



Double-Sided

Phone (760) 873-8557

The Home Energy Assistance Program (HEAP)

Provides a one-time payment to help offset an eligible household's energy cost (energy bill). Funds are limited for this program and are not guaranteed. It is your responsibility to pay your energy bills.

The Energy Crisis Intervention Program (ECIP)

Provides assistance to low-income households that are in a crisis situation. Examples include: a household that has received a 24- to 48-hours disconnect notice or service termination by its utility company; or a household facing an energy-related crisis or life-threatening emergency in the applicant's household, including a combustible appliance. Funds are limited for this program and are not guaranteed. It is your responsibility to pay your energy bills.

Federal Income Requirements

Your household may qualify for the HEAP Program if your gross monthly household income is less than:

\$2,431.09 \$3,179.11 \$3,927.14 \$4,675.17 \$5,423.19 \$6,171.22 \$6,311.48 \$6,451.73

1 Person 2 Persons 3 Persons 4 Persons 5 Persons 6 Persons 7 Persons 8 Persons

Gross: All income from any source, before tax deductions.

What you will need to complete the HEAP Application Packet:

Dark Blue or Black Ink Pen

Social Security Number/Identification Number

ENERGY Utility Bills

Total Household Gross Monthly Income (Documented Proof)

IMPORTANT

To process your application, it is important that you complete the application correctly.

Incomplete applications will not be accepted. All supporting documentation **must be within 30 days of the date that your application is received.** Do not send original income verification documents—they will not be returned. Do not stop paying your energy bill(s). IMACA uses a priority point system to serve those with the greatest need first. Payment is not guaranteed. Do not use Wite-Out on the application. **Applications with food/liquid damage will not be accepted.** You will be notified of the status of your application via mail once it has been processed.

Once you have completed the HEAP Application Packet, please return to:

Inyo Mono Advocates for Community Action, Inc.

C/O HEAP

137 East South Street

Bishop, CA 93514

www.imaca.net

CHECKLIST OF **MANDATORY DOCUMENTS** FOR LIHEAP

Please read/use this form—it may help answer questions you have.

- ☐ **Energy Intake Form(s) CSD 43**
Fill out and sign/date form (DO NOT USE WHITE-OUT ON THIS FORM).
- ☐ **CSBG Intake Form 2017**
Fill out and sign/date form (DO NOT USE WHITE-OUT ON THIS FORM).
- ☐ **Client Education Confirmation of Receipt CSD 321**
Name, Age of your home, home address, signature and date.
- ☐ **CSD Consent Form CSD 081**
By signing this form, you give your 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 household's utility account, energy usage and/or other information needed to provide the services and benefits to you described on the back of this form.
- ☐ **Electric Bill**
Bill must contain a billing period of at least 22 days
- ☐ **Propane Bill**
Bill must contain a billing period of at least 22 days
- ☐ **Disconnection notice**
Is required for accounts that have been or are about to be disconnected. You must also provide the statement before disconnection.
- ☐ **Utilities Included in Rent Statement**
Must include address, account number, usage (KwH) and signature of Landlord.
- ☐ **Household Income:**
ALL INCOME FOR ANYONE 18 OR OLDER MUST BE PROVIDED

Gross Wages	→	Copies of check stubs for each pay period for the last 30 days.
Self-Employment	→	A detailed statement showing GROSS monthly income, signed.
Jobs Paid in Cash	→	Complete Form CSD43B (included).
TANF or Cash Aid	→	County Notice of Action or Passport to Services (current).
Unemployment Stubs	→	Stubs must cover the last 30 days.
Child Support	→	Bank Statement showing deposit, or State Form (current).
Social Security	→	Annual Award Letter or Current Bank Statement with Deposit.
Pension or Annuities	→	Annual Award Letter Showing Gross Yearly Earnings.
Tribal Per-Cap	→	Annual, Quarterly or Monthly, Statement from your tribal administrator.
- ☐ **Certification of Income and Expenses- CSD43B**
This form is to be completed by any household member who **IS NOT WORKING!**
- ☐ **Please also include:**
- ☐ **A current Notice of Action or Passport to Services if you receive SNAP/Cal-Fresh/Food Stamps, Cash Aid or General Relief.**

Both Bills are required for processing.

REPORT FRAUD NOW!

42 U.S. Code §707 - Criminal penalty for false statements

(a) Whoever-

(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payment may be made by a State from funds allotted to the State under this subchapter, or

(2) having knowledge of the occurrence of any event affecting his initial or continued right to any such payment conceals or fails to disclose such event with an intent fraudulently to secure such payment either in a greater amount than is due or when no such payment is authorized, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

(b) For civil monetary penalties for certain submissions of false claims, see [section 1320a-7a of this title](#).

(Aug. 14, 1935, Ch. 531, title V, §507, as added [Pub. L. 97-35, title XXI, §2192\(a\), Aug. 13, 1981, 95 Stat. 824](#).)

To Report Fraud Call: 1-800-HHS-TIPS (1-800-447-8477)

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2017)

Official Use Only:

Priority Points

A.C.C.

Eligibility Cert Date

Agency: 60034 IMACA, INC.

Intake Initials:

Intake Date:

First name

Middle Initial

Last Name

Date of Birth

MM/DD/YY

SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address

Unit Number

Service City

Service County

Service State

Service Zip Code

Have you lived at this residence during each of the past 12 months? ☐ Yes ☐ No

Is your service address the same as mailing address? ☐ Yes ☐ No

Mailing Address

Unit Number

Mailing City

Mailing County

Mailing State

Mailing Zip Code

Social Security Number

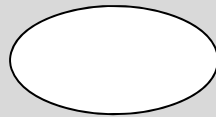
(SSN):

Telephone Number ()

E-mail Address:

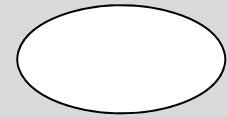
PEOPLE LIVING IN HOUSEHOLD

Enter the total number of people living in the household, including yourself →



INCOME

Enter the total number of people who receive income →



Demographics: Enter the number of people in the household who are:

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

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 7 people in your household, please list the information on a separate piece of paper.

First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			

Household Total Monthly Gross Income

\$

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?

☐ Yes

☐ No

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 ☐ Other Fuel**Enter the energy company and account number:**

Company Name: _____ Account #: _____

Is your utility service shut-off? ☐ Yes ☐ NoDo 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 ☐ 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 ☐ 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 ☐ NoHome Referred for WX: ☐ Home Already Weatherized: ☐



**Home Energy Assistance Program
CSBG Intake Form 2021**

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Household Member Information							
Name of Household Member First, Last	Sex M/F	Date of Birth **/**/**	Relationship to Applicant	Age	Race/Ethnicity	Education Last Grade Completed	Health Insurance Yes or No
1			Applicant				
2							
3							
4							
5							
6							
7							
8							
9							
10							

Household Demographics	
Single Person ☐	Single Parent: Female ☐
Single Parent: Male ☐	Two Adults – No Children ☐
Two Parent ☐	Are you an IMACA employee? ☐ Yes ☐ No
Did your home receive Home Energy Assistance in 2019? ☐ Yes ☐ No	
If yes, check the box you received assistance with: ☐ Wood ☐ Propane ☐ Oil/Kerosene or ☐ Electric ☐ Weatherization	
Do you own or rent your home? ☐ Own or Rent ☐	

Applicant Statement
The information on this application will be used to determine and verify my eligibility for assistance with any IMACA program. I also understand that IMACA does not discriminate in the provision of services on the basis of race, color, national origin, disability, age, sex or sexual orientation. I certify that the information I have given is correct and is not provided with the intent to defraud. I am aware that any deliberate falsification of information will be grounds for immediate dismissal/denial from any IMACA program. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation, and that by my signature I authorize all parties, whether they be third party agencies or individuals, to release any and all such information. I certify under penalty of perjury, that all information herein is true, correct and to the best of my knowledge. I certify that I have received; Energy Education: Information regarding changes you can make in order to reduce the energy consumption of your household, and Budget Counseling: Information regarding personal finance management.
Applicant Signature
----- Applicant Signature ----- Date

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	UNEMPLOYME	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)			
		ANNUITY	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

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



CLIENT EDUCATION CONFIRMATION OF RECEIPT

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Name of Occupant				Age of Dwelling	
Address of Dwelling					
Confirmation of Receipt					
I have received the following information:					
☒ Lead-Safe Education – A copy of the pamphlet, <i>Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools</i> , 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, <i>A Brief Guide to Mold and Moisture In Your Home</i> , 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, <i>A Citizen's Guide to Radon</i> , informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.					
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					
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					
Signature (Agency Representative)			Print name		Date mailed
			Page 7 of 8		

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? ☐ Yes ☐ 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
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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