

# 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.**

Please check each box

- 1. Complete and **SIGN** "Energy Intake Form" (CSD 43)
- 2. Complete and **SIGN** "Statement of Citizenship or Non-Citizen Status" CSD 600 on **BOTH** sides
- 3. Provide HEAP a copy of your **current monthly** utility bill **PLUS** your 15-day or 48hr notice 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 least 22 billing days.
  - "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 **legal status in the USA** for the person applying for assistance **PLUS** for any children ages 0-5.
  - ID required for any household members 60 years or older.
- 5. A copy of documents verifying your total **GROSS MONTHLY INCOME** for the last 30 days for **ALL** 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.

Please Initial  
each box

1. Complete and **SIGN** Energy Intake Form (CSD 43)  
(Complete white areas – ignore the gray areas)
2. Complete and **SIGN** 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**).
- The **ENTIRE** bill (**every page**), regular PG&E bill statement that you receive every month, or view 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 least 22 billing days.
  - If you have received your 48-hour or shut-off notice, be sure to include it with your application. However, sending **only** 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.
  - **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 **legal status in the USA** for the person applying for assistance and for **any children ages 0-5**.  
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 → →

**\*\*PLEASE REMEMBER TO SEND ALL DOCUMENTS\*\***



|                                       |        |   |           |                   |   |                        |   |               |   |   |   |
|---------------------------------------|--------|---|-----------|-------------------|---|------------------------|---|---------------|---|---|---|
| Priority Points:                      | A.C.C. | 0   | 0         | 0                 | 0 | 0                      | 0 | 0             | 0 |   |   |
| Job Control Code                      |        |   |           |                   |   |                        |   |               |   |   |   |
| Agency: Contra Costa County           |        | Intake Initials:  |           | Intake Date:      |   | Eligibility Cert Date: |   |               |   |   |   |
| First Name                            |        | Middle Initial  | Last Name |                   |   | Date of Birth          |   |               |   |   |   |
|                                       |        |   |           |                   |   | M                      | M | D             | D | Y | Y |
| Mailing Address                       |        | <input type="checkbox"/> Check if same as service address |           |                   |   |                        |   |               |   |   |   |
| Mailing City                          |        | Mailing County: Contra Costa                              |           | Mailing State: CA |   | Mailing ZIP Code       |   |               |   |   |   |
| Service Address (Do not use P.O. Box) |        | Unit Number   |           |                   |   |                        |   |               |   |   |   |
| Service City                          |        | Service County: Contra Costa                              |           | Service State: CA |   | Service ZIP Code       |   |               |   |   |   |
| Social Security Number (SSN):         |        | Telephone Number: ( )                                     |           |                   |   |                        |   | Message Only? |   |   |   |

**PEOPLE LIVING IN HOUSEHOLD**

Enter the total number of people living in the household, including the applicant -->

Enter the number of people who are:

|                                |  |
|--------------------------------|--|
| 2 years old or younger         |  |
| Ages 3 - 5 years               |  |
| Ages 6 - 18 years              |  |
| Ages 19 - 59 (Adult)           |  |
| Ages 60 or older (Elderly)     |  |
| Disabled                       |  |
| Native American                |  |
| Limited-English Speaking       |  |
| Seasonal or Migrant Farmworker |  |

**INCOME**

Enter the total number of household members who receive income -->

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

|                     |           |
|---------------------|-----------|
| TANF                | \$        |
| SSI/SSP             | \$        |
| SSA/SSDI            | \$        |
| Paycheck(s)         | \$        |
| Interest            | \$        |
| Pension             | \$        |
| Other               | \$        |
| <b>TOTAL INCOME</b> | <b>\$</b> |

**UTILITY BILL DISCOUNT**

You may be eligible for a discount on your monthly utility bill! Contact your local utility company and ask about reduced rate programs.

Which utility company do you want paid?

Account Number:

Name of customer on the utility bill:

Check here if your utilities are included in rent or sub-metered.  Check here if utilities are all electric.

\* Questions 1-5 (below) are MANDATORY fields.

**1. What is the main fuel you use to HEAT your home? (SELECT ONLY ONE)**

Natural Gas     Propane     Wood     Other Fuel  
 Electricity     Fuel Oil     Kerosene     Unknown

**2. In addition to the main heating fuel you listed in Question 1, do you ever use any of the following to HEAT your home (you can check more than one):**

Electricity (such as space heaters)     Wood (in a fireplace or wood stove)     N/A

**3. If you chose NATURAL GAS or ELECTRICITY in Question 1:**

Do you currently have a past due notice?     YES     NO     N/A

Is your gas or electricity currently shut off / disconnected?     YES     NO     N/A

**4. If you chose PROPANE, FUEL OIL, WOOD, KEROSENE or OTHER FUEL in Question 1:**

Approximately how many days until you run out of fuel completely .....(enter number of days):     N/A

Are you currently out of fuel?     YES     NO     N/A

**5. Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?**     YES     NO

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 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 further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. 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.

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 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.**

Cash Assistance being provided under which program -->     HEAP     Fast Track     Supplement \$    Total Benefit \$

HEAP WPO     ECIP WPO    Referral -->     Home referred for weatherization     Referred for ECIP HCS     Home already weatherized

Weatherization being billed under which program -->     DOE     LIHEAP WX     ECIP HCS

Type of Dwelling:     MFD - Owner, 2 - 4 units     Mobile Home - Owner     Shelter: # of units \_\_\_\_\_     Unoccupied MFD: 2 - 4 units

SFD - Owner, 1 unit     MFD - Rental, 2 - 4 units     Mobile Home - Rental    Total # of residents: \_\_\_\_\_     Unoccupied MFD: > 5 units

SFD - Rental, 1 unit     MFD - Owner, 5 or more units     MFD - Rental, 5 or more units    Energy Cost = \$    Energy Burden = %

Agency Defined Priorities:     Medically Needy     Frail Elderly     Severe Financial Hardship     Hard To Reach     Priority Offsets



**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 Non-Citizens**

**Citizens and Nationals of the United States** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out *Sections A and D*.

**Non-Citizens** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete *Sections A, B or C, and D*.

**Section A: Citizenship/Non-Citizen Status Declaration**

1. Is the applicant a citizen or national of the United States?  Yes  No  
 If the answer to the above question is yes, where was he/she born? City/State
2. To establish citizenship or naturalization, please submit one of the documents on *List A* (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to *Section D*.

If you are a **Non-Citizen**, please complete *Section B, or, if applicable, Section C*.

**Section B: Non-Citizen Status Declaration**

**Important:** Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); 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:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
  - INS Form I-766 (Employment Authorization Document) annotated "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 INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
  - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
  - INS Form I-571 (Refugee Travel Document)
4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)



- 5. An alien 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 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 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
  - INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
  - INS Form I-766 (Employment Authorization Document) annotated "A3."
- 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:
  - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
  - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
  - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- 8. An alien paroled into the United States for less than one year under section 212(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 States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for 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 but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

**Section C: Declaration for Certain Battered Aliens**

**Important:** Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- 1. Has the INS or the EOIR granted a petition or application filed by or on behalf 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 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 battered 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 battery or cruelty)?

**Section D: Certification**

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

|  |      |
|--|------|
| Applicant's Signature                    | Date |
| Signature of Person Acting for Applicant | Date |

Attachments: Lists A and B



### 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:

|                         |  |
|-------------------------|--|
| <b>Name and Address</b> |  |
| Name:                   |  |
| Address:                |  |

|   |    |  |               |                               |
|---|----|--|---------------|-------------------------------|
| <b>Section 1: Do you have sources of income you forgot to report?</b> |    |  |               |                               |
| 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            |

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

Put Notary stamp below. If needed (DOE only) or have Executive Director Sign Here

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

## 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

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## 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**