

# Home Energy Assistance Program

## STEP 1 APPLICATION

Fill Out Required Forms

- HEAP Application - front and back of Application – sign both places
- Certification of Income and Expenses Form\* - Any person(s) in your household **related or not** who is 18 years or older who receive cash income or has no income **MUST** fill out this form.

## STEP 2 ENERGY BILL

Submit One of the Following

All documents **MUST** be within **6 weeks** from when you turn in your Application

- All Pages** of your Energy Bill (include Shut Off Notice if you have one)
  - PG&E, Palo Alto or Santa Clara Utilities (need at least 22 days of service)
  - Sub-metered Bill
  - Letter from Property Manager energy is included in rent
  - Rent Receipt showing monthly energy cost

## STEP 3 HOUSEHOLD INCOME

Attach Documents

- Proof of Household Income for the **last 6 weeks** (**MUST** show **Gross Income**)  
**For anyone living in the house related or not related**
  - Paystubs (Consecutive pay periods)
  - SSI/SSA/SSDI Award Letter for current year or bank statement showing direct deposit
  - TANF (must show name) • Child Support • EDD • GA • Pension
  - Self-employment – P&L Statement or 1040 with Schedule 1 & C
  - \*Certification of Income & Expenses (included in packet)

**Please send copies only – we do not return documents**

## STEP 4 Submit Application

- Mail Application to HEAP- **1381 S. First St.- San Jose, CA 95110**  
**OR**
- Drop-off your application anytime in the HEAP drop box, located at the right of the main entrance door (off W. Alma Street) 24/7 at Sacred Heart Community Service

**You will hear from us within 15 business days from receiving your application**



## Home Energy Assistance Program 1-877-278-6455

### ENERGY SAVING TIPS

Many of these energy saving tips can be obtained by applying to the Weatherization Program.

- Replace your old light bulbs with ENERGY STAR® Compact Fluorescent Lamp (CFL) and **save up to \$210 per year!**
- Turn off faucet while brushing your teeth and **save up to \$161 per year!**
- Turn off/unplug appliances not in use and **save up to \$131 per year!**
- Remove and recycle second refrigerator/freezer and **save up to \$409 per year!**
- Plug air leaks and weather-strip your doors and windows to **save up to \$464 per year!**
- Turn off unnecessary lights and **save up to \$161!**
- Turn Thermostat Down 1-2 degrees (68F) and **save up to \$210 per year!**
- Take Shorter showers and **save up to \$161 per year!**
- Cook double the recipe and freeze half for later and **save up to \$62 per year!**
- Cut water use by 10%-20% and **save up to \$107 per year!**
- Wash clothes in cold water and **save up to \$7 per year!**
- Wash full loads of clothes and **save up to \$5 per year!**
- **Replace** and **recycle** your old refrigerator and purchase energy-efficient models. Units only 10 years old can use twice as much electricity as a new ENERGY STAR® labeled.

**Estimated annual saving of up to \$2,088**

### Consejos Para Ahorrar Energía

Varios de los siguientes consejos de energía pueden ser adquiridos a través del programa de **Climatización (Weatherization Program)**.

- Reemplace sus bombillas actuales por unas de ENERGY STAR® Lámpara Fluorescente Compact (CFL) y **ahorre hasta \$210 al año!**
- Cierre la llave de agua mientras se lava los dientes y **ahorre hasta \$161 al año!**
- Apague/desconecte electrodomésticos que esté usando en el momento y **ahorre hasta \$131 al año!**
- Elimine o recicle su segundo refrigerador/congelador y **ahorre hasta \$409 al año!**
- Tape fugas de aire y coloque tiras protectoras (burletes) en ventanas y puertas y **ahorre hasta \$409 al año!**
- Apague las luces que no esté usando y **ahorre hasta \$161 al año!**
- Baje 1-2 grados su termostato (68F) y **ahorre hasta \$210 al año!**
- Tome duchas más cortas y **ahorre hasta \$161 al año!**
- Cocine doble la receta y congele la mitad para otro día y **ahorre hasta \$62 al año!**
- Reduzca el uso de agua de 10%-20% y **ahorre hasta \$107 al año!**
- Lave su ropa en agua fría y **ahorre hasta \$7 al año!**
- Lave cargas completas de ropa y **ahorre hasta \$5 al año!**
- Reemplace y recicle su refrigerador y compre electrodomésticos de bajo consumo de energía. Los que tienen solo 10 años pueden usar el doble de electricidad a diferencia de uno nuevo etiquetado ENERGY STAR®.

**Estimación de ahorros anuales hasta \$2,088**

**If you are interested in Budget Counseling, please call  
1-877-278-6455**

**Si usted esta interesado en consejeria, porfavor  
llame al 1-877-278-6455**

**KEEP THIS FOR YOUR INFORMATION**

**MANTEGNA ESTA INFORMACIÓN PARA USTED**



Please use **blue** or **black** ink

Energy Intake Form CSD 43 (10/2017)

First name	Middle Initial	Last Name	Date of Birth (MM/DD/YY) ____/____/____
Mailing Address			Unit Number
City	Mailing County <b>SANTA CLARA</b>	Mailing State <b>CA</b>	Mailing Zip Code
<b>SERVICE ADDRESS</b> – Address where you live (this <i>cannot</i> be a P.O. Box):			
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please complete service information below.			
Have you lived at this residence during each of the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Service Address			Unit Number
Service City	Service County <b>SANTA CLARA</b>	Service State <b>CA</b>	Service Zip Code
Social Security Number (SSN):	Telephone Number ( ) _____		

E-mail Address: (Optional) If you do not speak English, what language do you speak?

<p><b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the home, <b>including you</b> →</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 40px; margin: 0 auto;"></div>	<p>Enter total number of people, 18 years or older, who receive income →</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 40px; margin: 0 auto;"></div>																																				
<p><b>Demographics - Enter the number of people living in the home related or not related, including you, who are:</b></p> <table border="1"> <tr> <td>Ages 0 – 2 Years</td> <td></td> </tr> <tr> <td>Ages 3 - 5 years</td> <td></td> </tr> <tr> <td>Ages 6 - 17 years</td> <td></td> </tr> <tr> <td>Ages 18 – 59 years</td> <td></td> </tr> <tr> <td>Ages 60 – 69 years</td> <td></td> </tr> <tr> <td>Ages 70 and older</td> <td></td> </tr> <tr> <td>Disabled</td> <td></td> </tr> <tr> <td>Limited English</td> <td></td> </tr> <tr> <td>Seasonal or Migrant Farmworker</td> <td></td> </tr> </table>	Ages 0 – 2 Years		Ages 3 - 5 years		Ages 6 - 17 years		Ages 18 – 59 years		Ages 60 – 69 years		Ages 70 and older		Disabled		Limited English		Seasonal or Migrant Farmworker		<p>Enter total <b>gross</b> monthly income for <b>all</b> people living in the home. (Gross income is the amount of money received before taxes or anything else is taken out.)</p> <table border="1"> <tr> <td>Paycheck(s)</td> <td>\$</td> </tr> <tr> <td>SSI / SSP</td> <td>\$</td> </tr> <tr> <td>SSA / SSDI</td> <td>\$</td> </tr> <tr> <td>TANF / CalWorks / GA / CAPI</td> <td>\$</td> </tr> <tr> <td>Interest</td> <td>\$</td> </tr> <tr> <td>Pension / Annuity / Premium</td> <td>\$</td> </tr> <tr> <td>Cash</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> </tr> <tr> <td><b>Total Gross Income</b></td> <td><b>\$</b></td> </tr> </table>	Paycheck(s)	\$	SSI / SSP	\$	SSA / SSDI	\$	TANF / CalWorks / GA / CAPI	\$	Interest	\$	Pension / Annuity / Premium	\$	Cash	\$	Other	\$	<b>Total Gross Income</b>	<b>\$</b>
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**List anyone living under the same roof – related or not related (Cousins, Aunts, Uncles, Friends, Roommates)**

If you have more than 8 people in your household, you can write 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	Source of Income
1.		Self			
2.					
3.					
4.					
5.					
6.					
7.					
*8.					

Household Total Monthly Gross Income \$

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?  Yes  No

**ENERGY ACCOUNT INFORMATION**

To which energy bill (**CHOOSE ONLY ONE**) do you want the LIHEAP benefit to be applied? (Attach a copy of the bill or receipt within the last 30 days)

Natural Gas  Electricity

List energy company and account #: **Company Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

Is the utility bill under your name? **Electric Bill**  Yes  No **Natural Gas Bill**  Yes  No

Are your utilities included in rent or sub-metered?  Yes  No  N/A

**ELECTRIC SERVICE**

Is your electricity shut-off?  
 Yes  No  
Do you have a past due notice? (If yes, attach copy of the notice  
 Yes  No along with the bill)  
Are your utilities all electric?  
 Yes  No

**NATURAL GAS SERVICE**

Is your Natural Gas Company the same as your electric Company?  
 Yes  No  N/A  
Is your Natural Gas shut-off? (If yes, attach copy of the notice  
 Yes  No along with the bill)  
Do you have a past due notice?  
 Yes  No

**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 source used to HEAT your home?** A main heating source **MUST** be checked. Attach a copy of the bill or receipt within the last 30 days.

Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Other Fuel

**Do you ever use any of the following to heat your home besides what you selected above? (you can select more than one):**

Attach a copy of the bill or receipt within the last 30 days.

Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Other Fuel  N/A

**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 Dept 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.

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 received 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 paying my energy costs.

X

\*\*\* APPLICANT'S SIGNATURE \*\*\*

Today's Date

**Energy Savings Tips:** I have received information regarding changes I can make to reduce energy use in my home.  
**Energy tips are on the backside of the coversheet.**

X

\*\*\* APPLICANT'S SIGNATURE \*\*\*

Today's Date

**APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.**

ACC# \_\_\_\_\_ Priority Points \_\_\_\_\_ Energy Cost \$ \_\_\_\_\_ Energy Burden: \_\_\_\_\_%

Utility Assistance being provided under which program  HEAP  Fast Track  DENIED

Total Benefits \$ \_\_\_\_\_ Supplements \$ \_\_\_\_\_

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

Agency Defined Priorities:  Medically Needy  Frail Elderly  Severe Financial Hardship  Hard to Reach  Priority Offsets  N/A

Eligibility Certification Date: \_\_\_\_\_ Intake Date: \_\_\_\_\_ Intake Initials Eligibility \_\_\_\_\_

**CERTIFICATION OF INCOME AND EXPENSES FORM**

**The State of California requires the applicant to report all sources of income.  
All adults (18 or older) in your household that DO NOT have income  
OR received cash income, please have them complete this form.**

Name of Adult: \_\_\_\_\_ Address: \_\_\_\_\_

Please check any that apply:

- I receive cash income from other sources (for example, house cleaning, yard work, babysitting, redeeming cans, bottles, selling personal items).  
 I have NO income (Go to Section 2)       I am a full-time student with no income (Go to Section 2)       I work full time

**Section 1: Tell us about your income sources**

1	During the previous month have you been employed part time?	YES	NO
2	During the previous month have you owned your own business?	YES	NO
3	During the previous month did you receive money for any work that you perform only once in a while, like yard work, babysitting, donating blood, etc.?	YES	NO
4	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
5	During the previous month did you receive any of the following: (check mark any that apply) <input type="checkbox"/> <i>Worker's Comp</i> <input type="checkbox"/> <i>Unemployment</i> <input type="checkbox"/> <i>Government Sponsored Benefits</i> <input type="checkbox"/> <i>Child Support</i>	YES	NO
6	Do you receive any of the following (check mark any that apply) <input type="checkbox"/> <i>Annuity Payment</i> <input type="checkbox"/> <i>Pension</i> <input type="checkbox"/> <i>Tribal Casino Payments</i> <input type="checkbox"/> <i>Rental Income</i> <input type="checkbox"/> <i>Insurance Benefits</i>	YES	NO

**Section 2: How did you pay these monthly expenses during the previous months?**

Expense	Monthly Cost	SSI/SSA or Program	Using other asset. What?	Using credit cards	If borrowing or loan, how long?	If someone else pays your expenses, please complete:
Rent or Mortgage	\$					Name: Address: Phone
Electric / Gas Bills	\$					Name: Address: Phone
Food	\$					Name: Address: Phone

**Section 3: Please explain how your monthly expenses were paid**


By signing this form, I affirm that I believe these facts are accurate and true. I give Sacred Heart Community Service 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

## CERTIFICACIÓN DE INGRESOS Y GASTOS (CSD 43B)

**El estado de California requiere que el aplicante reporte todas las fuentes de ingreso.**  
**Todos los adultos (18 años o mayor), en su hogar que NO tienen ingreso o reciben dinero en efectivo, favor de completar esta forma.**

Nombre: \_\_\_\_\_ Domicilio: \_\_\_\_\_

Por favor, marque aquellos que aplican a usted:

- Recibí dinero en efectivo provenientes de otras fuentes (limpieza de casas, jardinería, cuidado de niños, reciclaje, botellas, u otros)  
 No tengo ingresos (Vaya a sección 2)                       Soy estudiante a tiempo completo y no tengo ingresos (Vaya a sección 2)  
 Ninguna de las anteriores

**Sección 1: Tiene usted fuentes de ingreso olvido reportar?**

1 Durante los últimos meses ha trabajado usted horas parciales?	SI	NO
2 Durante los últimos meses ha trabajado usted por su cuenta?	SI	NO
3 Durante los últimos meses ha recibió usted ingresos por algún trabajo que realizó de vez en cuando, por ejemplo como de jardinero, cuidado de niños, donante de sangre u otros?	SI	NO
4 Durante los últimos meses ha recibido usted algun regalo en dinero? Si su respuesta es SI, por favor, escriba el nombre y teléfono de la persona que le regaló ese dinero:	SI	NO
5 Durante los últimos meses recibió usted alguno de los siguientes beneficios: marque todo aquello que usted ha recibido <input type="checkbox"/> <i>Compensación del trabajo</i> <input type="checkbox"/> <i>Desempleo</i> <input type="checkbox"/> <i>Programas de Gobierno</i> <input type="checkbox"/> <i>Manutención de los hijos</i>	SI	NO
6 Recibió usted alguno de los siguientes beneficios: (marque todos aquellos que usted ha recibido) <input type="checkbox"/> <i>Pago de A anualidades</i> <input type="checkbox"/> <i>Pensión</i> <input type="checkbox"/> <i>Ingresos por Alquiler</i> <input type="checkbox"/> <i>Beneficios de Seguro</i> <input type="checkbox"/> <i>Pagos Tribale</i>	SI	NO

**Sección 2: Por favor, díganos como ha pagado sus gastos mensuales durante los ultimos meses:**

Gastos	Gastos Mensuales	Otro Programa (SSI/SSA)	Otros bienes	Tarjeta de credito	Pide prestado o tiene prestamos? Por cuanto tiempo?	Si alguien le ayuda con sus gastos mensuales, por favor complete abajo:
Renta o Hipoteca	\$					Nombre: _____ Dirección: _____ Teléfono: _____
Factura de Energia / Gas	\$					Nombre: _____ Dirección: _____ Teléfono: _____
Alimentación / Comida	\$					Nombre: _____ Dirección: _____ Teléfono: _____

**Sección 3: Por favor, explique como sus gastos mensuales han sido pagados:**

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Al firmar este formato, yo afirmo que estos hechos son exactos y veraces. Otorgo al proveedor de servicios permiso para verificar esta información. Puedo ser responsable bajo la ley estatal o federal por dar información falsa o fraudulenta.

\_\_\_\_\_  
**Firma**

\_\_\_\_\_  
**Fecha**

# 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 Sacred Heart Community Service
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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



## **WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED**

Your consent (permission) for us to obtain and share your utility information, including your energy usage data, is needed for the purposes listed and explained below. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, can provide you with services and benefits available under various programs administered by CSD and your utility companies. The information provided will be shared and retained in accordance with applicable law concerning data security and privacy protections. The information you authorize us to obtain and share will be used for the following purposes:

1. Determine your eligibility for CSD and utility company low-income programs
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills; weatherization services; energy efficiency services, emergency energy services; health and safety measures; solar energy services; consumer information and energy tips
4. Evaluate your home's energy usage 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.

You understand that some services may not be available to you unless you consent to share/release information as stated in this Authorization. You agree that this consent covers utility account, billing and usage information, including up to twelve months of historical data prior to the date of this Authorization, information about any prior weatherization services provided, and subsequent data throughout the period that this Authorization is in effect.

CSD and CSD Partners agree to access and share only the information and data necessary to provide energy assistance services for which you are determined eligible, and to fulfill state and federal requirements for operating these programs. If you are determined not to be eligible for services, no utility information will be accessed or exchanged. CSD and CSD Partners will safeguard your privacy and will store any information gathered in accordance with the security requirements set forth in state law.

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### **Home Energy Assistance Program (HEAP)**

*Helps income-eligible families with a credit of \$175-\$324 on their energy bill.*

### **Programa de Asistencia de Energía para Hogar (HEAP)**

*Ayuda a familias con un crédito de \$175-\$324 en su factura de energía.*

### **INCOME GUIDELINES / GUÍA DE INGRESOS**

<b>Size of Household/ # de Personas en el Hogar</b>	<b>Monthly Income/ Ingreso Mensual</b>	<b>Annual Income/ Ingreso Annual</b>
1	\$2,296.93	\$27,563.16
2	\$3,003.67	\$36,044.04
3	\$3,710.42	\$44,525.04
4	\$4,417.17	\$53,006.04
5	\$5,123.91	\$61,486.92
6	\$5,830.66	\$69,967.92
7	\$5,963.18	\$71,558.16
8	\$6,095.69	\$73,148.28
9	\$6,008.21	\$72,098.52