

Department of Community Services and Development

Energy Intake Form

CSD 43 (Rev. 1/02/10)



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Priority Pts:								A.C.C.									
ApplicationID								CITY OF AZUSA									

Utility Assistance: <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> Supplement				Weatherization: <input type="checkbox"/> DOE <input type="checkbox"/> LIHEAP WX <input type="checkbox"/> ECIP HCS			
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Agency: LBCAP, Energy Ed. Dept.		Intake Initials:		Intake Date: / /2010		Date of Birth	
First Name		Middle Initial	Last Name				
Mailing Address		Same		Unit Number			
Mailing City		Same		Mailing County: Los Angeles		Mailing State: CA	
Mailing ZIP Code				Service Address (Do not use P.O. Box.)		Unit Number	
Service City				Service County: Los Angeles		Service State: CA	
Service ZIP Code							

Social Security Number				Telephone Number <input type="checkbox"/> Message			
				()			
				Total number of persons living in household, including applicant.			

You may also be eligible for a discount on your monthly energy cost for each utility company's reduced rate program.

Which utility company do you wish to be paid?		Energy Cost	
Account Number		Energy Burden %	
Name of Customer on Utility Bill			
<input type="checkbox"/> Check here if utilities are included in rent or if sub-metered.			

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

TANF	\$	_____
SSI/SSP	\$	_____
SSA	\$	_____
Paycheck(s)	\$	_____
Interest	\$	_____
Pension	\$	_____
Other	\$	_____
TOTAL	\$	_____

Additional Questions for Weatherization Assessment

Type of Dwelling

- 1 SFD-Owner, 1 unit
- 2 SFD-Rental, 1 unit
- 3 MFD-Owner, 2-4 units
- 4 MFD-Rental, 2-4 units
- 5 MFD-Owner, 5 or more units
- 6 MFD-Rental, 5 or more units
- 7 Mobile Home-Owner
- 8 Mobile Home-Rental
- 9 Shelter - # of Units _____
- Total # of Residents _____
- 10 Unoccupied - MFD 2-4 units
- 11 Unoccupied - MFD >5 units

Type of Cooling

- 1 Window/Wall
- 2 Central
- 3 Evap. Cooler
- 4 Fan(s)
- 5 Portable Device
- 6 None
- 7 Other: _____

Type of Water Heater

- 1 Gas
- 2 Electric
- 3 Other: _____

Type of Range

- 1 Gas
- 2 Electric
- 3 Other: _____

Heating Fuel

- 1 Electric
- 2 Natural Gas
- 3 Wood
- 4 Propane
- 5 Fuel Oil
- 6 Kerosene
- 7 None
- 8 Other: _____

Heating Type

- No Primary Heating
- Window/Wall
- Portable Device
- FAU
- Other: _____

Demographics

Enter the number of persons in your household who are:

- 1 2 years or under _____
- 2 Ages 3 to 5 _____
- 3 Ages 6 to 18 _____
- 4 Elderly (60 years or older) _____
- 5 Disabled _____
- 6 Migrant Farmworker _____
- 7 Native American _____
- 8 Limited-English Speaking _____
- 9 Seasonal Farmworker _____

Other

- HUD Unit
- Built Pre-1979
- Lead-Free Cert
- Non Applicable

Agency Defined 1

Agency Defined 2

Agency Defined 3

Agency Defined 4

<input type="checkbox"/> House Weatherized	<input type="checkbox"/> Referred for Weatherization	<input type="checkbox"/> Referred for RRP	<input type="checkbox"/> Referred for ECIP HCS
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The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractor [LBCAP], my utility company(ies), and for my utility company(ies) to share information with other offices of the state and federal governments. I understand that if my application for LIHEAP benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with LBCAP, my local service provider and my appeal shall be reviewed no later than 15 days after the appeal is requested. If I am not satisfied with LBCAP'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.

_____ Applicant's Signature _____ Date _____ Witness' Signature (if signed with an X)

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 the Reduce Rate Program. 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. Client # 888-329-4612 or 562-264-3900. [M-F, 8am-5pm]. Closed: Eve, Wknds, Holidays.

CSD/LBCAP 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.