



COMMUNITY RESOURCE PROJECT, INC.

****Application with WHITE OUT will not be accepted****

****You can apply every 12 months only****

**** This is not a guaranteed program****

Dear H.E.A.P. Applicant:

The 2015 Home Energy Assistance Program application you requested is enclosed. **If you are eligible for H.E.A.P process will take 2 to 3 months before a credit is applied, in the meantime you must continue to make payments on your account.**

****Please MAIL BACK your complete application to****

C.R.P. - H.E.A.P.
230 Harris Ave, Suite 1
Sacramento, CA. 95838

Attach the following with your application, acknowledgment and 43B form

- **Copies** of I.D and Social Security Card for all adults 19yrs+
- **Current copy** of all income/support received in by everyone in in your household in the last 6 weeks.
- **Current SMUD** and **PG&E bills**, which must cover at least 22 days of service at your current address. Bill must have billing name, service address and account number
- **Copy** of current rent receipt, **SEC 8** or **Housing agreement, Mortgage statement**
- If **ADULTS** in the home have **NO INCOME** please fill out **43B form for each person separately.**

Please note: All documents with the application must be dated within the past 6 weeks

- Applications submitted without copies of income for all household members and copies of all utility bills will be **DENIED.**



HEAP Income Requirements

**All Income and Support received in your Household
Within the last 6 weeks MUST be provided!**

If Household Received

Must provide us with

Wages/Earned income paid

- Monthly (once a month)
- Semi-monthly (2 specific days a month)
- Bi-weekly (every other week)
- Weekly (once a week)

- Last pay stub
- Last 2 pay stubs
- Last 3 pay stubs
- Last 5 pay stubs

Remember!

**Out-of-date Income
will not be accepted.**

All must be current!

Unemployment Benefits/ Worker's Comp State Disability Insurance-SDI

Last 3 stubs. If missing, obtain your Payment History for the last 6 weeks

SSI/SSP/Social Security

Current month's print out. For a copy, visit your local Social Security Office ***

Pension/Retirement/Annuities

Current month's stub or statement ***

AFDC/TANF-CalWorks, General Assistance

Current month's aid printout. For a copy, visit your local Welfare Office

Self-Employed

Signed & Dated 2013 (1040 Tax forms & Schedule C)
After April 14, 2015 we will only accept 2014 taxes

Child/Spousal Support

Current month's statement ***

Foster Care/Adoption

Current month's letter showing dollar amount. Must show payments come from Adoption or Foster Care

Student Financial Aid

Current Semester's Award Letter. For a copy, visit your Financial Aid Office or print offline

Veteran's Benefits

Current month's benefit letter ***

Other Sources of Income

Current statement for odd jobs with dollar amount & date

Support from Family & Friends

Statement from person providing support, with dollar amount, signature, date, address and their phone #

Department of Community Services and Development
 Energy Intake Form
 CSD 43 (12/2014)

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

PEOPLE LIVING IN HOUSEHOLD
 Enter the total number of people living in the household, including the applicant -->

Enter the number of people who are:

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

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

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

TANF	\$	
SSI/SSP	\$	
SSA/SSDI	\$	
Paycheck(s)	\$	
Interest	\$	
Pension	\$	
Other	\$	
TOTAL INCOME	\$	

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

Which utility company do you want paid?

Account Number:

Name of customer on the utility bill:

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

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

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

Natural Gas Propane Wood Other Fuel
 Electricity Fuel Oil Kerosene Unknown

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

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

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

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

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

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

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

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

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

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

 Applicant's Signature Date Witness' Signature (if signed with an X)

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

Applicant: Do not fill out the information below. This section is for official use only.

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

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

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

Type of Dwelling: MFD - Owner, 2 - 4 units Mobile Home - Owner Shelter: # of units _____ Unoccupied MFD: 2 - 4 units
 SFD - Owner, 1 unit MFD - Rental, 2 - 4 units Mobile Home - Rental Total # of residents: _____ Unoccupied MFD: > 5 units
 SFD - Rental, 1 unit MFD - Owner, 5 or more units MFD - Rental, 5 or more units

Energy Cost = \$ _____ Energy Burden = _____ %

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

Home Energy Assistance Program Acknowledgement of Eligibility Process

I, _____, have
(Print your name here)
 applied for the energy assistance program on _____.
(Today's Date)

I understand this is not an emergency program, and it will take two or three months before a credit appears on my utility bill.

I also understand that, due to the reduction of applications that will be processed this year and the requirement of the State of California to prioritize applications, I may not be assisted during this contract year. If this should be the case, COMMUNITY RESOURCE PROJECT, INC. will notify me in writing at least (30) days after I have submitted my application, but no later than ninety (90) days.

Enter the name and age of everyone living in the household:

Name	Age

I acknowledge that I have received educational materials and I agree to read them.

Applicant's Signature: _____ Date _____

In-Take Worker: _____ Date _____

ADULT WITH NO INCOME

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: _____ Address: _____ Phone: _____
Utility Bills	\$		Name: _____ Address: _____ Phone: _____
Food	\$		Name: _____ Address: _____ Phone: _____

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 _____

**STATE OF CALIFORNIA
RESPONSIBILITY STATEMENT**

**Department Community Services & Development
2389 Gateway Oaks, Suite 100
Sacramento, CA 95833**

(1) I, _____ resident at
LAST FIRST M.I.

(2) _____
STREET ADDRESS CITY, STATE ZIP

(3) My utility bill is in the name of _____
NAME

He/She is my _____. I am responsible for payment of the utility bill for the above address.

(4) I certify that all the information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for E.C.I.P.

(5) _____
SIGNATURE DATE

(6) _____
SIGNATURE (INTAKE WORKER) DATE

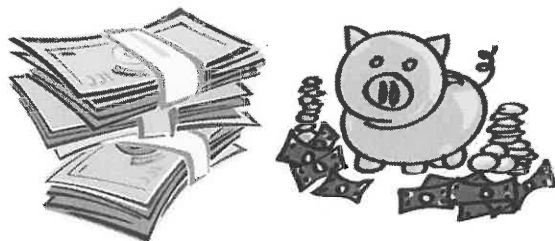
Community Resource Project, Inc



Saving Energy ...Saves you Money!!!

Start saving money and energy today

- ❖ *Turn off lights , radio & TV when not in use*
- ❖ *Use the washer & dryer with a full load of clothes*
- ❖ *Use the dishwasher washer with full load of dishes*
- ❖ *Clean and /or change furnace filter on a regular basis*
- ❖ *Follow safe habit when using gas and electric appliances*
- ❖ *Let the sunshine light your home*
- ❖ *Weatherize your home*



ATTENTION

AGENCY PRIORITY PLAN

To qualify for assistance, you must meet

ALL the following conditions:

- Be Income qualified
- Be a new applicant
- Have a high energy burden
- Have a vulnerable household resident

What is a high energy burden?

You must have a Customer bill for the last 30 day

Example: 1/1/2014 – 1/30/2014

\$80.-\$150. is consider a high bill

**** If you have not paid your full bill in the 2 to 3 months and now it has accumulated to \$300. This is not a high energy burden because it is for 3 months not 30 days****

Who falls within the vulnerable category?

A household who has 1 or more residents who are:

- Elders at least 60 years of age
- Disabled (receiving disability income, excluding SDI)
- Children under 5 years of age

A REMINDER TO ALL CLIENTS:
HEAP will assist clients who meet
the criteria listed above.