



***Community Action Partnership
of Riverside County
Helping People. Changing Lives.***

UTILITY ASSISTANCE AND HOME WEATHERIZATION PROGRAMS

You may qualify for utility assistance and no-cost Weatherization of your home or rental unit through the federally funded Low-Income Home Energy Assistance Program (LIHEAP). Eligibility for this program is based on the household's total monthly gross income (see attached guidelines).

Because of significant funding cuts, the federal government requires us to follow priority ratings. The highest priority is households that have both low-incomes and high energy costs, taking into consideration households with elderly and disabled persons, children under six years of age and individuals with medical life threatening conditions (medical certification required). This means some households that received assistance in the past will no longer receive assistance because their priority rating does not fall into the neediest of the needy.

Assistance is based on the number of persons in the household, total household gross income, the cost of energy, and funding availability. Final eligibility is determined only after receipt of the attached completed and signed application and all required documents.

To apply for the program you must complete the attached application. Print clearly utilizing an ink pen, do not use a pencil. If you make an error, do not use white-out. Simply draw a line through the error, initial it, and enter the correct information. Please remember to sign and date your application.

- If you are determined eligible for **UTILITY ASSISTANCE**, the process from approval of your application to payment is approximately 4 to 8 weeks. During this time you must continue paying on your bill. Utility Assistance is provided one time per program year.
- If your application for **WEATHERIZATION** is approved, the period of time from approval of your application to work completed can take approximately 1 to 4 months, depending on the measures to be installed in your home.

A checklist of mandatory documents is included to assist you in the application process. Incomplete and unsigned applications will delay the processing of your application.

Remember: Funding is limited and not all income qualified individuals will be assisted



Address: 2038 Iowa Avenue, Suite B-102, Riverside, CA 92507
P.O Box 5760, Riverside, California 92517-5760
Phone: (951) 955-4900 1-800-511-1110
TTY: (951) 955-5126

CHECKLIST OF MANDATORY DOCUMENTS FOR LIHEAP

All required documents must be included. Incomplete applications will not be accepted and will be returned.



- ☐ **Energy Intake Form - CSD43 (revised 10/2017)**
Fill out and sign - both sides - Please do not use white out

- ☐ **Statement of Citizenship form - CSD600**
Fill out and sign - Please do not use white out

- ☐ **Current (most recent) blue gas bill/propane bill**
Entire bill (all pages). Showing 22+ days of usage

- ☐ **Current (most recent) electric bill**
Entire bill (all pages). Showing 22+ days of usage

Both complete gas and electric bills are needed to process the application

- ☐ **Any disconnection and/or urgent notices (if applicable)**

- ☐ **Included in Rent:** If your utilities are included in the rent you need to attach copy of the rent lease / rental agreement and you and your landlord need to fill out the "UTILITIES INCLUDED IN THE RENT" form. (attached).

- ☐ **All Electric:** If your home is "ALL ELECTRIC"; please indicate so on the application (CSD43)

- ☐ **Household income**

Must be current (last 4-weeks) - Needed for all members of the household

- Paychecks: copies of all check stubs (last 4-weeks), full consecutive month of pay. If there are gaps between pay periods or missing stubs attach brief explanation.
- Unemployment benefits: copies of EDD documentation reflecting a full consecutive month (within the last 4-weeks) or copy of online payment history showing the last 4 weeks of benefits received.
- Disability income/denial of income (State - EDD or Worker's Compensation) or copy of online payment history showing the last 4 weeks of benefits received.
- Child support- proof of income received within the last 4 weeks.
- Alimony (spousal support)- proof of income received within the last 4 weeks
- Social Security (SSA) - current bank statement showing direct deposit, award letter for current year or copy of check.
- Supplemental Security Income (SSI) - current bank statement showing direct deposit, award letter for current year or copy of check.
- TANF (cash aid) current Notice of Action or Passport to Service printout (**Current Month**)
- Pension/Annuities: Current year annual statements or monthly statement (**only**) no direct deposit or bank statement will be accepted
- Self-employment income - (1040 tax form and Schedule C) or profit and loss or journal (1-month)
- Job paid in cash (odd jobs - write statement declaring type of work and the amount of income earned for last 4 weeks)
- Ongoing family assistance- Written letter from family members or friends who have assisted you with ongoing expenses for the last 4 weeks stating what they have provided.

- ☐ **Survey of Income and Expense - CSD-43B**
Need only if you or any household member 18 and older claims no income
Applicant must sign and date - Please do not use white out

- ☐ **CSD-081 Client Customer Consent form (REQUIRED)**

- ☐ **Identification (for applicant only)**

- Copy of Social Security Card. (for applicant only)
- Picture ID with current legal name, California ID or other valid US ID.

- ☐ **Proof of U.S. Citizenship or Legal Resident Status (for Applicant Only).** **Applicant must provide proof of U.S Citizenship or Legal Resident Status at the time of application intake or within 30 days**

- U.S. Birth Certificate (**in the USA**).
- Certificate of Naturalization or Citizenship.
- Military DD214: **IMPORTANT -- must show place of birth.**
- Valid **Permanent** Resident Alien card (green card) -- **temporary work permit (NOT ACCEPTED).**
- U.S. passport or REAL ID CARD
- Baptismal certificate (**must show place of birth**)

- ☐ **Please also include the following**

- Food stamps Notice of Action (current)
- Low income housing (current month) - Section 8 - HUD
- If you are a renter and are interested in Weatherization you must fill out the CSD515A Energy Service Agreement for Occupant and the CSD515C Energy Service Agreement For Rental Property Owner.

LIHEAP UTILITY ASSISTANCE AND WEATHERIZATION PROGRAMS
2020 POVERTY GUIDELINES – Valid through 12/31/21

Household Size	Monthly Income	Yearly Income
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	\$6,228.21	\$74,738.52
10	\$6,360.72	\$76,328.64
11	\$6,493.24	\$77,918.88
12	\$6,625.75	\$79,509.00
13	\$6,758.27	\$81,099.24
14	\$6,890.78	\$82,689.36
15	\$7,023.30	\$84,279.60

LIHEAP UTILITY ASSISTANCE AND WEATHERIZATION PROGRAMS
2021 POVERTY GUIDELINES – Valid through 06/30/22

Household Size	Monthly Income	Yearly Income
1	\$2,431.09	\$29,173.08
2	\$3,179.11	\$38,149.32
3	\$3,927.14	\$47,125.68
4	\$4,675.17	\$56,102.04
5	\$5,423.19	\$65,078.28
6	\$6,171.22	\$74,054.64
7	\$6,311.48	\$75,737.76
8	\$6,451.73	\$77,420.76
9	\$6,591.99	\$79,103.88
10	\$6,732.24	\$80,786.88
11	\$6,872.50	\$82,470.00
12	\$7,012.75	\$84,153.00
13	\$7,153.01	\$85,836.12
14	\$7,293.26	\$87,519.12
15	\$7,433.52	\$89,202.24

INCOME VERIFICATION

1. Proof of income must be current and must cover the most current four (4) weeks from the date submitted. (Documents must cover a full month)
2. Total gross (before deductions) income for all members living in the household at the time application is submitted must be reported.
3. **PLEASE SEND COPIES. ORIGINALS CANNOT BE RETURNED**

COUNTABLE INCOME (CONSIDERED INCOME)	NON-COUNTABLE INCOME (NOT CONSIDERED INCOME)
<ul style="list-style-type: none"> • CALWORKS; Temporary Assistance for Needy Families (TANF): Notice of Action, passport to services, computer printout, benefit letter, copy of welfare check. • Supplemental Security Income: Notice of Planned Action or Form 2458, computer printout from Social Security Office, copy of bank statement showing SSI direct deposit, copy of SSI/SSP check. • Social Security: copy of current check(s), SSA Form 4926, or 2458, computer printout from Social Security Administration Office, Bank Statement showing direct deposit. • Pension and Annuities: copy of a current check, verification on letterhead or annual statement from pension plan. • Wages: Copy of current paycheck stub(s) covering a one-month period and showing gross income. • Dividends (i.e. stocks, bonds or savings accounts). Royalties (i.e. compensation for use of property) • Interest Income: monthly or quarterly bank statement, statement of interest income from bank or agency. • Disability Compensation: copy of a current check, printout or letter from agency or insurance company verifying the compensation amount. • Insurance or annuity payments, regular. • Workers compensation. • Unemployment Benefits: copy of current (last week's) check(s), printout from Employment Development Department. • Jury duty pay. • Military pay. • Child and/or Spousal support: copy of current check. • Support from an Individual: copy of check and statement signed by person providing the support – regular (monthly) • Veteran's Benefits: letter indicating receipt of Veteran's Pension or copy of Veteran's Administration check. • Signed Federal Tax Form 1040 (valid through April 15, for current filing year): Need first 4 pages including Schedule C, or profit and loss journal (1-month). WILL ONLY BE ACCEPTED FOR SELF-EMPLOYED. 	<ul style="list-style-type: none"> • Capital Gains. • Adoption Assistance. • Foster Grandparents and Senior Companion Programs. • Educational assistance - Student income grants loans – Pell grants. • Any Assets Withdrawn from a Bank. • Draw down from Reverse Mortgages. • The Sale of Property (Car or House). • Tax Refunds. • Gifts. • Loans. • Advance pay. • Lump-sum sale of a property. • Lump-Sum Inheritances. • Military combat pay • One-Time Insurance Payments. • One-Time Compensation for Injury. • Withdrawal from Savings. • Food Stamp with NO dollar amount. • Food or Housing vouchers received in Lieu of Wages. • Federal Non-case Benefit Programs (Medicare, Medicaid, School Lunches, and Housing Assistance). • W2 Forms and Medi-Cal cards are not accepted as proof of income. • Earned Income Tax. • Food (CalFresh) Assistance. • Rent (HUD) Assistance.

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: 60073 CAP Riverside Intake Initials: Intake Date:

First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)			
Service Address			Unit Number
Service City	Service County Riverside	Service State CA	Service Zip Code
Have you lived at this residence during each of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or someone in your household CURRENTLY receiving Housing Assistance?				<input type="checkbox"/> Yes <input type="checkbox"/> 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 ☐ No

Do 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 interested in weatherization: ☐ Yes ☐ No **If so, are you a tenant?** ☐ Yes ☐ No **Or an owner?** ☐ Yes ☐ No

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 ☐ No

Home Referred for WX: ☐ Home Already Weatherized: ☐

Department of Community Services and Development

CSD 43B (rev.12/2013)

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	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

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

PROOF OF CITIZENSHIP – ACCEPTABLE DOCUMENTS

If you are a citizen or legal resident of the United States any of the following documents are acceptable as proof of citizenship:

A. Primary Evidence

- Applicants Certificate of Birth showing name and place of birth
- Proof of permanent residence (green card)
- United States Passport showing place of birth
- Report of Birth Abroad of a U.S. citizen
- Certificate of Naturalization
- Certificate of Citizenship
- United States Citizen Identification Card
- Northern Mariana Identification Card
- Statement provided by a U.S. Consular Officer
- American Indian Card with a Classification code "KC"

Please be advised that: Individuals who hold an INS I-94 who are admitted as temporary entrants (such as students, visitors, tourists, diplomats, etc.) are **NOT** eligible to apply. Temporary resident card accompanied by a social security card that says **"For Work Only" is not an acceptable proof of citizenship.**

B. Secondary Evidence

If the applicant cannot present one of the documents listed in A. above, the following may be relied upon to establish U.S. citizenship or nationality:

- Religious Record recorded within 3 months after birth showing a place and date of birth
- Evidence of civil service employment by the U.S. government before June 1, 1976
- Early school records showing school date of admission, child and parent name, date, and place of birth
- Census record showing US citizenship, or place and date of birth, or age of applicant
- Adoption Finalization Papers showing place of Birth in any of the 50 States, District of Columbia, or other US. Jurisdiction such as: Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa or Northern Mariana Islands.
- DD214 (as long as it shows place of birth).
- Any other document that establishes a U.S. place of Birth or in some way indicates U.S. citizenship,

C. Collective Naturalization

If the applicant cannot present one of the documents listed in A or B above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands

Northern Mariana Islands (NMI):

- Evidence of birth in the NMI

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 Section **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 **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 these categories. You can provide other acceptable evidence of your non-citizens 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-5512 (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 "A3"; or
 - 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 Document) anotated "A3"; or
 - 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 annotated "A3").
- ☐ 7. An alien who is a Cuban or Haitian entrain (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 I551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-094 with stamps showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status of 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 as 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 OR 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

Attachment: Lists A and B



***Community Action Partnership
of Riverside County
Helping People. Changing Lives.***

UTILITIES INCLUDED IN THE RENT FORM

Dear Landlord/Property Manager:

The Low-Income Home Energy Assistance Program (**LIHEAP**) assists house-holds in paying their gas and electric expenses. Because of a change in the way **LIHEAP** is administered, applicants must now show how much of their household income is paid towards these energy costs before they can receive assistance. This request is pursuant to the Low-Income Home Energy Assistance Program Reauthorization Act 1994, Public Law 97-35, as amended.

Therefore, in keeping with the intents of Federal Law, landlords and property managers are asked to provide, upon request of LIHEAP applicants, the amount of rent dollars that are spent to pay for gas and/or electricity.

If you are unable to determine the actual cost per unit, you can estimate the costs by dividing the total current energy costs on the utility bill by the number of units serviced by that bill. In addition, your utility company is a good source of information and may be able to assist you with obtaining this information.

Please have your landlord fill out each section as required (applicant – landlord). You must also provide copy of rental agreement and/or lease.

We sincerely appreciate your cooperation.

Date: _____

Applicant's Name: _____

Address: _____

Monthly Amount of Rent Paid towards Gas: \$ _____ Electricity: \$ _____

Landlord's Name: _____

Address: _____



Address: 2038 Iowa Avenue, Suite B-102, Riverside, CA 92507
P.O Box 5760, Riverside, California 92517-5760
Phone: (951) 955-4900 1-800-511-1110
TTY: (951) 955-5126



County of Riverside Community Action Partnership

Helping People. Changing Lives.

P.O. BOX 5760

RIVERSIDE, CA 92517-5760

Name: _____

Date: _____

Dear **Weatherization** Applicant,

Thank you for your interest in the **Weatherization** program. Based on the information you provided on your Intake form **CSD43**, you **might** be eligible to have your home or apartment evaluated for **Weatherization**.

In order to perform an assessment and install feasible weatherization measures in accordance with the funding source, you need to fill out the following forms:

- CSD515A (Rev. 2/12/16) – Energy Service Agreement for Occupied/Unoccupied single or Multi-Unit Rental Units. **This form needs to be filled out whether you rent or own.** If you are a tenant please ensure that the owner fills out the form correctly.
- CSD515C (Rev. 4/29/16) – Energy Services Agreement for Rental Property owner. **This form is to be filled out by rental property management/owner.** (ONLY)

And;

- Consent Form CSD 081 (NEW. 12/2017)

No job can be performed in the property without these forms.

It would be to your advantage to complete and return the forms above mentioned as soon as possible since **Weatherization** assistance is on great demand and we cannot guarantee you will receive these services.

If you have any questions regarding this matter, please contact us directly at (951) 955-6418.

Cordially,

COMMUNITY ACTION PARTNERSHIP OF RIVERSIDE COUNTY
Weatherization Department



ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information			
Select the Dwelling Type		I am the	
Single-Family <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Multi-Unit <input type="checkbox"/>	Owner-Occupant <input type="checkbox"/> Tenant <input type="checkbox"/>
Owner-Occupant or Tenant Information			
Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Telephone Number
Owner-Occupant or Tenant Email Address			Owner-Occupant or Tenant FAX Number

Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner-Occupant or Tenant)

I agree to accept the following TERMS required for my primary residence to receive services from the Department of Community Services and Development (CSD) weatherization programs(s):

1. I certify that the above-listed property is my primary residence.
2. I (the Owner-Occupant or Tenant), grant the Contractor/Agency permission to enter my dwelling to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization services and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed dwelling.
3. I acknowledge that an assessment of my dwelling is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my residence. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
5. I authorize the Contractor/Agency to access my utility company records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
6. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
7. I shall not remove any permanently installed energy conservation measures unless they are damaged or no longer functional in the residence from where they were installed.

Additional Certifications For Owner-Occupants ONLY:

8. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
9. Mobile home units only: I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.

Additional Certifications For Tenants ONLY:

10. I acknowledge that the Rental Property Owner must grant the Contractor/Agency the same permissions by signing CSD 515B Energy Service Agreement for Rental Property Owner before any services are rendered.



ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."
13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property .

I CERTIFY THAT I am the Owner-Occupant or Tenant residing in the dwelling listed above that serves as my primary residence and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order to receive weatherization services under the CSD weatherization program(s).

Owner-Occupant or Tenant's Signature			Date
Contractor/Agency Assurance			
Contractor/Agency (Print name)		Address	
Community Action Partnership of Riverside County		2038 Iowa Ave., Suite B-102	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
	Riverside	92507	(951) 955-4900
Contractor/Agency Email Address			Contractor/Agency FAX Number
info@capriverside.org			(951) 955-2230
<i>The Contractor/Agency agrees to the following:</i>			
<ol style="list-style-type: none">1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.2. Shall ensure that the Contractor/Agency is properly insured.3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.5. Shall provide in writing a list of all weatherization measures installed in the unit.6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.			
Agency Program Manager's Signature		Agency Program Manager's Name (Print name)	Date



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

SECTION 1: Single-Family/Mobile Home Dwelling Information

Tenant Name	Dwelling Address		
City	Zip Code	Type Single <input type="checkbox"/> Mobile <input type="checkbox"/>	

SECTION 2: Multi-Family Dwelling/Complex Information

Number of Eligible Buildings in Complex:		If there are more than three buildings in the complex, use the CSD 515B Additional Buildings page.
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Building #1

Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units

List Qualified Units	List Vacant and Unqualified Units
----------------------	-----------------------------------

Building #2

Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units

List Qualified Units	List Vacant and Unqualified Units
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Building #3

Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units

List Qualified Units	List Vacant and Unqualified Units
----------------------	-----------------------------------

SECTION 3: Owner and Owner's Agent Information

Owner (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Owner Telephone Number
Owner Email Address			Owner FAX Number

If the Owner uses an agent for the above-referenced property, complete both Owner and Agent information.

Agent (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Agent Telephone Number
Agent Email Address			Agent FAX Number



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

SECTION 4: Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner or Owner's Agent)

I agree to accept all of the following TERMS required for my rental property to receive services from the Department of Community Services and Development (CSD) weatherization program(s):

1. I certify that I am the Owner (or Owner's Agent) of the above-listed rental property.
2. I grant the Contractor/Agency permission to enter my property to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization measures and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed rental property.
3. I acknowledge that an assessment of my property is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my property. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I shall not remove any energy conservation measures unless they are damaged or no longer functional in the rental property from where they were installed. If the replaced item (i.e. refrigerator or other appliance) was the personal property of my tenant, the tenant shall retain the replacement energy conservation measure installed by the CSD weatherization program(s).
5. Mobile home units only: I acknowledge that my property may not receive services that require a permit if the registration is not up-to-date.
6. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with any work identified on a summarized list except as a consequence of gross negligence or willful and wanton misconduct.
7. I authorize the Contractor/Agency to access my complex's utility company master-metered records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
8. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
9. I certify that I, as the Owner or Owner's Agent, shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall be charged at the utilities' costs in accordance with California Public Utilities Commission Code Section 739.5 or other applicable government regulations.
10. I certify that I, as the Owner or Owner's Agent, shall not raise the rent of any weatherized unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
11. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
12. I certify that I shall provide a copy of this Agreement explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

13. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
14. I shall submit to the Contractor/Agency a schedule of rents prior to commencement of work.
15. Federal, State or Local Government Rehabilitation Projects only: I certify that if a vacant unit is counted as being an eligible household for purposes of meeting the minimum threshold for whole building weatherization (66% rule), then the unit will become occupied by an eligible family within 180 days after the completion of weatherization (CFR 440.22(b)(2)(ii)).



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

SECTION 4: Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner or Owner's Agent) - continued

I CERTIFY THAT I am the Owner or Owner's Agent of the Dwelling or Complex listed above, and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order for my property to receive weatherization services under the CSD weatherization program(s).

Owner's (or Owner's Agent's) Signature

Date

SECTION 5: Whole Building Weatherization Acknowledgment

I CERTIFY THAT I am the Owner or Owner's Agent of the Multi-Family Building(s) listed above, and that the Contractor/Agency has informed me that buildings on my property may qualify for Whole Building Weatherization, provided that the building is income-qualified. Based on the information provided, I choose one of the following options:

_____ If the required number of units are income-qualified, I authorize the Contractor to install Whole Building Measures. Whole Building Measures include weatherization services to all units in a building and may include ceiling insulation and exterior lighting where feasible.

_____ I authorize the Contractor/Agency to install individual unit weatherization measures, which does not include ceiling insulation, exterior lighting or other whole building measures.

Owner's (or Owner's Agent's) Signature

Date

SECTION 6: Contractor/Agency Assurance

Contractor/Agency (Print or type name)

Address

Community Action Partnership, Riverside County

2038 Iowa Ave., Suite B-102

CSLB Number (if applicable)

City

ZIP Code

Contractor/Agency Telephone Number

Riverside

92507

(951) 955-4900

Contractor/Agency Email Address

Contractor/Agency FAX Number

info@capriverside.org

(951) 955-2230

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the rental unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor/Agency Program Manager's Signature

Contractor/Agency Program Manager's Name (Print name)

Date

Required Documentation:

Rent schedule received from Property Owner, if applicable?

Y

N

If applicable, CSD 75P completed?

Y

N

Required Contractor Response:

Building is eligible for whole-building weatherization?

Y

N

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 CAP Riverside
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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



Customer Intake Form

CUSTOMER INFORMATION			
Last Name		First Name	
Date of Birth		Today's Date	
Phone ()		Email	
Address		City	
Zip Code		Office Location CAP Energy	
GENDER		MARITAL STATUS	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
ETHNICITY			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
INDICATE YOUR RACE (SELECT ONE)			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unspecified			
INDICATE YOUR EDUCATION (SELECT ONE)			
<input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 12+ Some Postsecondary <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> 9-12 Education <input type="checkbox"/> GED <input type="checkbox"/> Graduate Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Unspecified <input type="checkbox"/> Vocational School			
INDICATE YOUR HEALTH INSURANCE (SELECT ONE)			
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Provided by Employer <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Unknown			
MILITARY STATUS (SELECT ONE)		DO YOU RECEIVE FOOD STAMPS?	
<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> No Military		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	
ARE YOU DISABLED?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer			
FARMER (SELECT ONE)		WORK STATUS (SELECT ONE)	
<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term > 6mos <input type="checkbox"/> Unknown	
DO YOU RECEIVE WIC? (SELECT ONE)		NON-CASH BENEFITS (SELECT ONE)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> LIHEAP <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> WIC	
INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:			\$
<input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> Alimony <input type="checkbox"/> Rental <input type="checkbox"/> EITC <input type="checkbox"/> Work Comp <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Service - Disability <input type="checkbox"/> VA Non-Service - Disability			
HOUSING STATUS (SELECT ONE)			
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Own - Multi-Family <input type="checkbox"/> Own - Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Temp Stable <input type="checkbox"/> Temp Unstable			

Please complete this side of the form for additional members of your household.

Customer Information					Using the key below please answer the following questions						Using (Y) for Yes or (N) for No please answer the following						Income	
First Name	Last Name	Date of Birth	Male or Female	Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Served in Military	Food Stamps	WIC	Disabled	Farmer	Income	Primary Income Source		

Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Source of Income
A. Single B. Married C. Domestic Partner D. Divorced E. Separated	A. Brother B. Child C. Father D. Foster Child E. Foster Parent F. Friend G. Grandchild H. Grandparent I. Mother J. Other K. Other Related L. Other Relative M. Sister N. Spouse O. Stepfather P. Stepmother	A. Hispanic or Latino B. Non-Hispanic or Non-Latino	A. American Indian or Alaskan Native B. Asian C. Black/African American D. Caucasian (White) E. Hawaiian/Pacific Islander F. Multi-Race G. Other	<i>If household member is over age of 18 indicate highest grade completed</i> A. 0-8th grade B. 9-12th grade C. High School Grad D. GED E. 12 + some secondary school F. 2 -year College graduate G. 4-year College graduate H. N/C Child under age of 18	<i>Please indicate your source of Health Insurance</i> A. No Health Insurance B. Direct Purchase C. Employment Based D. Medicaid E. Medicare F. Military Health Care G. State Children's Health Insurance H. State Insurance for Adults I. Unknown	<i>Please indicate your primary income source</i> A. Employment B. TANF C. Public Assistance D. Self-Employment E. Alimony F. Child Support G. Interest/Dividends H. Pension I. Rental J. Social Security K. SSDA L. SSI M. Veterans N. Work Comp