

Plumas County Community Development Commission & Housing Authority

HOME ENERGY ASSISTANCE PROGRAM (HEAP) APPLICATION INSTRUCTIONS

(Plumas and Sierra County **ONLY**)

The HEAP Program is a low-income energy assistance program that can help pay **ONE** of your utility bills. Assistance is available for electric, oil, propane, kerosene or wood.

Please remember you are **NOT GUARANTEED** to be served, so please plan accordingly.

HEAP is available ONCE a year to eligible households.

The 2014 income guidelines are as follows:

Family size	1	2	3	4	5	6	7	8
Monthly GROSS income	2,020	2,641	3,262	3,884	4,505	5,127	5,243	5,360

Please note that the procedure for processing HEAP applications has changed.

- Fill out the attached HEAP application. Both sides must be filled out.
- **NO DOCUMENTATION IS REQUIRED AT THIS TIME**
- You may either drop off completed applications at 183 West Main Street in Quincy, CA or you may mail it to:

PCCDC
ATTN: HEAP
P. O. Box 319
Quincy, CA 95971

Once we receive the completed application you will be placed on the waiting list. If and when you reach the top of the waiting list we will contact you by phone and/or mail. Please note that it is your responsibility to keep us current on your phone number and mailing address. If you cannot be reached you will not receive assistance. Once contacted you will be required attend a meeting and provide copies of the following documents:

- **Birth Certificate:** For the individual that is applying for HEAP assistance.
- **Current proof of Income:** Income documentation for all members of the household. One month of current income documentation. If there is someone in the household who is over 18 and not receiving any income, they must fill out a Zero Income Form.
- **Current Electric bill:** This is required for every application regardless of what you are applying for.
- **Current Propane / Oil:** Or an estimate from Provider. (if applicable)

All documents must be provided. Your application will not be processed if you are missing any of the required documents.

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

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.

PO Box 319 ~ 183 West Main Street ~ Quincy, CA 95971

(530) 283-2466 ~ Fax (530) 283-2478

www.plumascdc.org

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.

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	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 --> <input type="text"/> 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 --> <input type="text"/> Enter total gross monthly income for all people living in the household: TANF \$ SSI/SSP \$ SSA/SSDI \$ Paycheck(s) \$ Interest \$ Pension \$ Other \$ TOTAL INCOME \$	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? <input type="text"/> Account Number: <input type="text"/> Name of customer on the utility bill: <input type="text"/> <input type="checkbox"/> Check here if your utilities are included in rent or sub-metered. <input type="checkbox"/> Check here if utilities are all electric
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1. What is the main fuel you use to HEAT your home? (SELECT ONLY ONE)

Natural Gas Propane Wood
 Electricity Fuel Oil Other Fuel (explain): _____

2. In addition to the main heating fuel you listed in Question 1, do you ever use any of the following to HEAT your home (you can check more than one):

Electricity (such as space heaters) Wood (in a fireplace or wood stove)

3. Only answer this question, if you chose NATURAL GAS or ELECTRICITY in Question 1:

Have you received a past due notice? YES NO

Is your gas or electricity currently shut off / disconnected? YES NO

4. Only answer this question, if you chose PROPANE, FUEL OIL, WOOD, or OTHER in Question 1:

Approximately how many days until you run out of fuel completely (enter number of days): _____

Are you currently out of propane, fuel oil, wood or another fuel? YES NO

5. Do you or someone in your household currently receive CalFresh (Food Stamps)? YES NO

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 my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. 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 status, sex, age, or sexual orientation.

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. Do you have an established account with the Utility Provider you're requesting assistance with? **YES** **NO**
 If yes, provide name of Utility Provider _____ Account Number _____
 If no, give reason: _____

2. Does any individual in your household fall under PG&E's definition of who qualifies for Medical Baseline? **YES** **NO**
 More specifically, a licensed California Medical Doctor must have certified that a full-time resident in your home is:
 - Dependent on life-support equipment used in the home
 - A paraplegic, hemiplegic, quadriplegic, or multiple sclerosis patient with special heating and/or air-conditioning needs
 - A Scleroderma patient with special heating needs
 - Being treated for a life-threatening illness, compromised immune system, or other medical condition with heating and/or air-conditioning requirement necessary to sustain the patient's life or prevent deterioration of the patient's medical condition.

3. Do you receive any type of Housing Assistance? (Public Housing, Section 8, USDA Rural Development) **YES** **NO**

4. Please circle the following that applies to your current housing situation: **OWN** **RENT** **HOMELESS** **OTHER**_____

5. Please circle the following that applies to your current household situation:

Single Parent/Female	Two-parent Household	Two Adults- No children
Single Parent/Male	Single Person	Other

6. Would you like an application for the Weatherization Program? **YES** **NO**
 (You will be referred unless you circle NO here)

PLEASE LIST ALL PEOPLE LIVING IN YOUR HOUSEHOLD, including yourself:

First & Last Name	Relation	Age	Veteran	Disabled	Ethnicity/Race Please circle	Income Amount	Income Source
			Y N	Y N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y N	Y N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y N	Y N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y N	Y N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y N	Y N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y N	Y N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y N	Y N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		

PLEASE LIST YOUR MONTHLY EXPENSES:

Electricity	Heating (Oil, propane and/or Firewood)	Water	
Food	Medical	Child Care	
Transportation	Insurance	TV/Internet	
Phone	Rent	Other	

I certify under penalty of perjury that the information provided on this form is true and complete to the best of my knowledge. I understand that I can be fined up to \$10,000, imprisoned up to five years and/or disqualified from any program administered by the Plumas County Community Development Commission.

Signature of Applicant

Date