HOME ENERGY ASSISTANCE PROGRAM CHECK LIST

Submit your application by mail, fax or as a walk-in:

Home Energy Assistance Program 1470 Civic Court, Ste. 200, Concord CA 94520 PH: 925-681-6380 Fax: 925-229-6784

All HEAP applicants are responsible for providing the following documentation required by the State of California, without the proper information your application will not be processed or delayed.

| Plea | se c | heck each box |
|------|------|--|
| | 1. | Complete and SIGN "Energy Intake Form" (CSD 43) |
| | 2. | Complete and <u>SIGN</u> "Statement of Citizenship or Non-Citizen Status" CSD 600 on BOTH sides |
| | 3. | Provide HEAP a copy of your current monthly utility bill <u>PLUS</u> your <u>15-day</u> or <u>48hr notice</u> if received one. Sending only your 15-day or 48-hour notice will delay your application process. |
| | | • If you qualify to receive a grant it should pay off your complete bill and bring your total to a zero (0) or credit balance on your account. However, if your balance is more than your grant, the difference will need to be paid prior to HEAP's payment. |
| | | Utility Bill must have at <u>least 22 billing days</u> . |
| | | • "Account Information Sheet" printed from your local PG&E office can be substituted with current balance. |
| | | • The person's name on the PG&E bill must be 18 years of age or older; I.D. verification is required. |
| | 4. | Provide a copy of a birth certificate or green card verifying <u>legal status</u> in the USA for the person applying for assistance <u>PLUS</u> for <u>any children ages 0-5</u> . • ID required for any household members 60 years or older. |
| | | A copy of documents verifying your total <u>GROSS MONTHLY INCOME</u> for the last 30 days for <u>ALL</u> household members 18 years and older. • If there is zero income; a "Survey of Income and Expenses" form will need to be completed for each adult without income. |
| | | For acceptable documents see other side for details -> |

HOME ENERGY ASSISTANCE PROGRAM CHECK LIST

DO NOT RETURN YOUR APPLICATION WITHOUT THE FIVE DOCUMENTS LISTED BELOW

All HEAP applicants are responsible for providing the following documentation that is required by the State of California, without the proper information your application will not be processed. It is the client's responsibility to make copies of their utility bill, proof of income, disability proof and legal status forms.

| Pleas | | |
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| each | | |
| Ш | 1. | Complete and <u>SIGN</u> Energy Intake Form (CSD 43) (Complete white areas – ignore the gray areas) |
| | 2. | Complete and <u>SIGN</u> Statement of Citizenship Status For Public Benefits Form. (Fill out BOTH sides of form CSD 600) |
| | 3. | A copy of your current monthly utility bill (within past six weeks). |
| | • | online (has blue strip which says " Energy Statement " and includes an " Account Summary " which states service dates, days and charges for gas and/or electricity). Bill must have at <u>least 22 billing days</u> . |
| | • | If you have received your 48-hour or shut-off notice, be sure to include it with your application. However, sending <u>only</u> your 48-hour or shut-off notice without your regular monthly PG&E bill will delay your application process. |
| | | Account Information Sheet printed from your local PG&E office is also acceptable. |
| | b | Total Utility bill must be \$300 or less in order to receive assistance. Our payment should pay off your bill to bring your total balance to zero (0) or credit your account. |
| | | • If your account is sub-metered (utilities included in your rent), send your sub-metered statement for the current month. |
| | | • The person named on the Utility Statement must be 18 years of age or older; I.D. verification is required. |
| | 4. | A copy of a document verifying <u>legal status in the USA</u> for the person applying for assistance and for <u>any children ages 0-5.</u> For acceptable documents see other side for details |
| | 5. | A copy of documents verifying current total GROSS MONTHLY INCOME for ALL household members 18 years and older. If zero income, a survey of income and expenses form will need to be filled out. For acceptable documents see other side for details The survey of income and expenses form will need to be filled out. |
| | | **PLEASE REMEMBER TO SEND ALL DOCUMENTS** |

| Energy Intake Form CSD 43 (12/2014) | | | Priority Points: | - 1 | | A,C C. | | | | | | |
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| Agency: Contra Costa County First Name | Middle Initial | Intake Initials: | Intak | e Date: | | | Eligibil | | | | | - |
| rist name | Middle initial | Last Name | | | | | | M | e of Birt | D D | Tv T | , |
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| Service City | | Serv | rice County Co | ontra Co | osta Servic | e State | CA | Sen | vice ZIP | Code | | |
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| PEOPLE LIVING IN HOUSEHOLD | INCOME | | | T UTIL | ITY BILL DI | SCOUNT | | | | | | |
| Enter the total number | | ne total number of | | | may be elig | | | nt on v | our mo | onthly ut | ility bill! | |
| of people living in the | | nold members who | () | | tact your loa | | | 05053 | | 150 | 151 | 9 |
| household, including the applicant> | | receive income> | | prog | grams. | | | | | | | |
| Enter the number of people who are: | | gross monthly inc | | Whic | h utility compar | ny do you | want paid? | | - | | | |
| 2 years old or younger | _ | g in the househol | d: | | | | | | | | | |
| Ages 3 - 5 years | SSI/SSP | \$ \$ | | | and Marmhar | | | - 1 | | | | |
| Ages 6 - 18 years Ages 19 - 59 (Adult) | SSA/SSDI | \$ | | ACCO | unt Number: | | | | - | | | |
| Ages 60 or older (Elderly) | Paycheck(s | | | | | | | | | | | |
| Disabled | Interest | \$ | | Name | e of customer o | n the utilit | y bill: | | | | | |
| Native American | Pension | \$ | | | | THE PARTY OF THE P | | | | | OFFICE CONTRACTOR | |
| Limited-English Speaking Seasonal or Migrant | Other | \$ | | 4 L | Check here if | vour utiliti | es are incl | ni bebi | - | Check her | e if utilitie | are |
| Farmworker | TOTAL INC | COME \$ | | | rent or sub-m | | _s are mell | - 30'U III | | all electric | | u.e |
| Questions 1-5 (below) are MANDATORY | fields. | | | | | | | | | | | |
| . What is the main fuel you use to H | EAT your ho | me? (SFLFCT | ONLY ONE | | | | | | F) | - | | |
| | | 935 93 | | | | | | | | | | |
| □ Natural Gas □ Propane | | J Wood | | Other Fuel Unknown | | | | | | | | |
| ☐ Electricity ☐ Fuel Oil | | Kerosene | | | | | | | | | | |
| In addition to the main heating fue han one): | you listed in | n Question 1, o | do you ever u | ise any of | the followi | ng to H | EAT you | ir hom | e (you | can c | heck me | re |
| Electricity (such as space heaters) | | Wood (in a frep | alace or wood s | tove) | (| ⊐ N/A | | | | | | |
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CSD 600 (Rev. 3/24/06)

STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS

| Name of the Applicant Requesting Energy Services | Date | |
|--|--|--|
| | | |
| Name of Person Acting for Applicant, if any | Relationship to Applicant | |
| | | |
| Public Benefits To Citizens And N | Paris a policy and the control of th | |
| Citizens and Nationals of the United States who meet all eligibility r | equirements may receiv | e services under the |
| Low-Income Home Energy Assistance Program and/or the Department Assistance Program and must fill out Sections A and D . | of Energy Low-Income | e Weatherization |
| Non-Citizens who meet all eligibility requirements may receive servic | es under the Low-Incom | Program and more |
| Assistance Program and/or the Department of Energy Low-Income We | atherization Assistance | r rogram and must |
| complete Sections A, B or C, and D. | | Organia (Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Const |
| Section A: Citizenship/Non-Citizen St | atus Deciaration | ☐ Yes ☐ No |
| 1. Is the applicant a citizen or national of the United States? | City/State | |
| If the answer to the above question is yes, where was he/she born? | City/State | ttached harata) which |
| 2. To establish citizenship or naturalization, please submit one of the | accuments on List A (a | nached hereto) which |
| is legible and unaltered to establish proof. | | |
| If you are a Citizen or National of the United States, please go direct | | |
| If you are a Non-Citizen, please complete Section B, or, if applicable, | | a literature e papel de l'espace i paire de l'espace de l'espace de l'espace de l'espace de l'espace de l'espa |
| Section B: Non-Citizen Status I | initial to the territory and t | |
| Important: Please indicate the applicant's non-citizen status below, and | nd submit documents ev | ridencing such status. |
| The no citizen status documents listed for each category are the most c | itizens in those categori | ies. You can provide |
| States Immigration and Naturalization Service (INS) provides to non-content acceptable evidence of your non-citizen status even if not listed by | elow. | Tou buil provide |
| ☐ 1. An alien lawfully admitted for permanent residence under the Ir | nmigration and Natural | ization Act (INA). |
| Evidence includes: | | |
| • INS Form I-551 (Alien Registration Receipt Card, commonly | y known as a "green ca | rd"); or |
| Unexpired Temporary I-551 stamp in foreign passport or on | INS Form I-94. | |
| 2. An alien who is granted asylum under section 208 of the INA. | Evidence includes: | the INIA. |
| INS Form I-94 annotated with stamp showing grant of asylu | m under section 208 of | uic ina; |
| INS Form I-688B (Employment Authorization Card) annota INS Form I-766 (Employment Authorization Document) and | notated "A5": | |
| Grant letter from the Asylum Office of INS; or | | |
| Order of an immigration judge granting asylum. | | |
| 3. A refugee admitted to the United States under section 207 of the | e INA. Evidence includ | les: |
| INS Form I-94 annotated with stamp showing admission un | der section 207 of the IT | NA; |
| INS Form I-688B (Employment Authorization Card) annota | ted "274a.12(a)(3)"; | |
| INS Form I-766 (Employment Authorization Document) an INS Form I-766 (Employment Authorization Document) | notated "A3"; or | |
| INS Form I-571 (Refugee Travel Document) 4. An alien paroled into the United States for at least one year und | er section 212(d)(5) of | the INA. Evidence |
| includes: | 5. 500tion 212(u)(3) 01 | week seek to bright this |
| INS Form 1-94 with stamp showing admission for at least or | ne year under section 21 | 2(d)(5) of the INA. |
| (Applicant cannot aggregate periods of admission for less th | an one year to meet the | one-year requirement.) |

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|--|-------------------------------------|
| 5. An alian whose deportation is being withheld under section 243(h) of the INA | (as in effect prior to April 1, |
| 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division | on C of Public Law 104-208). |
| Evidence includes: | |
| INS Form I-688B (Employment Authorization Card) annotated "274a.12(a) |)(10)"; |
| INS Form I-766 (Employment Authorization Document) annotated "A10"; | or |
| Order from an immigration judge showing deportation withheld under section. | ion 243(h) of the INA as in |
| effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of | of the INA. |
| 6. An alien who is granted conditional entry under section 203(a)(7) of the INA a | s in effect prior to April 1, 1980. |
| 6. An alien who is granted conditional entry under section 203(a)(7) of the five a | S III error process |
| Evidence includes: | DE INA. |
| • INS Form I-94 with stamp showing admission under section 203(a)(7) of the |)(2)"· or |
| • INS Form I-688B (Employment Authorization Card) annotated "274a.12(a |)(3) , 01 |
| • INS Form I-766 (Employment Authorization Document) annotated "A3." | D. G. and Education Assistance |
| 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the | Refugee Education Assistance |
| Act of 1980). Evidence includes: | and") with the code |
| INS Form I-551 (Alien Registration Receipt Card, commonly known as a " | green card) with the code |
| CU6, CU7, or CH6; | with the ends CU6 or CU7: or |
| Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 | with the code coo of cor, or |
| INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" und | er section 212(d)(3) of the |
| INA; or paroled after 10/10/80 in the special status for nationals of Cuba or | r Haiti. |
| 8. An alien paroled into the United States for less than one year under section 21 | 2(d)(5) of the INA. (Evidence |
| includes INS Form I-94 showing this status.) | |
| 9. An alien not in categories 1 through 8 who has been admitted to the United Sta | ates for a limited period of time |
| (a nonimmigrant). Non-immigrants are persons who have temporary status fo | r a specific purpose. (Evidence |
| includes INS Form I-94 showing this status.) | |
| 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien by | out am unable to provide |
| documentation. (Only allowable under the Energy Crisis Intervention Program | n (ECIP) component of the |
| LIHEAP Program.) | |
| Section C: Declaration for Certain Battered Alien | ns |
| Important: Complete this section if the applicant, the applicant's child, or the applicant | cant child's parent has been |
| battered or subjected to extreme cruelty in the United States by a spouse or parent. | |
| Has the INS or the FOIR granted a petition or application filed by or on behalf | f of the applicant, the |
| applicant's child, or the applicant child's parent under the INA or found that a | pending petition sets forth a |
| prima facie case for granting permission to stay in the United States? Evidence | ce includes one of the |
| documents on List B (attached hereto). | |
| 2. Has the applicant, the applicant's child, or the applicant child's parent been ba | ttered or subjected to extreme |
| cruelty in the United States by a spouse or parent, or by a spouse's or parent's | family member living in the |
| same house (where the spouse or parent consented to or acquiesced in the batt | ery or cruelty)? |
| Section D: Certification | |
| I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CA | ALIFORNIA THAT THE |
| ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLE | DGE. |
| Applicant's Signature | Date |
| a a | |
| Signature of Person Acting for Applicant | Date |
| The Committee of the Co | |

Attachments: Lists A and B

| \la | المحم | Address | | | | 4 |
|---------------------|----------------|------------------------------------|--|--|-----------------------|--|
| vame Vame | | Address | | | | 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| | | | | | | |
| Addre | SS: | <u>. j</u> | | | | |
| Sectio | n 1: | Do you have so | ources of income you forgot to repo | rt? | | |
| YES | NO | During the p | orevious month have you been emplo | oyed part time? | | THE STATE OF THE S |
| YES | NO | During the p | orevious month have you been self-e | | | |
| YES | NO | | previous month did you receive mone | ey for any work tha | t you perform only | once in a while, like yard work, |
| | | | lonating blood, etc? | | onvened if yes | please list the name and phone |
| YES | NO | | previous month have you received ar the person who gave you the gift: | ny girts or money in | om anyoner ir yes | , please list the hame and phone |
| | | | previous month did you receive any o | of the following: (cir | rcle any that apply | |
| YES : | NO | Worker' | | GOVERNMENT SPO | | CHILD SUPPORT |
| YES | NO | Do you rece | eive any of the following (circle any t | hat apply) | | |
| 163 | INO | ANNUITY PA | yment Pension Triba | L CASINO PAYMENTS | RENTAL INCOM | elow, If needed (DOE only) or has |
| YES YES YES | NO NO NO | How much? Are you usin How much? | ng savings or a home equity loan? ng some other asset? rowing from credit cards? | | <u>.</u> | Live Director Sign hers |
| YES | NO | | rowing from some other source? | | | |
| Sectio | n 3: | Please tell us h | ow you paid these monthly expense | es during the previo | ous months: | |
| EXPEN | NSE | MONTHLY COST | HOW HAS THE EXPENSE BEEN PAID? | IF SOMEONE ELSE PA | AYS FOR YOU, PLEASE C | OMPLETE: |
| Dont | | | | Name: | | Phone: |
| Rent or Mortgage | | \$ | | Address: | | A STATE OF THE STA |
| | | | | Name: | | Phone: |
| Utility Bills | | \$ | | Address: | | |
| | | | | Name: | | Phone: |
| Food | | \$ | | Address: | | Priorie. |
| | | 15 5 Åb | h a li a ta va v planca avalain | | OVDODENE WATE D | aid: |
| sectio | on 4: | if none of the a | above applies to you, please explain | now your monthly | expenses were pa | iiq. |
| | | | | A COMMISSION OF THE PROPERTY O | WANG COLORS | |
| | | | | | | |
| | | | | Land Control of the C | | |
| Signat | ture: | | | | | 0.00 |
| By sign | ning th | | that I believe these facts are accurate and deral or state law for knowingly making f | | | ission to verify this information. |
| | | | | | | |

CERTIFICATION OF INCOME AND EXPENSES

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

Providing Proof of Legal Status

ACCEPTABLE:

► Citizenship status (if you were born in the USA):

- A copy of your birth certificate-the person applying for assistance and children under 5 years
- A copy of your child's birth certificate ONLY if it states your name and where YOU were born
- A copy of your marriage license ONLY if it states your name and where YOU were born
- A letter from Social Security stating where you were born in the USA (not your date of birth)
- A copy of your passport (not valid if expired)

► Naturalization status:

- A copy of your naturalization certificate
- A copy of your U.S. passport, showing your nationality as the United States of America (not valid if expired)

► Alien status:

- A copy of both sides of your green card (not valid if expired)
- A copy of any other document listed on the Statement of Citizenship Status Form (CSD 600)

NOT ACCEPTABLE AS LEGAL STATUS:

- · Driver's license
- Social Security card
- Death Certificate
- Child's birth certificate or marriage certificate that does not state parent's/applicant's birth place
- · Certificate of Baptism

Providing Proof of Income (provide any of the following that apply to you)

- ▶ Income proof must be from every person that has income and lives in the home.
- ▶ Income is for a current month if you get paid once a week, send in 4 check stubs.
- ► All documents must be official, no hand written information.
- ► All documents must be current (within the last 6 weeks).

► ACCEPTABLE PROOF OF INCOME:

- Paychecks, odd jobs, self-employment
- Welfare (TANF)
- Social Security (send letter from Soc. Sec. or a direct deposit statement of your bank account)
- Social Security Disability Income
- · Spousal & child support
- · Workman's Comp
- Unemployment Insurance / State Disability Insurance
- Retirement & Pension
- Survey of Income and Expenses CSD 43B

Home Energy Assistance Program 2530 Arnold Dr. Ste. 360 Martinez, CA 94553 PH: 925-335-8900 Fax: 925-335-8905