric, oil, propane, kerosene or wood. HEAP is available **ONCE** a year to eligible households.

Once a completed application is turned in and processed, your name will put onto a waiting list. Wait time varies, you can be served as early as one week or it can take over a year. It is dependent on number of applicants, the priority points of those applicants and program funding. When your name is pulled from the waiting list to receive assistance you will be sent a letter. Also, a fax guarantee of funds will be sent to the provider you chose.

The **2013** income guidelines are as follows:

Family Size	1	2	3	4	5	6	7	8
Monthly Gross Income Limit	2,025	2,648	3,271	3,894	4,518.	5,141	5,258	5,374

The *maximum* payment amount is \$450, but that amount can vary depending on family size and income. And please remember you are **NOT GUARANTEED** to be served, so please plan

# WAYS TO SAVE ENERGY

## Heating:

- Heating accounts for almost half of the average family's energy costs.
- Lower your thermostat a few degrees or turn it off all together when sleeping or away.
- Heat only the rooms you are using, instead of the whole house.
- Clean your filters on your furnace or heat-pump monthly.
- In cold weather, a ceiling fan helps to circulate warm air more efficiently.

## Cooling:

- Use fans for circulation of air, they use much less electricity than air conditioners.
- Clean or replace your air conditioner's filter monthly.
- Seal gaps in air conditioning ducts with high quality duct tape.
- Weather-strip and caulk doors and windows.
- Use stove and bathroom fans only for short periods, as they suck cooled or heated air outside.

## ASSISTANCE PROGRAMS

These programs can help pay your energy bills if you qualify:

- CARE (California Alternative Rates for Energy) offers a 20% monthly discount on gas and electricity, as well as helping you through the rising prices.
- HEAP (Home Energy Assistance Program) helps eligible households with home energy bills (wood, propane, fuel oil, electricity) by making a payment to a utility company on behalf of the household.
- Contact PCCDC or your energy utility company to receive an application for CARE or HEAP.

PG&E: 800-743-5000

Sierra Pacific Power: 800-782-2506

PCCDC: 530-283-2466 ex: 13

## \*ENERGY STAR\*

Many new appliances, from refrigerators to VCRs, have the Energy Star label. It means they meet energy efficient standards set by the U.S. Environmental Protection Agency (EPA) and the U.S. Department of Energy. The appliance may also offer a rebate. For more information call Energy Star hotline (1-888-782-7937).

## **Lighting**

- Turn off lights when not in rooms or home.
- Replace incandescent light bulbs with compact fluorescent light bulbs.

Department of Community Services and Development

Energy Intake Form

CSD 43 (12/28/2012)

0	0	0	0
Priority Points:		A.C.C.	
Job Control Code			
Agency:	Intake Initials:	Intake Date:	Eligibility Cert Date:
First Name	Middle Initial	Last Name	Date of Birth
			M M D D Y Y
Mailing Address <input type="checkbox"/> Check if same as service address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing ZIP Code
Service Address (Do not use P.O. Box)			Unit Number
Service City	Service County	Service State CA	Service ZIP Code
Social Security Number (SSN):	Telephone Number: ( )		<input type="checkbox"/> Message Only?

**PEOPLE LIVING IN HOUSEHOLD**

Enter the total number of people living in the household, including the applicant -->

Enter the number of people who are:

2 years old or younger	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59 (Adult)	
Ages 60 or older (Elderly)	
Disabled	
Native American	
Limited-English Speaking	
Seasonal or Migrant Farmworker	

**INCOME**

Enter the total number of household members who receive income -->

Enter total gross monthly income for all people living in the household:

TANF	\$
SSI/SSP	\$
SSA/SSDI	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
<b>TOTAL INCOME</b>	<b>\$</b>

**UTILITY BILL DISCOUNT**

You may be eligible for a discount on your monthly utility bill!! Contact your local utility company and ask about reduced rate programs.

Which utility company do you want paid?

Account Number:

Name of customer on the utility bill:

Check here if your utilities are included in your rent or sub-metered.

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 information with other offices of the state and federal governments. 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.

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

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

**Applicant: Do not fill out the information below. This section is for official use only.**

Cash Assistance being provided under which program -->  HEAP    Fast Track    Supplement \$ \_\_\_\_\_ Total Benefit \$ \_\_\_\_\_

HEAP WPO    ECIP WPO   Referral -->    Home referred for weatherization    Referred for ECIP HCS    Home already weatherized

Weatherization being billed under which program -->    DOE    LIHEAP WX    ECIP HCS

**Type of Dwelling:**    MFD - Owner, 2 - 4 units    Mobile Home - Owner    Shelter: # of units \_\_\_\_\_    Unoccupied MFD: 2 - 4 units

SFD - Owner, 1 unit    MFD - Rental, 2 - 4 units    Mobile Home - Rental   Total # of residents: \_\_\_\_\_    Unoccupied MFD: > 5 units

SFD - Rental, 1 unit    MFD - Owner, 5 or more units    MFD - Rental, 5 or more units   Energy Cost = \$ \_\_\_\_\_   Energy Burden = \_\_\_\_\_ %

**Agency Defined Priorities:**    Medically Needy    Frail Elderly    Severe Financial Hardship    Hard To Reach    Priority Offsets

**HEAP Application PART 2**

1. Have you received **Energy Assistance** in the past? Yes  No
2. Do you have an established account with your energy provider? Yes  No   
 If Yes, provide name \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 If No, give reason: \_\_\_\_\_
3. Is anyone in the household dependent on electricity for medical services such as oxygen?  
Yes  No   
 If Yes please explain \_\_\_\_\_
4. Do you receive any type of Housing Assistance? Yes  No

**LIST ALL PEOPLE LIVING IN YOUR HOUSEHOLD:** (Include yourself Circle Yes or No for each person)

First and Last Name	Relationship	Age	Veteran	Disabled	American Indian	Income Amount	Income Source
	Self		Y N	Y N	Y N		
			Y N	Y N	Y N		
			Y N	Y N	Y N		
			Y N	Y N	Y N		
			Y N	Y N	Y N		

**LIST YOUR MONTHLY LIVING EXPENSES**

<u>Electricity</u>		<u>Heating/Oil/Propane/Firewood</u>	
<u>Food</u>		<u>Water</u>	
<u>Medical</u>		<u>Child Care</u>	
<u>Transportation</u>		<u>Insurance</u>	
<u>TV/Internet</u>		<u>Other</u>	
<u>Rent</u>			

5. Would you like an application for the Weatherization Program? Yes  No

Signature

Date

**STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS**

Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant

**Public Benefits To Citizens And Non-Citizens**

**Citizens and Nationals of the United States** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out **Sections A and D**.

**Non-Citizens** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete **Sections A, B or C, and D**.

**Section A: Citizenship/Non-Citizen Status Declaration**

1. Is the applicant a citizen or national of the United States?  Yes  No  
 If the answer to the above question is yes, where was he/she born? City/State
2. To establish citizenship or naturalization, please submit one of the documents on **List A** (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to **Section D**.

If you are a **Non-Citizen**, please complete **Section B, or, if applicable, Section C**.

**Section B: Non-Citizen Status Declaration**

**Important:** Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
  - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
  - INS Form I-766 (Employment Authorization Document) annotated "A5";
  - Grant letter from the Asylum Office of INS; or
  - Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
  - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
  - INS Form I-571 (Refugee Travel Document)
4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10)”;
  - INS Form I-766 (Employment Authorization Document) annotated “A10”; or
  - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
  - INS Form I-766 (Employment Authorization Document) annotated “A3.”
7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
  - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
  - INS Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

### Section C: Declaration for Certain Battered Aliens

**Important:** Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

### Section D: Certification

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicant's Signature	Date
Signature of Person Acting for Applicant	Date

Attachments: Lists A and B

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**TO WHOM IT MAY CONCERN:**

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to: PLUMAS COUNTY COMMUNITY DEVELOPMENT COMMISSION (PCCDC) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rent Rehabilitation, Low-Income Public or other assisted housing and/or other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture-Rural Development (USDA-RD), California State Department of Rental Housing & Construction Program (RHCP) and the Department of Community Services and Development (CSD) in administering and enforcing program rules and policies.

In the event I am no longer participating in program(s) administered or managed by this agency and the PCCDC needs to contact me regarding any aspect of my participation in any PCCDC program, I authorize the release of any information that may assist the PCCDC in locating me.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to: Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical and Child Care Allowance, Credit and Criminal Activity and Household Composition.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the continued participation in any program administered or managed by PCCDC.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** Groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous/Current Landlords	Past/Present Employers	Veterans Administration
Public Housing Agencies	Social Service Agencies	Retirement Systems
Municipal/Justice Courts	Post Offices	Bank & Financial Institutions
Schools/Colleges/Universities	Social Security Administration	Credit Providers/Bureaus
Utility Companies	Medical Providers	Support/Alimony Providers
District Attorney's Offices	Local, State & Federal Law Enforcement Agencies	

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD, CSD, USDA-RD, RHCP, and/or the PCCDC may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and that I shall be given a chance to disprove the information. HUD, USDA-RD, CSD, RHCP, or PCCDC may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Development Department, Social Security offices, Department of Defense, Local, State and/or Federal Law Enforcement Agencies, Office of Personnel Management, the U.S. Postal Service, and the Department of Social Services.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and four months from the date signed below.

**SIGNATURES:**

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Spouse/Other Adult Member	Print Name	Date
_____	_____	_____
Other Adult Member	Print Name	Date