

**Plumas County Community Development Commission
& Housing Authority**

**HOME ENERGY ASSISTANCE PROGRAM (HEAP) APPLICATION INSTRUCTIONS
(Plumas and Sierra County)**

The HEAP Program is a low-income energy assistance program that can **help pay ONE** of your utility bills; **ONCE per calendar year to eligible households.**

Assistance is available one of the following: electric, oil, propane, kerosene or wood.

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

The 2017 income guidelines are as follows:

Family Size	1	2	3	4	5	6	7	8	9	10
Monthly Gross	2,092	2,736	3,380	4,023	4,667	5,311	5,431	5,552	5,673	5,793

- Fill out the attached HEAP application. Please fill out entire application or it will not be accepted.
- You may drop off completed applications at 183 West Main Street in Quincy, CA or mail 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 when your application is selected for assistance. Your application will not be processed if you are missing any of the required documents.

- **NO DOCUMENTATION IS REQUIRED AT THIS TIME**

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

Department of Community Services and Development

Energy Intake Form

CSD 43 (11/2015)

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

Agency: _____ Intake Initials: _____ Intake Date: _____

First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
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Mailing Address	Unit Number
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Mailing City	Mailing County	Mailing State	Mailing Zip Code
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SERVICE ADDRESS – Address where applicant lives (this *cannot* be a P.O. Box)

Is your service address the same as mailing address?..... Yes No
 Have you lived at this residence during each of the past 12 months..... Yes No

Service Address	Unit Number
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Service City	Service County	Service State	Service Zip Code
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Social Security Number (SSN): [] [] [] [] [] [] [] [] [] [] [] [] Telephone Number () Message Only?

E-mail Address: _____

PEOPLE LIVING IN HOUSEHOLD
 Enter the total number of people living in the household, including the applicant →

INCOME
 Enter the number of household members who receive income →

Demographics - Enter the number of people who are:

Ages 0 – 2 Years	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59	
Ages 60 and older	
Disabled	
Native American	
Seasonal or Migrant Farmworker	

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

TANF / CalWorks	\$
SSI / SSP	\$
SSA / SSDI	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
Total Monthly Income	\$

HOUSEHOLD MEMBERS

FULL NAME: Full name is First Name, Last Name.
 RELATIONSHIP TO THE APPLICANT: For example: husband, daughter, friend, aunt, grandfather, etc.
 DATE OF BIRTH: List the date of birth of each household member.
 AMOUNT OF MONTHLY GROSS INCOME: "gross" income means the amount of money received before taxes or anything else is taken out.
 If you have more than 8 people in your household, you can write the information on a separate piece of paper.

First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Monthly Income	Source of Income
		Self			

Household Total Monthly Gross Income \$

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? Yes No

To which energy bill do you want the LIHEAP benefit to be applied? (Attach copy of most recent bill or receipt)

Natural Gas Electricity Wood Propane Fuel Oil Kerosene Other Fuel

List energy company and account number: Company Name: _____ Account #: _____

What is the main fuel used to HEAT your home? A main heating source MUST be checked. (Attach copy of most recent bill or receipt)

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):

(Attach copy of most recent bill or receipt)

Natural Gas Electricity Wood Propane Fuel Oil Kerosene Other Fuel N/A

Energy Bill Information

Check all that apply for each type of energy source for any home energy costs.

NOTE: The questions below are MANDATORY and require a response.

Required: Attach copies of all most recent energy bills and/or receipts. A copy of an electric bill must be included.

ELECTRIC SERVICE

Are your utilities all electric?

Yes No

Is your electricity shut-off?

Yes No

Do you have a past due notice?

Yes No

NATURAL GAS SERVICE

Is your Natural Gas Company the same as your electric Company?

Yes No

Is your Natural Gas shut-off?

Yes No

Do you have a past due notice?

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

Are your utilities included in rent or submetered?

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 this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. 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 ***	Today's Date	Witness's 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.

Utility Assistance being provided under which program →	<input type="checkbox"/> HEAP	<input type="checkbox"/> Fast Track	<input type="checkbox"/> HEAP WPO	<input type="checkbox"/> ECIP WPO
Supplement \$ _____	Total Benefit \$ _____	<input type="checkbox"/> Home referred for WX	<input type="checkbox"/> Home already weatherized	
Energy Services Restored after disconnection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection of Energy Services prevented:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Dwelling:	<input type="checkbox"/> MFD – Owner, 2 - 4 units	<input type="checkbox"/> Mobile Home – Owner	Shelter: # of units _____	<input type="checkbox"/> Unoccupied MFD: 2 – 4 units
<input type="checkbox"/> SFD – Owner, 1 unit	<input type="checkbox"/> MFD – Rental, 2 - 4 units	<input type="checkbox"/> Mobile Home - Rental	Total # of residents: _____	<input type="checkbox"/> Unoccupied MFD: > 5 units
<input type="checkbox"/> SFD – Rental, 1 unit	<input type="checkbox"/> MFD – Owner, 5 or more units	Total Energy Cost: _____		Energy Burden: _____ %
	<input type="checkbox"/> MFD – Rental, 5 or more units	\$ _____		%
Agency Defined Priorities:	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> Frail Elderly	<input type="checkbox"/> Severe Financial Hardship	<input type="checkbox"/> Hard to Reach <input type="checkbox"/> Priority Offsets <input type="checkbox"/> N/A

HEAP APPLICATION PART 2

1. 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 has one or more of the following conditions:
 - Dependent on life-support equipment used in the home
 - A parapalegic, 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.

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

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

4. 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

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

PLEASE LIST YOUR MONTHLY EXPENSES: ENTER AN AMOUNT FOR EACH EXPENSE EVEN IF IT IS \$0.00

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 for giving false information.

I understand that I can be granted utility services ONLY ONCE per calendar year.

Signature of Applicant

Date