Department of Community Services and Development
Energy Intake Form
CSD 43 (10/2017)

<table>
<thead>
<tr>
<th>Agency:</th>
<th>PACE</th>
<th>Intake Initials:</th>
<th>Intake Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>Middle Initial</td>
<td>Last Name</td>
<td>Date of Birth MM/DD/YY</td>
</tr>
</tbody>
</table>

**SERVICE ADDRESS – Address where you live (this cannot be a P.O. Box)**

<table>
<thead>
<tr>
<th>Service Address</th>
<th>Unit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service City</td>
<td>Service County</td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td>CA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Unit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing City</td>
<td>Mailing County</td>
</tr>
<tr>
<td>LOS ANGELES</td>
<td>CA</td>
</tr>
</tbody>
</table>

Social Security Number (SSN): ☐

E-mail Address:

**PEOPLE LIVING IN HOUSEHOLD**
Enter the total number of people living in the household, including yourself

Demographics: Enter the number of people in the household who are:

| 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 | | |

**INCOME**
Enter the total number of people who receive income

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

| 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.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relation to Applicant</th>
<th>Age</th>
<th>Date of Birth MM/DD/YY</th>
<th>Amount of Gross Monthly Income (Before Taxes and Deductions)</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
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</tbody>
</table>

Household Total Monthly Gross Income $ ☐

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

Page 1 of 2
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  ☐ 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 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 ***  

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: ☐
State of California  
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT  
CSD 321 (Rev. 12/05/11)

CLIENT EDUCATION CONFIRMATION OF RECEIPT

<table>
<thead>
<tr>
<th>Name of Occupant</th>
<th>Age of Dwelling</th>
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<tbody>
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<table>
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<tr>
<th>Address of Dwelling</th>
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**Confirmation of Receipt**

I have received the following information:

- **Lead-Safe Education** - A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.

- **Energy Education** - Information regarding changes I can make in order to reduce the energy consumption of my household.

- **Mold and Moisture Education** - A copy of the pamphlet, *A Brief Guide to Mold and Moisture In Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.


<table>
<thead>
<tr>
<th>Signature of Recipient</th>
<th>Date</th>
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**Self-Certification Option**

I certify that I attempted to deliver the following educational information to the dwelling listed above:

- [ ] Lead-Safe  
- [ ] Energy  
- [ ] Mold/Moisture  
- [ ] Budget Counseling  
- [ ] Radon

If the information was delivered but a signature was not obtainable, you may check the appropriate box below.

- **Refusal to Sign** — 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.

- **Unavailable for Signature** — 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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
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</table>

<table>
<thead>
<tr>
<th>Signature (Agency Representative)</th>
<th>Print name</th>
</tr>
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<tbody>
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</tbody>
</table>

**Mailing Option:**

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):

- [ ] Lead-Safe  
- [ ] Energy  
- [ ] Mold/Moisture  
- [ ] Budget Counseling  
- [ ] Radon

<table>
<thead>
<tr>
<th>Signature (Agency Representative)</th>
<th>Print name</th>
<th>Date mailed</th>
</tr>
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<tbody>
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</table>
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.

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

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 37. ___ I RENT AN APARTMENT
36. ___ I OWN A HOUSE   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.

Signature: ___________________________ Date: ____________
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 90224 90225 90226
90231 90234 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.
  o TANF (AFDC), GR, Child Support, and others. Must be for current month.
  o SSI, SSA, VA – Yearly award letter or printout dated within the last 30 days.
  o 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 Certification of Receipt Form CSD 321 (see back)

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
213-989-3236 English/Spanish
213-989-3236 English/Spanish
213-989-3236 English/Spanish
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.