

**ALL DOCUMENTS MUST BE WITHIN 30 DAYS OF
SUBMITTING YOUR APPLICATION**



Home Energy Assistance Program APPLICATION CHECKLIST & INSTRUCTIONS

Check the box to mark it as complete

- Applicant **must** be 18 years of age or older and have a **current US photo ID** (United States Government issued ID - Driver's License, Permanent Resident Card, work, school ID). **Submit a copy of ID.** The applicant does not need to be the person on the energy bill.
- Complete and sign the back of the application** (page 2)
- Complete Demographic Form** (Page 3). Please complete all fields.
- Complete the Account Holder Name and Mailing Address Form.**

- Attach copies of Income** for the **last 30 consecutive days** for all adults living in the house **related or not related**. **MUST** show name and **Gross Income**. (See list of acceptable income documents on page 5.)
Please send copies only – we do not return documents
- Certification of Income and Expenses Form (CSD-43B)** - Everyone 18 years or older living in this household **related or not** who received **cash income** or had **no income** in the last 30 days must complete and sign **their own form** (last page of this packet).

- Attach a copy of Utility Bill** (all pages) - **MUST** be within **30 days** from when you turn in your Application. This bill **does not** need to be in the applicant's name. Also, include Shut Off Notice if you have one. (See list of acceptable energy bills on page 6.)

- Review your application** – Your application will be **RETURNED** to you if the application is not completely filled out or if it is **not signed and dated on page 2**, if you do not include a current US photo ID or if there are missing or outdated documents. We cannot accept computer font generated signatures.

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

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

SAVE MONEY

ENERGY SAVING TIPS

- Switch to LED or CFL light bulbs
- Turn off lights & unplug appliances you are not using
- Use a power strip & turn it off when you are not using it
- Set your thermostat to 68°F in winter and 78°F in summer
- Use your microwave / crock pot / toaster oven instead of your stove / oven whenever possible
- Use lids on all your pots & pans while cooking
- Turn off faucet while scrubbing pots & pans
- Keep the refrigerator setting 35-38 degrees and the freezer 0-5 degrees F
- Use full loads in cold water, instead of hot, when washing clothes / laundry
- Do laundry during **off peak hours** – check with your utility company for hours
- Clean the dryer lint filter / screen
- Dress for the weather
- Adjust your day to day behaviors
- Use natural light as much as possible when you are at home
- Purchase energy efficient appliances. Choose products with the **ENERGY STAR®** label to get the greatest savings. Although they are usually higher in prices, their operating costs are 9-25% lower than conventional models.

Estimated annual saving of up to \$2,000

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

Please use **black or blue**

Energy Intake Form CSD 43 (10/2022)

First name	Middle Initial	Last Name	Date of Birth (MM/DD/YYYY) / /
Mailing ADDRESS			Unit Number
Mailing City	County	State	Zip Code
SERVICE ADDRESS - ADDRESS WHERE YOU LIVE (THIS CANNOT BE A P.O. Box)			
Is your SERVICE address the same as your MAILING address? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please complete SERVICE address information below.			
Have you lived at this residence during each of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you OWN or RENT your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent			
SERVICE ADDRESS			Unit Number
Service City	County SANTA CLARA	State CA	Zip Code
Social Security Number (SSN):		Telephone Number ()	
E-mail Address: (Optional) If you do not speak English, what language do you speak?			

<p>Enter the total number of people living in the home, <u>related or not related (renters, roommates, etc.) and yourself</u></p>		<p>Enter total number of people, 18 years or older, who received income in the last 30 days</p>	
<p>Demographics – Enter the number of people living in the home related or not related, including you, who are:</p>		<p>Enter total gross monthly income for all people living in the home. (Gross income is the amount of money received before taxes or anything else is taken out.)</p>	
AGES 0 – 2 YEARS		PAYCHECK(S)	\$
AGES 3 - 5 YEARS		SSI / SSP / SSA / SSDI	\$
AGES 6 - 17 YEARS		TANF / CalWorks / GA / CAPI	\$
AGES 18 – 59 YEARS		CHILD / SPOUSAL SUPPORT	\$
AGES 60 – 69 YEARS		UNEMPLOYMENT / WORKER'S COMP	\$
AGES 70 and OLDER		PENSION / ANNUITY / PREMIUM	\$
Disabled		INTEREST / TRUST FUND / IRA	\$
Native American		CASH FROM WORK / OTHER	\$
Limited English		Total Monthly Gross Income	\$

NEED TO SUBMIT DOCUMENTS WITHIN 30 DAYS

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

Are you or someone in your household CURRENTLY receiving CalWORKs? Yes No

Please refer to the chart below to see the monthly gross income (before taxes/deductions)
HEAP Credit \$317

Size of Household	Federal Income Guidelines Gross Monthly Income
1	\$2,882
2	\$3,769
3	\$4,656
4	\$5,543
5	\$6,430
6	\$7,317
7	\$7,484

Mail or drop-off application at Sacred Heart Community Service, 1381 S. First Street, San José, CA 95110

Must complete pages 2 & 3 →

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 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.

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.

*** 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.**

*** APPLICANT'S SIGNATURE ***

Today's Date

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 _____

DEMOGRAPHIC FORM

List anyone living under the same roof – related or not related (Cousins, Aunts, Uncles, Roommates, and Renters)

1) First Name	Last Name	Date of Birth / /	YOURSELF / Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
Total Gross Monthly Income (before taxes) \$ _____ <input type="checkbox"/> Minor (age 0-17)			
Source of Income: <input type="checkbox"/> Paycheck(s) <input type="checkbox"/> SSI/SSP/SSA/SSDI <input type="checkbox"/> CalWorks/GA/CAPI <input type="checkbox"/> Unemployment <input type="checkbox"/> Cash from Work <input type="checkbox"/> Other			
2) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
Total Gross Monthly Income (before taxes) \$ _____ <input type="checkbox"/> Minor (age 0-17)			
Source of Income: <input type="checkbox"/> Paycheck(s) <input type="checkbox"/> SSI/SSP/SSA/SSDI <input type="checkbox"/> CalWorks/GA/CAPI <input type="checkbox"/> Unemployment <input type="checkbox"/> Cash from Work <input type="checkbox"/> Other			
3) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
Total Gross Monthly Income (before taxes) \$ _____ <input type="checkbox"/> Minor (age 0-17)			
Source of Income: <input type="checkbox"/> Paycheck(s) <input type="checkbox"/> SSI/SSP/SSA/SSDI <input type="checkbox"/> CalWorks/GA/CAPI <input type="checkbox"/> Unemployment <input type="checkbox"/> Cash from Work <input type="checkbox"/> Other			
4) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
Total Gross Monthly Income (before taxes) \$ _____ <input type="checkbox"/> Minor (age 0-17)			
Source of Income: <input type="checkbox"/> Paycheck(s) <input type="checkbox"/> SSI/SSP/SSA/SSDI <input type="checkbox"/> CalWorks/GA/CAPI <input type="checkbox"/> Unemployment <input type="checkbox"/> Cash from Work <input type="checkbox"/> Other			
5) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
Total Gross Monthly Income (before taxes) \$ _____ <input type="checkbox"/> Minor (age 0-17)			
Source of Income: <input type="checkbox"/> Paycheck(s) <input type="checkbox"/> SSI/SSP/SSA/SSDI <input type="checkbox"/> CalWorks/GA/CAPI <input type="checkbox"/> Unemployment <input type="checkbox"/> Cash from Work <input type="checkbox"/> Other			

If you have more than 5 people in your household, please list the information on the backside of this paper.

6) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline

Total Gross Monthly Income (before taxes) \$ _____ Minor (age 0-17)

Source of Income: Paycheck(s) SSI/SSP/SSA/SSDI CalWorks/GA/CAPI Unemployment Cash from Work Other

7) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline

Total Gross Monthly Income (before taxes) \$ _____ Minor (age 0-17)

Source of Income: Paycheck(s) SSI/SSP/SSA/SSDI CalWorks/GA/CAPI Unemployment Cash from Work Other

8) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline

Total Gross Monthly Income (before taxes) \$ _____ Minor (age 0-17)

Source of Income: Paycheck(s) SSI/SSP/SSA/SSDI CalWorks/GA/CAPI Unemployment Cash from Work Other

9) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline

Total Gross Monthly Income (before taxes) \$ _____ Minor (age 0-17)

Source of Income: Paycheck(s) SSI/SSP/SSA/SSDI CalWorks/GA/CAPI Unemployment Cash from Work Other

10) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline

Total Gross Monthly Income (before taxes) \$ _____ Minor (age 0-17)

Source of Income: Paycheck(s) SSI/SSP/SSA/SSDI CalWorks/GA/CAPI Unemployment Cash from Work Other

11) First Name	Last Name	Date of Birth / /	Relationship to Applicant
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	Hispanic/Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline

Total Gross Monthly Income (before taxes) \$ _____ Minor (age 0-17)

Source of Income: Paycheck(s) SSI/SSP/SSA/SSDI CalWorks/GA/CAPI Unemployment Cash from Work Other

If you have more than 11 people in your household, please list the information on a separate sheet of paper.

PLEASE ATTACH INCOME DOCUMENTS FOR ALL ADULTS FOR THE LAST 30 CONSECUTIVE DAYS

Attach proof of Household Income for the last 30 consecutive days (**MUST** show name and Gross Income) for anyone living in the house **related or not related**

Income:

- **Paystubs / EDD / SSDI / IHSS** (consecutive pay periods)
- **Self-employment** – Signed and dated 1040 with Schedules 1 & C or a P&L
- **Rental Income** (renting a room, home, office space or property) Signed and dated 1040 with Schedules 1 & E or rental check

Government Sponsored Benefits

- **SSI/SSA** - Award Letter for current year or a bank statement showing deposit
- **CalWORKs • Child/Spousal Support • GA • CAPI**

Other and NO Income

- **Pension** (cannot be from a bank statement) *current* copy of check stub or verification letter, document stating "for life", Annual statement showing the current month or outdated pension letter along with a current bank statement showing the same deposit amount from the old pension letter.
- **Annuity • Bonus • Gas and/or Housing Allowance • Interest • IRA**
- **Certification of Income and Expenses Form (CSD 43B)** – Only adults 18 years or older living in your household **related or not** who received **cash income or no income** in the last 30 days must **complete and sign their own form** (included in this packet). You can use the front and back of this form. If you need more forms, you can make copies or request more by calling 800.278.2183.

Please send copies only – we do not return documents

PLEASE ATTACH ALL PAGES OF YOUR NEWEST ENERGY BILL

Utility bill **MUST** be within **30 days** from when you turn in your Application. The bill **does not** need to be in the applicant's name. Attach **All Pages** of your Energy Bill (include Shut Off Notice if you have one)

- PG&E and/or Santa Clara Utilities, or Palo Alto (need at least 22 days of service) **or**
- Sub-metered Bill **or**
- Letter from Property Manager stating energy is included in rent and how much the energy cost was for the month **or**
- Rent Receipt showing monthly energy cost

Department of Community Services and Development

COMPLETE AND SIGN

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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REVOCAION 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.

REVOCAION OF 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.

CERTIFICATION OF INCOME AND EXPENSES FORM (CSD 43B)

Any adult 18 years or older in the household who DOES NOT have income or received CASH INCOME in the last 30 days must complete their own form. PLEASE COMPLETE ALL SECTION OF THIS FORM.

Name: _____ Address: _____

Please check any that apply:

I receive cash income from other sources I have NO income I am a student I received Government sponsored benefits

SECTION 1: Tell us about your income sources for the last 30 days:

Have you been employed part time? If YES , put exact amount received in Section 4.	YES	NO
Have you been self-employed ? If YES , please submit your 1040 tax form (signed and dated on page 2) along with Schedule 1 & C	YES	NO
Did you receive money for any work that you perform only once in a while, like yard work, babysitting, cleaning houses or received cash income from other sources like recycling, selling personal items, etc.? If YES , put exact amount received in Section 4.	YES	NO
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. If YES , how often? _____ How much \$ _____ Name: _____ Phone: _____	YES	NO
Did you receive any of the following in the last 30 days: (If YES , mark all that apply and provide document(s)) <input type="checkbox"/> Pension <input type="checkbox"/> IRA <input type="checkbox"/> Worker's Comp/SSDI <input type="checkbox"/> Unemployment (EDD) <input type="checkbox"/> SSI/SSA/VA/CAPI/Etc. <input type="checkbox"/> Section 8 Voucher or Agency rental assistance <input type="checkbox"/> Annuity Payment <input type="checkbox"/> Tribal Casino Payments <input type="checkbox"/> Insurance Benefits <input type="checkbox"/> Child/Spousal Support <input type="checkbox"/> Other _____	YES	NO
Have you received rental income from renting out a room or other property in the last 30 days? If Yes, put amount received in Section 4.	YES	NO

SECTION 2: How did you pay these monthly expenses during the last 30 days?

Are you using savings or a home equity loan?	If YES, how much?	\$	YES	NO
Are you using some other asset?	If YES, how much & what are they?	\$	YES	NO
Are you borrowing from credit cards?	If YES, how much?	\$	YES	NO
Are you borrowing from some other source?	If YES, how much and how long and when?	\$	YES	NO

SECTION 3: Please tell us how you paid the following monthly expenses during the last 30 days:

Expense	Monthly Cost	How has this expense been paid? Please explain:	If someone else pays for you, please complete:
Rent or Mortgage	\$		Name: _____
			Address: _____
			Phone: _____
Electric/Gas Bills	\$		Name: _____
			Address: _____
			Phone: _____
Food	\$		Name: _____
			Address: _____
			Phone: _____

SECTION 4: Please explain how your monthly expenses were paid or cash income received in the last 30 days:

(Example: In the last 30 days, I made \$150 in cash babysitting. In the last 30 days, I made \$500 in cash from recycling.)

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 _____

CERTIFICATION OF INCOME AND EXPENSES FORM (CSD 43B)

Any adult 18 years or older in the household who DOES NOT have income or received CASH INCOME in the last 30 days must complete their own form. PLEASE COMPLETE ALL SECTION OF THIS FORM.

Name: _____ Address: _____

Please check any that apply:

I receive cash income from other sources I have NO income I am a student I received Government sponsored benefits

SECTION 1: Tell us about your income sources for the last 30 days:

Have you been employed part time? If YES , put exact amount received in Section 4.	YES	NO
Have you been self-employed ? If YES , please submit your 1040 tax form (signed and dated on page 2) along with Schedule 1 & C	YES	NO
Did you receive money for any work that you perform only once in a while, like yard work, babysitting, cleaning houses or received cash income from other sources like recycling, selling personal items, etc.? If YES , put exact amount received in Section 4.	YES	NO
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. If YES , how often? _____ How much \$ _____ Name: _____ Phone: _____	YES	NO
Did you receive any of the following in the last 30 days: (If YES , mark all that apply and provide document(s)) <input type="checkbox"/> Pension <input type="checkbox"/> IRA <input type="checkbox"/> Worker's Comp/SSDI <input type="checkbox"/> Unemployment (EDD) <input type="checkbox"/> SSI/SSA/VA/CAPI/Etc. <input type="checkbox"/> Section 8 Voucher or Agency rental assistance <input type="checkbox"/> Annuity Payment <input type="checkbox"/> Tribal Casino Payments <input type="checkbox"/> Insurance Benefits <input type="checkbox"/> Child/Spousal Support <input type="checkbox"/> Other _____	YES	NO
Have you received rental income from renting out a room or other property in the last 30 days? If Yes, put amount received in Section 4.	YES	NO

SECTION 2: How did you pay these monthly expenses during the last 30 days?

Are you using savings or a home equity loan?	If YES, how much?	\$	YES	NO
Are you using some other asset?	If YES, how much & what are they?	\$	YES	NO
Are you borrowing from credit cards?	If YES, how much?	\$	YES	NO
Are you borrowing from some other source?	If YES, how much and how long and when?	\$	YES	NO

SECTION 3: Please tell us how you paid the following monthly expenses during the last 30 days:

Expense	Monthly Cost	How has this expense been paid? Please explain:	If someone else pays for you, please complete:
Rent or Mortgage	\$		Name: _____
			Address: _____
			Phone: _____
Electric/Gas Bills	\$		Name: _____
			Address: _____
			Phone: _____
Food	\$		Name: _____
			Address: _____
			Phone: _____

SECTION 4: Please explain how your monthly expenses were paid or cash income received in the last 30 days:

(Example: In the last 30 days, I made \$150 in cash babysitting. In the last 30 days, I made \$500 in cash from recycling.)

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 _____