



HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Helping **Alameda County** Residents Pay Their PG&E/Alameda Municipal Power Bills

Completed application **must** include:

- ✓ YOUR COMPLETE APPLICATION FORMS
- ✓ **COPY OF APPLICANT'S** GOVERNMENT-ISSUED PHOTO ID (ex: driver license, state ID, or US passport) no more than 1 year past the expiration date (seniors 60+ may provide ID more than 1 year expired)
- ✓ COMPLETE/UNALTERED **COPY** OF **MOST RECENT** ENERGY BILL(S) (ex: PG&E and/or Alameda Municipal Power)—Include any applicable shut-off notices (ex: 15-day, 48-hour).
- ✓ PROOF OF INCOME—All household members must provide complete/unaltered **COPIES** of income documents issued no more than 30 days ago (unless stated otherwise). Common examples include:

Type of Income	Required Document Options
Employment (Ages 18+ only)	<ul style="list-style-type: none"> • All <u>consecutive</u> pay statements/pay stubs for the last 30 days. If paid weekly, provide 4 consecutive stubs; if bi-weekly, provide 2.
Social Security SSI/SSP or SSA/SSDI	<ul style="list-style-type: none"> • Current year's award letter • Most recent bank statement (for direct deposit)
Pensions/Annuities/IRAs	<ul style="list-style-type: none"> • Lifetime award letter (<u>no bank statements</u>) • Most recent check stub • Award letter for the last 30 days
CalWorks/GA/GR	<ul style="list-style-type: none"> • Notice of Action, verification letter, or printout summary • Check or bank statement (for direct deposit)
Self-Employed	<ul style="list-style-type: none"> • <u>Signed & dated</u> copy of current Federal Income Tax forms 1040, Schedule 1, and Schedule C • Hand- or type-written copy of ledger/journal for the last 30 days
Unemployment/EDD	<ul style="list-style-type: none"> • Most recent 4 weeks of pay stubs • Payment history • Current award letter
Child Support	<ul style="list-style-type: none"> • Recent copy of child support notice from the court within the last 30 days • <u>Signed & dated</u> letter from the paying parent stating the monthly amount
Loans/Gifts	<ul style="list-style-type: none"> • <u>Signed & dated</u> letter from the lender with specific amount, date(s), and their telephone number
Worker's Compensation	<ul style="list-style-type: none"> • Check or check stub • Current printout or award letter

❖ NO INCOME? Households that do not or cannot provide proof of income must complete form CSD 43B Certification of Income and Expenses (included). This is not required if your household provides income documentation.

Apply online at CALIHEAPApply.com -or- MAIL your completed application and REQUIRED DOCUMENTS to:

Spectrum Community Services
LIHEAP Program
P.O. Box 4317
Hayward, CA 94540-4317

DO NOT USE WHITE-OUT, TAPE, STAPLES, OR PAPER CLIPS

LIHEAP Applicant Eligibility

Because of significant funding cuts, the federal government enacted a law requiring that states target households with low incomes and high energy costs, taking into consideration households with seniors (60+ years old) and persons with disabilities, and children under six. This means there could be households that receive assistance in the past and will no longer receive assistance because they fall into a low priority group and are not considered among the neediest of the needy.

Eligibility is based on the household's total gross monthly income (before taxes), which cannot exceed the 2023 LIHEAP Income Guidelines listed in the chart below:

2024 Monthly Gross Income Guidelines

HOUSEHOLD SIZES	1	2	3	4	5	6	7	8
MONTHLY PRE-TAX INCOME	\$2,882.83	\$3,769.83	\$4,656.83	\$5,543.92	\$6,430.92	\$7,317.92	\$7,484.25	\$7,650.58

WHAT TO EXPECT AFTER YOU APPLY:

	ONLINE	BY PAPER (ex: mail)
1	Email sent confirming application successfully submitted	Postcard sent via USPS confirming application received
2	Email sent with an update:	Letter sent via USPS with an update:
	2a. Missing document(s) needed	2a. Missing document(s) needed
	2b. Application eligible for LIHEAP benefit (letter also sent via USPS)	2b. Application eligible for LIHEAP benefit
	2c. Application denied with reason (letter also sent via USPS)	2c. Application denied with reason

Remember: LIHEAP is *not* an entitlement program. All applicants are encouraged to continue paying on their energy bill. Spectrum also offers weatherization services to help households' lower their utility bills.

ADDITIONAL RESOURCES

ENERGY PROVIDERS IN ALAMEDA COUNTY

- Pacific Gas & Electric Company (PG&E) – PGE.com • 800-743-5000
- Alameda Municipal Power (only for residents of the City of Alameda) – AlamedaMP.com • 510-748-3900
- Ava Community Energy (formerly EBCE) – avaenergy.org • 833-699-3223

SPECTRUM COMMUNITY SERVICES – SpectrumCS.org • 510-881-0300

Energy Assistance Programs

- Home Energy Assistance Program (LIHEAP) – Helping Alameda County residents experiencing low income pay their PG&E or Alameda Municipal Power bills.
- Weatherization Assistance Program – Helping Alameda County residents experiencing low income improve their homes with energy-saving measures and appliances.

Senior Programs (for all Alameda County residents who are 60 years of age or older)

- Senior Meals – Congregate meals for active seniors at a many locations throughout northern, central and southern Alameda County.
- Meals on Wheels – Home-delivered meals in the cities of Dublin, Pleasanton, Sunol, and Livermore.
- Fall Prevention – Classes virtually and in-person throughout the northern and central county for at-risk, low-income seniors to reduce/prevent falls that can lead to devastating health complications.
- Connect – Wellness check-ins, reassurance calls, and friendly visits to combat social isolation.



Energy Intake form SCS-CE-43

APPLICANT INFORMATION

Your First Name:			Middle Initial:			Your Last Name:					
Your Social Security Number						Your Date of Birth (MM/DD/YYYY)					
Your Race: <input type="radio"/> Native American or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Multirace (2 or more races) <input type="radio"/> Other <input type="radio"/> Unknown / Decline to state											
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Unknown/Decline to State						Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Unknown/Decline to state					
Mailing Address:						Unit Number:			Do You Own or Rent Your Home? <input type="radio"/> Own <input type="radio"/> Rent		
Mailing City				Mailing County:		Mailing State: CALIFORNIA		Mailing ZIP Code:			
Service Address (where utility is delivered) <input type="radio"/> Same as above (Do not use P.O. Box)									Unit Number:		
Service City:				Service County: ALAMEDA		Service State CALIFORNIA		Service Zip Code			
Have you lived at this service address during the last 12 months? <input type="radio"/> Yes <input type="radio"/> No						Do you currently live at this service address? <input type="radio"/> Yes <input type="radio"/> No					
Home Phone				Email Address							
Mobile Phone											
Preferred language if other than English:				Preferred contact method: <input type="radio"/> Email <input type="radio"/> Text <input type="radio"/> U.S. Mail				Best time to reach you: <input type="radio"/> Morning <input type="radio"/> Afternoon <input type="radio"/> Evening			

ENERGY BILL INFORMATION

Which energy bill do you want your LIHEAP benefit to be applied? (Choose only one)
 Natural Gas Electricity Wood Propane Fuel Oil Kerosene Manufactured Log Pellets Other Fuel

Utility Provider: Pacific Gas & Electric (PG&E) Alameda Municipal Power (AMP) **Account Number:**
 My utility is sub-metered My utility is included in rent

My utility has been shut off I have a Past Due Notice for this account My utilities are all electric

Is your natural gas provider the same as your electricity provider? Yes No N/A
 Are you the account holder for the electricity bill? Yes No Are you the account holder for the natural gas bill? Yes No

What is the main fuel used to heat your home? (Choose from among the options below) _____
 What additional sources, if any, do you use to heat your home? Check all that apply:
 Natural Gas Electricity Wood Propane Fuel Oil Kerosene Manufactured Log Pellets Other Fuel

Wood, Propane, Fuel Oil Service (WPO), Kerosene, or Other
 Are you currently out of fuel? Yes No N/A Approximately how many days until you run out of fuel? _____ N/A

Household Demographics—Including yourself, how many members of your household are:

Race:		Gender:	
_____ Native American or Alaska Native	_____ Asian	Self-Identified Male _____	Self-Identified Female _____
_____ Black or African American	_____ Native Hawaiian or Pacific Islander	Unknown/Decline to State _____	Other _____
_____ White	_____ Multirace (more than 2 races)	Ethnicity: Hispanic, Latino, or Spanish origin _____	
_____ Other	_____ Unknown / Decline to state	Non-Hispanic, -Latino, or -Spanish origin _____	
		Unknown/Decline to State _____	

Internal use only:	Intake Date _____	Eligibility Certification Date _____
(10.9.23)	Discontinuation of Energy Services prevented? Yes / No	Referral Agency _____

Household Demographics & Income

Household Information

How many people live in the household including yourself?

How many people in your household are:

Ages 0 - 2 Years _____

Ages 3 - 5 Years _____

Ages 6 - 18 Years _____

Ages 19 - 59 Years _____

Ages 60 + _____

Also, how many people in your household are:

Disabled _____

Native American _____

Seasonal or Migrant Farmworker _____

Does anyone in the household currently receive CalFresh (SNAP/food stamps)?

Yes No

Income

How many household members receive income?

Enter the total **GROSS monthly** income for all persons living in the household. You must send copies of income documents for all household members.

Paychecks \$ _____

Pensions \$ _____

TANF / CalWORKS / GA / GR \$ _____

Self-employed (contract work, Uber/Lyft, Door Dash Driver, recycling, etc.) \$ _____

SSI / SSP & SSA / SSDI \$ _____

Unemployment \$ _____

Other \$ _____

TOTAL GROSS MONTHLY INCOME \$

HOUSEHOLD MEMBERS

Enter the information below for ALL members of your household including yourself. If you have more than 7 people in your household, please list the information on a separate piece of paper.

FIRST & LAST NAME	RELATIONSHIP TO YOU	DATE OF BIRTH (MM/DD/YY)	SOURCE OF INCOME	AMOUNT OF GROSS MONTHLY INCOME (Before taxes/deductions)
1. Applicant (You)	Self	(Same as on page 1)		
2.				
3.				
4.				
5.				
6.				
7.				
TOTAL HOUSEHOLD GROSS MONTHLY INCOME			\$	

CONSENT TO APPLY FOR BENEFIT AND SERVICES

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.

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.

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

Only required when the LIHEAP applicant is not the energy utility account holder

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 Spectrum Community Services, Inc.
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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

This form must be completed **ONLY** when your household cannot or does not provide proof of income.

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?				
YES	NO	During the previous month have you been employed part time?		
YES	NO	During the previous month have you been self-employed?		
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?		
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:		
YES	NO	During the previous month did you receive any of the following: (circle any that apply)		
		WORKER'S COMP	UNEMPLOYME	GOVERNMENT SPONSORED BENEFITS
YES	NO	Do you receive any of the following (circle any that apply)		
		ANNUITY	PENSION	TRIBAL CASINO PAYMENTS
		RENTAL INCOME	INSURANCE BENEFITS	

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Put Notary stamp below, if needed (DOE only) or have Executive Director Sign here

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____ Phone: _____
			Address: _____
Utility Bills	\$		Name: _____ Phone: _____
			Address: _____
Food	\$		Name: _____ Phone: _____
			Address: _____

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature:		
By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Signature	Date
Signature	Date	