**Department of Community Services and Development**
LIWP Energy Intake Form - **DRAFT**
CSD 43L (11/10/16)

| *Official Use Only:* | |
|---|---|
| Census Tract | |
| 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* |
|---|---|---|---|
| Mailing Address | | | Unit Number |
| Mailing City | Mailing County | Mailing State | Mailing Zip Code |

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 |
|---|---|---|---|
| Service City | Service County | Service State | Service Zip Code |
| Telephone Number (  ) | Message : | E-mail Address: | |

**Social Security Number (SSN):** _____ - _____ - _____

**Categorical Eligibility** – Do you or anyone in your household receive assistance from one of the following programs? *(see below)*:

- ☐ **Bureau of Indian Affairs General Assistance**
- ☐ **Medi-Cal**
- ☐ **NSLP (National School Lunch Program)**
- ☐ **SSI (Supplemental Security Income)**
- ☐ **Tribal Head Start**
- ☐ **WIC (Women, Infants and Children)**
- ☐ **Low-Income Home Energy Assistance Program (LIHEAP)**
- ☐ **Medi-Cal for Families**
- ☐ **SNAP (Federal Supplemental Nutritional Assistance Program) CALFRESH**
- ☐ **TANF (Temporary Assistance for Needy Families) CALWORKS**
- ☐ **Tribal TANF**

**INCOME:** Enter the number of household members who receive income: _____

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

| | | | |
|---|---|---|---|
| Bureau of Indian Affairs Gen. Assist | $ | SSA | $ |
| Interest | $ | SSI (Supplemental Security Income) | $ |
| Other | $ | TANF / CALWORKS | $ |
| Paycheck(s) | $ | Tribal TANF | $ |
| Pension | $ | **Total Income:** | **$** |

**HOUSEHOLD MEMBERS:**

**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 | Source of Income | Amount of Monthly Income |
|---|---|---|---|---|---|
| | | Self | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| | | | | | $ |
| **Household Total Monthly Gross Income** | | | | | $ |

## Utility Company Information

| Electric Service | Natural Gas Service |
|---|---|
| **Company Name:** _____ | **Company Name:** _____ |
| **Account Number:**_____ | **Account Number:**_____ |
| **Utility Service Address ID:**_____ _____ | **Utility Service Address ID:**_____ _____ |
| **Are the utility bills in your name?** ☐Yes ☐No | **Total Monthly Energy Costs: $** _____ |

| **TOTAL number of people living in the household, including the applicant →** | | **ELECTRIC SERVICE** | **NATURAL GAS SERVICE** |
|---|---|---|---|
| **Demographics** - *Enter the number of people who are:* | | Are your utilities all electric? ☐ Yes ☐ No<br>Is your electricity shut-off? ☐ Yes ☐ No<br>Do you have a past due **OR** shut-off notice? ☐ Yes ☐ No | Is your Natural Gas Company the same as your electric Company? ☐ Yes ☐ No<br>Is your Natural Gas shut-off? ☐ Yes ☐ No<br>Do you have a past due **OR** shut-off notice? ☐ Yes ☐ No |
| Ages 0 - 17 years | | | |
| Ages 18 - 59 years | | | |
| Ages 60 and older | | | |
| Disabled | | | |
| Native American | | | |
| Seasonal or Migrant Farmworker | | | |
| Limited English Residents | | | |

**Check all that apply for each type of energy source. *NOTE:** The questions below are **MANDATORY** and require a response.

**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

**Are your utilities included in rent or sub-metered?** ☐ Yes ☐ No

**If your utility bill is in someone else's name, enter that name here:**

The information on this application will be used to determine and verify my eligibility for assistance (weatherization services) .
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 understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. 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. I further authorize my utility company(ies) to provide my meter usage and energy consumption data including up to 12 months of historical data prior to the date of my signature below; and any information concerning prior weatherization of dwelling (if weatherized, date and measures installed) to CSD to the extent necessary for CSD to provide services to me and to comply with the program reporting requirements of the federal government. **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).** 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.

| | | | |
|---|---|---|---|
| **X** | | | |
| **SIGNATURE of Client/Utility Customer** | | **Today's Date** | **Witness's Signature (*If signed with an X*)** |
| **X** | | | |
| **SIGNATURE of Utility Customer of Record, (if different)** | | **Today's Date** | **SIGNATURE of 2nd Utility Customer of Record, if applicable** |

**APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.**

**Eligibility Type Verification:** ☐ Household Income Verification ☐ Categorical Eligibility ☐ Neighborhood Eligibility

**Type of Dwelling:** ☐SFD – Owner, 1 unit
☐SFD – Rental, 1 unit
☐Mobile Home – Owner
☐Mobile Home - Rental

***For attached or semi-attached dwellings (e.g., zero lot-line homes, halfplexes, or townhomes) Assessor's Parcel Number (APN) is required: _____ - _____ - _____ - _____**

**Total Energy Cost: $**_____ **Total # of Residents:** _____

## 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.

## REVOCATION 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

**AGENCY NAME:** Community Services and Development (CSD).

**UNIT RESPONSIBLE FOR MAINTENANCE:** Low- Income Weatherization Program (LIWP). CSD is the agency responsible for managing LIWP.

**PURPOSE:** The information you provide will be used to decide if you are eligible for LIWP weatherization services.

**PROVIDING 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 the application processing, CSD's designated regional administrator may need to ask you for more information to decide your eligibility for the LIWP program. CSD's designated regional administrator 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.