



**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: <b>PACE</b>	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 <i>cannot</i> be a P.O. Box)			
Service Address			Unit Number
Service City	Service County <b>LOS ANGELES</b>	Service State <b>CA</b>	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 <b>LOS ANGELES</b>	Mailing State <b>CA</b>	Mailing Zip Code
Social Security Number (SSN):		Telephone Number ( )	
E-mail Address:			

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →		<b>INCOME</b> Enter the total number of people who receive income →	
<b>Demographics: Enter the number of people in the household who are:</b>		<b>Enter the total <u>gross</u> monthly income for <u>all</u> people living in the household:</b>	
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		<b>Total Monthly Income</b>	\$

<b>HOUSEHOLD MEMBERS</b>						
ENTER THE INFORMATION BELOW FOR <b>ALL</b> 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	Age	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?**☐ 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 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. **CHOOSE ONE ONLY**☐ 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:    ☐



### CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant				Age of Dwelling	
Address of Dwelling					
<b>Confirmation of Receipt</b>					
I have received the following information:					
<input type="checkbox"/> <b>Lead-Safe Education</b> – 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"/> <b>Energy Education</b> – Information regarding changes I can make in order to reduce the energy consumption of my household.					
<input type="checkbox"/> <b>Mold and Moisture Education</b> – 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"/> <b>Budget Counseling</b> – Information regarding personal financial management.					
<input type="checkbox"/> <b>Radon Education</b> – 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	
<b>Self-Certification Option</b>					
I certify that I attempted to deliver the following educational information to the dwelling listed above:					
<input type="checkbox"/> <b>Lead-Safe</b> <input type="checkbox"/> <b>Energy</b> <input type="checkbox"/> <b>Mold/Moisture</b> <input type="checkbox"/> <b>Budget Counseling</b> <input type="checkbox"/> <b>Radon</b>					
If the information was delivered but a signature was not obtainable, you may check the appropriate box below.					
<input type="checkbox"/> <b>Refusal to Sign</b> — 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"/> <b>Unavailable for Signature</b> — 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		
<b>Mailing Option:</b>					
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"/> <b>Lead-Safe</b> <input type="checkbox"/> <b>Energy</b> <input type="checkbox"/> <b>Mold/Moisture</b> <input type="checkbox"/> <b>Budget Counseling</b> <input type="checkbox"/> <b>Radon</b>					
Signature (Agency Representative)			Print name		Date mailed

## Home Energy Assistance Program Survey Form

In accordance with federally funded program requirements, please provide the following demographic survey information. **Please check all that apply.**

### Income and/or Other Support

1. ☐ AFDC/TANF/CalWorks
2. ☐ SSI/SSP
3. ☐ SSA/Social Security
4. ☐ Pension/Retirement/Annuity
5. ☐ Employment, IHSS, Crystal Stairs
6. ☐ Self-employment
7. ☐ CAPI
8. ☐ EDD/SDI (State Disability)
9. ☐ Workers Compensation
10. ☐ GR
11. ☐ Adoption/Foster Care
12. ☐ Investment/Interest
13. ☐ VA Benefits
14. ☐ Child/Spousal Support
15. ☐ Family Support
16. ☐ Rental Income
17. ☐ Savings
18. ☐ CalFresh (Food Stamps)
19. ☐ Other: (list below) \_\_\_\_\_  
\_\_\_\_\_

### I consider myself to be:

20. ☐ African American
21. ☐ Armenian
22. ☐ Caucasian
23. ☐ Chinese
24. ☐ Filipino
25. ☐ Korean
26. ☐ Latino
27. ☐ Native American Indian
28. ☐ Vietnamese
29. ☐ Other: (list here) \_\_\_\_\_

### Housing

30. ☐ I have **SECTION 8** or **HUD**  
My monthly portion is \$ \_\_\_\_\_
31. ☐ I **RENT** an apartment.  
My monthly rent is \$ \_\_\_\_\_  
How many units are in your complex? \_\_\_\_\_
32. ☐ I **RENT** a house.  
My monthly rent is \$ \_\_\_\_\_
33. ☐ I **OWN** my house.  
My monthly mortgage payment is \$ \_\_\_\_\_



### FREE Weatherization Program - Energy Savings for Your Home

#### 34. ☐ Check to receive a free weatherization eligibility application.

You may be eligible to receive at no cost to up to \$3055 worth of energy saving and weatherization work done to your home (low income, other eligibility & assessment requirements apply). This program is funded by Health & Human Services, administered by the Department of Community Services & Development.

#### 35. ☐ I RENT A HOUSE

#### 36. ☐ I OWN A HOUSE

#### 37. ☐ I RENT AN APARTMENT

#### 38. ☐ I OWN AN APARTMENT

### Home Energy Assistance Program (HEAP) Procedures

Please read and acknowledge by signing below:

- 1) The HEAP program is a once a year utility bill assistance program (only 1 bill per year, per household).
- 2) The HEAP program is not an entitlement program.
- 3) All can apply, but not all may qualify.
- 4) If your application qualifies, a credit will be posted to your utility account that you specified on this application.
- 5) If your application does not qualify, you will be notified by mail.
- 6) **PACE does not call the utility company** on your behalf for any reason.
- 7) PACE does not make any payments.
- 8) All payments/credits are made and/or applied to the utility company by the California State Department of Community Services and Development.
- 9) No utility bill is paid immediately and it may take up to **5 months**. **You will need to make your own arrangements directly with the utility companies to avoid service disconnection.**

I, \_\_\_\_\_, have read and understand the HEAP Program Procedures.  
(Print Name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





Pacific Asian  
Consortium in Employment

## Energy & Environmental Services

### HEAP

1055 Wilshire Blvd.  
Suite 900E  
Los Angeles, CA 90017

web: [www.pacela.org](http://www.pacela.org)

## The Pacific Asian Consortium in Employment (PACE) and the Home Energy Assistance Program (HEAP) Help Pay Gas or Electric Bills

The PACE Home Energy Assistance Program (HEAP) is funded by the Federal Low Income Home Energy Assistance Program through the State of California's Department of Community Services & Development. Our mission is to help low-income eligible and qualified households offset their heating and cooling costs by providing a once a year payment to either their gas or electric bill.

The PACE HEAP program only serves the following Los Angeles County zip codes:

90001	90002	90003	90006	90007	90008	90009	90011	90012	90013	90014	90015	90017	90020	90021
90024	90025	90027	90028	90029	90030	90036	90037	90038	90039	90043	90044	90045	90046	90047
90048	90049	90050	90051	90052	90053	90054	90055	90057	90059	90060	90061	90062	90064	90066
90067	90068	90069	90071	90077	90079	90094	90210	90211	90212	90220	90221	90222	90223	90224
90231	90245	90247	90248	90249	90250	90251	90254	90260	90261	90266	90267	90272	90277	90278
90291	90292	90294	90295	90296	90301	90302	90303	90304	90305	90306	90307	90308	90309	90310
90311	90312	90401	90402	90403	90404	90405	90406	90407	90408	90409	90410	90411	90501	90502
90503	90504	90505	90506	90507	90508	90509	90510	90723	90745	90746	90747	90749	91201	91202
91203	91204	91205	91206	91207	91208	91209	91210	91502	91503	91505	91506	91521	91522	91523
91603	91608													

**\*\*\*HEAP DOES NOT PROVIDE PARKING OR VALIDATE\*\*\***

#### To Determine Eligibility You Must Provide Copies of:

- Your California Picture I.D.
- Your Social Security Card
- Your Current Electric Bill **AND** Current Gas Bill  
Complete with all pages covering at least 22 service days with meter reading.
- The recent Final Call or Shut-Off Notice from the electric or gas company.
- Provide Proof of Current Monthly Incomes for all family members  
This must show gross benefit amounts covering the past 30 days.
  - TANF (AFDC), GR, Child Support, and others. Must be for current month.
  - SSI, SSA, VA – Yearly award letter or printout dated within the last 30 days.
  - Wages, EDD, SDI, Pension/Retirement, Workers Compensation.
 All stubs must cover the past 30 days. Cash payment or contributions must include date, name, and address of person providing cash.
- Your Current Section 8/HUD contract showing your current monthly rent portion, Rent Receipt and Lease Agreement, or Mortgage Statement.

**NOTE: Additional documents may be required.**

#### You Must Also Complete and Sign these Three Forms:

- Energy Intake Form CSD 43
- Home Energy Assistance Program Survey Form
- Client Education Confirmation of Receipt Form CSD 321 (*see back*)

#### IMPORTANT

1. Send copies only.  
No documents will be returned.
2. Due to the popularity of this program, applications may take up to 5 months to process.
3. It is your responsibility to contact the utility company for payment arrangements to avoid disconnection.
4. There is no guarantee that you will receive assistance until your application is approved.
5. If your application qualifies, a payment will be sent directly to the utility company you selected and credited to your utility account.
6. If your application does not qualify, you will be notified by mail.
7. Priority is given to the elderly, disabled, families with young children, and households with the lowest income and highest energy costs.

**Applications cannot be processed if they are not completely filled out, missing a signature, or missing any documents.**

#### For more information and to check your application status:

213-989-3236	English/Spanish	213-989-3294	English/Spanish
213-989-3173	English/Spanish	213-989-3183	English
213-989-3246	English/Armenian/Russian	213-989-3250	English

**213-353-1228 24 hour recorded message information line (do not leave a message)**

**Office Hours:** Monday to Friday - 8:00 a.m. to 3:00 p.m.

**Energy is Money**

**Use it Wisely**

