



Document Checklist for LIHEAP Application

You must submit all documents listed below along with the completed and signed forms CSD 43 (2022), CSD 081, and CSD 321.

Use only blue and black pen on the forms. White out is unacceptable. If a correction needs to be made, cross out and initial the error. If a field or question is not applicable, write N/A.

IF ANY PAGE IS LEFT BLANK, MISSING, OR INCOMPLETE, THE APPLICATION WILL NOT BE PROCESSED AND THE APPLICATION PACKET WILL BE RETURNED TO YOU

Current Unexpired U.S. Government-issued Photo ID (applicant only)

Note: If ID shows "Federal Limits Apply" and was issued prior to January 22, 2018, you must provide a copy of your U.S. Passport or birth certificate

Social Security Number *Note: for applicant only, written on application form.*

Current ELECTRIC and GAS Bill with Current Meter Readings. Bills must cover at least 22 service days

Note: Both utility bills are required to process your application. You must send us all pages for both bills. If you are not responsible for one of these utilities, you are to provide proof such as your lease or landlord letter.

Current Monthly Household Income. Must cover 30 days' worth of income from application submission date (see "type of incomes" table below).

*Note: Adults 18 years and older claiming zero income, self-employed household members, and members receiving monthly cash loans or gifts **MUST** complete form CSD43B Certification of Income and Expenses. Please include all income-related receipts, stubs, letters, etc. for the past 30 days to support your statements of income.*

Complete form CSD 081 Account Holder Authorization and Consent form.

Note: This form is to ONLY be completed if either of the bills is not under your name. The account holder needs to complete and sign this form. If you attempt and are unable to collect signatures you are to complete our affidavit form found in this package.

Current Mortgage Statement/Rent Receipt/Rental Agreement

Note: if you are receiving subsidized housing, you are to provide us with a document from that program/ housing showing your rent portion.

Current Water Bill with Meter Readings

Note: We currently have funding to assist with water bills through the Low-Income Household Water Assistant Program (LIHWAP). If you need assistance with your water bill, you must also complete the CSD43-A intake addendum form. Your water company must be enrolled in the LIHWAP program. Call your utility provider to find out.

COMMON TYPES OF INCOME

TANF/AFDC/CALFRESH Current verification of benefits	WORKERS COMPENSATION Current last 30 days check stubs
WAGES/PAYSTUBS Last 4 weeks check stubs	PENSION Current check stubs or current award letters
WORKERS COMPENSATION Current last 30 days check stubs	CHILD SUPPORT Current statement, detailed letter from payee
STATE DISABILITY Last 4 weeks with award letter	FINANCIAL SUPPORT Detailed letter with full contact information
FINANCIAL AID Current award letter with name	LOANS Current letter, loan contract

Return by mail or bring into our office: PACE HEAP
 1055 Wilshire Blvd., Suite 900E,
 Los Angeles, CA 90017
 Monday to Friday, 8:00am – 3:00pm

Questions?
Call us at (213) 989-3177

Department of Community Services and Development

Energy Intake Form
CSD 43 (10/2022)

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

Agency: **PACE** Intake Initials: Intake 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 Los Angeles		Service State CA	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					
Do you own or rent your home? Amount: \$ <input type="checkbox"/> Own <input type="checkbox"/> Rent					
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 →	○
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
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 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth: Age:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: _____ Age: _____	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes): _____		Source of Income: _____	

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: _____ Age: _____	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes): _____		Source of Income: _____	

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: _____ Age: _____	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes): _____		Source of Income: _____	

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: _____ Age: _____	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes): _____		Source of Income: _____	

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: _____ Age: _____	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes): _____		Source of Income: _____	

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 Manufactured log Pellets 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 Manufactured log Pellets 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 Manufactured log Pellets 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:

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant

Address of Dwelling

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.
- Budget Counseling** – Information regarding personal financial management.
- Radon Education** – A copy of the pamphlet, A Citizen's Guide to Radon, informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.
- Asbestos Education** – A copy of the pamphlet, FAQs About Asbestos in the Home and Workplace, informing me about identifying asbestos-containing materials in the home, exposure, and available resources.

Signature of Recipient

Date

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** **Asbestos**

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

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)

Print name

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** **Asbestos**

Signature (Agency Representative)

Print name

Date mailed



**Energy Department
HEAP/ LIHWAP
1055 Wilshire Blvd.
Suite 900E
Los Angeles, CA 90017**

Phone: (213) 989-3177
web: www.pacela.org/our-work/energy

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. We also now have the Low-Income Household Water Assistance Program (**LIHWAP**) which is a federally funded program that offers a **one-time payment** to help you pay your water **or wastewater bills** of up to **\$2000**. LIHWAP is a one-time grant that does not have to be repaid. For assistance with LIHWAP your water service provider must be enrolled in the Low-Income Household Water Assistance Program.

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 Unexpired U.S Government-issued Photo ID (Applicant Only)
- Your Social Security Card (Applicant Only)
- 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.
- Current Water bill with current meter readings and charges, if billed separately.
- Provide Proof of Current Monthly Incomes for all family members
This must show gross benefit amounts covering the past 30 days.
- 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 the following Six Forms:

- Energy Intake - CSD 43
- Client Education Confirmation of Receipt- CSD 321
- Account Holder Authorization and Consent -CSD 081 (if applicable)
- Affidavit (if applicable)
- LIHWAP Intake Addendum- Form CSD43-A if you also need water assistance.
- Certification of Income and Expenses – Form CSD43B (if applicable)

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.

IF ANY PAGE IS LEFT BLANK, MISSING, OR INCOMPLETE, THE APPLICATION WILL NOT BE PROCESSED AND THE APPLICATION PACKET WILL BE RETURNED TO YOU.

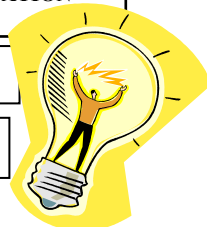
For more information and/or to check your application status:

213-989-3177 Call Center

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

Energy is Money

Use it Wisely



Instructions for CSD 081 Account Holder Authorization and Consent Form

If you are **NOT** the ACCOUNT HOLDER for the gas and/or electric bill, you must try to obtain the account holder's consent and authorization by completing CSD **081** (see back).

- On the CSD 081, you must complete the "Account Holder Name(s) and Mailing Address" section with the account holder's information.
- The account holder must sign under Authorization and Consent at "Signature of Account Holder."

If you are unable to obtain the signature(s) of the account holder(s), please complete the affidavit provided.

- On the affidavit, you must specify why you were unable to obtain the signature.



SEE REVERSE FOR CSD 081

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

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 AND CONSENT

By signing this form, you (Account Holder) give your authorization and 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 property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries 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. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	Date	Name of CSD Contractor/Partner Organization PACE
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REVOCATION OF AUTHORIZATION AND 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.

APPLICABLE 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



Pacific Asian
Consortium
in Employment

AFFIDAVIT FOR SUPPLEMENTAL INFORMATION

DECLARACIÓN JURADA PARA INFORMACIÓN SUPLEMENTARIA

Name/Nombre: _____

Address/Dirección: _____

Reason/Razón: _____

Explain/Explique: _____

I, the undersigned, hereby certify that the above statements are true and correct. I also understand that all information I provide is subject to verification.

Yo, el abajo firmante, por la presente certifico que la declaración anterior es correcta. También entiendo que toda la información que brindo está sujeta a verificación.

Signature/Firma

Date/Fecha

Department of Community Services and Development

LIHWAP Intake Addendum Form

CSD 43 -A (04/2022)

<i>Official Use Only:</i>	
A.C.C.	
Eligibility Cert Date	

Agency: _____ Intake Initials: _____ Intake Date: _____

Do you own or rent your home?..... Own Rent

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.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
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Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			

Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)? Yes No

Have you or someone in your household received LIHEAP assistance in the past 120 days? Yes No

PAY BILL

To which bill, includes property tax statements, (CHOOSE ONLY ONE) do you want the LIHWAP benefit to be applied? (Attach complete copy of most recent bill or receipt)

Water Bill Wastewater Bill Water and Wastewater is Combined in One Bill

Enter the water/wastewater company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? Yes No

Do you have a past due notice or past due balance on your bill? Yes No

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. 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 and/or other information needed to provide services and benefits to me as described at the end of the form. I understand that if my application for LIHWAP 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. 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 water or wastewater costs.

X		
	*** APPLICANT'S SIGNATURE ***	Date

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Low Income Household Water Assistance Program (LIHWAP). AUTHORITY: Government Code Section 12087.2 (b) Names CSD as the agency responsible for administering LIHWAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHWAP benefit. 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. 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.

Total LIHWAP Benefit \$ _____

Total Water or Wastewater Cost (for water burden only) \$ _____ Water Burden _____

Water Services Restored after disconnection: Yes No Disconnection of Water Services prevented: Yes No

Department of Community Services and Development
CSD 43B (rev.12/2013)

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?						
YES	NO	During the previous month have you been employed part time?				
YES	NO	During the previous month have you been self-employed?				
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?				
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:				
YES	NO	During the previous month did you receive any of the following: (circle any that apply)				
		WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
YES	NO	Do you receive any of the following (circle any that apply)				
		ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Put Notary stamp below, if needed (DOE only) or have Executive Director Sign here

Explain on section 4 the situation and provide supporting documents.

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____ Phone: _____ Address: _____
Utility Bills	\$		Name: _____ Phone: _____ Address: _____
Food	\$		Name: _____ Phone: _____ Address: _____

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature:
By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature _____
Date



Pacific Asian
Consortium
in Employment

ENERGY DEPARTMENT

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

(213) 989-3177 | <http://www.pacela.org>

Low Income Home Energy Assistance Program / Financial Budgeting

Programa de Asistencia de Energía para Hogares de Bajos Ingresos / Presupuesto Financiero

Disposable Income <i>Ingresos Disponibles</i>	Examples <i>Ejemplos</i>	Enter the Amount Below <i>Escribe la cantidad</i>
A. Net Income from Work (after taxes) <i>Ingresos de trabajo después de impuestos</i>	\$1,200	
B. Other Income <i>Otros ingresos</i>	\$50	
Total Disposable Income (Add A & B) <i>Ingreso total disponible</i>	\$1,250	
Budget Expenses / Gastos del Presupuesto		
Rent or Mortgage <i>Renta o Hipoteca</i>	\$425	
Utilities (Use a high average of electric, water, gas, etc.) <i>Utilidades (Use a high average of electric, water, gas, etc.)</i>	\$80	
Telephone (Use an average) <i>Telefono (Use an promedio)</i>	\$40	
Food (Use an average) <i>Comida (Use un promedio)</i>	\$250	
Insurance (car, health, life, etc.) <i>Aseguranza (carro, salud, vida, etc.)</i>	\$74	
Car Payment <i>Pago de Carro</i>	\$200	
Gasoline <i>Gasolina</i>	\$60	
Credit Cards <i>Tarjetas de crédito</i>	\$35	
Entertainment (movies, dinner, trips, etc.) <i>Entretenimiento (películas, cenas, paseos, etc.)</i>	\$30	
Total Expenses (Add All) <i>Gastos Totales</i>	\$1,234	
Savings (Total disposable income minus total expenses) (Deduct Total Expenses from Net/Disposable Income) <i>Ahorros (Ingreso disponible total menos gastos totales)</i>	\$17	

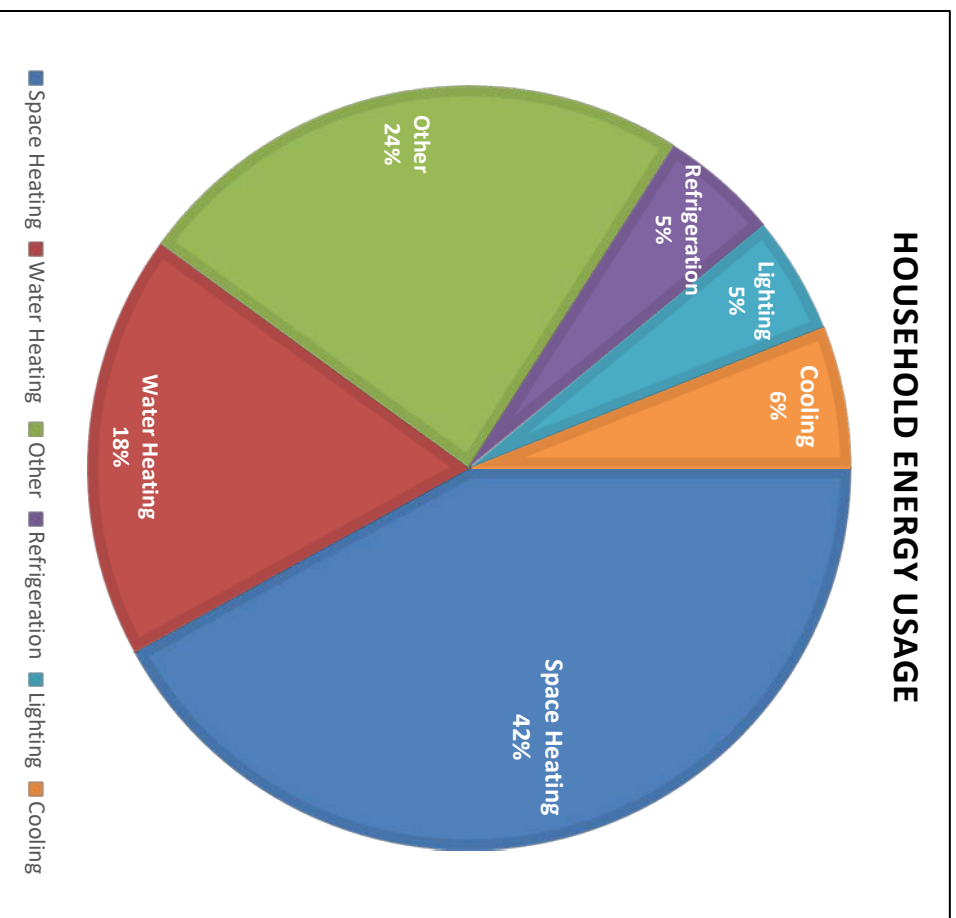
When you have money left over after paying your bills, you should put it in a savings account or pay ahead on existing accounts, particularly high interest loans or credit cards.

Cuando tenga dinero después de pagar sus gastos, debería usar este dinero para una cuenta de ahorros o para pagar por adelantado una cuenta actual.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM ENERGY SAVING TIPS

One of the best ways to save energy is to get your home weatherized. Weatherization can reduce your household's energy costs and create a safer, healthier, and more energy efficient home.

In addition to weatherization, follow these simple tips to help further reduce your home's energy usage.



SPACE HEATING

- SET THERMOSTATS TO 68 – 72 DEGREES
- INSTALL SMART OR PROGRAMMABLE THERMOSTAT
- WEAR WARMER CLOTHES AND/OR DRESS IN LAYERS
- CLOSE BLINDS TO CONSERVE HEAT
- HAVE YOUR FURNACE PROFESSIONALLY TUNED UP REGULARLY

WATER HEATING

- INSTALL WATER HEATER BLANKETS
- TAKE SHOWERS INSTEAD OF BATHS OR TAKE SHORTER SHOWERS
- USE COLD WATER TO WASH CLOTHES AND DISHES
- INSTALL LOW FLOW SHOWERHEADS AND FAUCET AERATORS

REFRIGERATION

- ADJUST REFRIGERATOR TEMPERATURE TO 35-38F
- REPLACE YOUR OLD FRIDGE WITH ONE THAT IS ENERGY STAR RATED
- CHECK REFRIGERATOR SEAL IS WORKING PROPERLY; REGULARLY CLEAN COILS

LIGHTING

- TURN OFF LIGHTS WHEN NOT IN USE
- REPLACE OLD LIGHT BULBS WITH LED BULBS

COOLING

- USE FANS INSTEAD OF AIR CONDITIONER
- CLOSE CURTAINS TO KEEP SUN OUT

OTHER

- CLEAN OR REPLACE DRYER AND FURNACE FILTERS
- TURN OFF OR UNPLUG ELECTRONICS THAT ARE NOT IN USE
- HAVE YOUR HOME INSULATED
- CHECK FOR AND SEAL GAPS AROUND DOORS AND WINDOWS