

**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 2019 income guidelines are as follows:

| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Monthly Gross | 2,170.74 | 2,838.66 | 3,506.58 | 4,174.50 | 4,842.42 | 5,510.34 | 5,635.58 | 5,760.81 | 5,886.05 | 6,011.28 |

- 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 a 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 and if your application is selected from the waiting list** 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

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 (10/2017)

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

| | | | | | | | |
|--|--|------------------|----------------|----------------------|---------------|---------------------------|--|
| Agency: | | Intake Initials: | | Intake Date: | | Eligibility Cert Date | |
| First name | | Middle Initial | | Last Name | | Date of Birth MM/DD/YY | |
| SERVICE ADDRESS – Address where you live (this cannot be a P.O. Box) | | | | | | | |
| Service Address | | | | | | Unit Number | |
| Service City | | | Service County | | Service State | 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 | 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 ALL 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 No

Do 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 No

Home Referred for WX: Home Already Weatherized:

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 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.

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)

6. Have you or any member of your household benefited from HEAP services in the past? YES NO

7. How would you and your household be impacted if HEAP funds were no longer available?

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

TAKE ACTION the LIHEAP program is at risk for being cut from the state and the country; funds may no longer be available for the HEAP program in 2019. If this program is a service you would like to keep and/or depend on: please log onto LIHEAPHelpsCalifornia.org and click the 'Take Action' tab or contact PCCDC HEAP for a general letter to be signed by you and we will fax it to your local congress.

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 |



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 |
|---|

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

WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED

Your consent (permission) for us to obtain and share your utility information, including your energy usage data, is needed for the purposes listed and explained below. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, can provide you with services and benefits available under various programs administered by CSD and your utility companies. The information provided will be shared and retained in accordance with applicable law concerning data security and privacy protections. The information you authorize us to obtain and share will be used for the following purposes:

1. Determine your eligibility for CSD and utility company low-income programs
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills; weatherization services; energy efficiency services; emergency energy services; health and safety measures; solar energy services; consumer information and energy tips
4. Evaluate your home's energy usage so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California.

You understand that some services may not be available to you unless you consent to share/release information as stated in this Authorization. You agree that this consent covers utility account, billing and usage information, including up to twelve months of historical data prior to the date of this Authorization, information about any prior weatherization services provided, and subsequent data throughout the period that this Authorization is in effect.

CSD and CSD Partners agree to access and share only the information and data necessary to provide energy assistance services for which you are determined eligible, and to fulfill state and federal requirements for operating these programs. If you are determined not to be eligible for services, no utility information will be accessed or exchanged. CSD and CSD Partners will safeguard your privacy and will store any information gathered in accordance with the security requirements set forth in state law.

REVOCAION OF CONSENT

You agree that your consent shall remain in effect for **36 months** from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program