



Great Northern Corporation (GNC)

780 S. Davis Avenue
P.O. Box 20
Weed, CA 96094
(530) 938-4115
Fax (530) 938-1040
www.gncCorp.org

Home Energy Assistance Program and Weatherization Application and Supporting Documentation Check List

- Home Energy Assistance Program and Weatherization GNC Application:** Completed in blue or black ink.
 - Home Energy Assistance Program and Weatherization Firewood/Pellet Usage Form:** Completed, signed and dated in blue or black ink.
 - Home Energy Assistance Program and Weatherization Acknowledgement of Education Pamphlet Receipt:** Completed, signed and dated in blue or black ink.
 - Energy Intake Form – CSD43:** Completed, signed and dated in blue or black ink. Do not use white out.
 - Survey of Income and Expenses:** Completed, signed and dated for each person who is over 18 (except high school students) and has no income. Please call 530-938-4115 ext. 120 for additional forms.
 - Income:** Copies of all sources of income for each member of the household who is over 18 (except high school students) for the last 30 days. See the Instruction Packet examples
 - Pacific Power Bill:** Copy of your entire Pacific Power bill dated within the last 30 days.
 - Fuel/Kerosene/Propane Bill or Estimate:** Copies of *ALL* your recent fuel, kerosene and/or propane bills dated within the last 30 days. Please provide estimates if you do not have current bills.
- Complete and submit all documentation requested above. Omissions will cause delays or prevent assistance.
 - For personal assistance in completing the application, you can contact your nearest family resource center or call 530-938-4115 ext. 120.
 - Mail **ALL** pages of the application packet to:
Great Northern Corporation - ATTN: HEAP
P.O. Box 20
Weed, CA 96094
 - Applications are processed on a State of California mandated point system.
 - When your application is processed, you will be notified by mail. Due to the volume of applications we receive, it could take up to several months to be approved.



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Home Energy Assistance Program and Weatherization

GNC Application

Name: _____ Social Security # _____

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Message Phone: _____

Energy Assistance Type: Please circle the type of energy assistance you are requesting. This must match the utility you choose to be helped with on the ENERGY INTAKE FORM.

Propane

Heating Oil/Kerosene

Firewood

Electric

List all household members:

Name	Relationship	Age	Disabled	Income Amount and Source
	Self		Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	

Total Household Members: _____

Weatherization: Would you like your home considered for weatherization services? YES NO (circle one)

Has your residence been weatherized? YES NO Year residence built: _____ APN # _____

If you would like weatherization services and your home has not been weatherized in the past 20 years, you will be put on the waiting list.

Is your residence? House Apartment Duplex Mobile Home Other _____

Main heating source: _____ Alternate heating source: _____

Do you own or rent? (circle one) Monthly rent or mortgage: _____



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Home Energy Assistance Program and Weatherization
Firewood/Pellet Usage Form

Name: _____

Signature: _____ Date: _____

Home Address: _____ City: _____ Zip: _____

This form helps us evaluate your total energy cost.

Please complete this form if you use any firewood or pellets to heat your home even if:

- You have not purchased firewood/pellets recently
- You are requesting another form of energy assistance

I spend approximately \$ _____ a month for wood/pellets (circle one).



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Home Energy Assistance Program and Weatherization Education Pamphlet Receipt

The Home Energy Assistance Program (HEAP) was established in 1981. HEAP is a federally funded program that helps low-income households pay their energy bill. Assistance is in the form of a dual or single party warrant, or direct payment to a utility company on behalf of an eligible applicant. Eligibility is based on the household's total monthly income, which cannot exceed the HEAP income guidelines. 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 elderly and disabled persons and children under six years of age. *This means there could be households that received assistance in the past that will no longer receive assistance because they fall into a low priority group and are not considered among the neediest of the needy.* The amount of assistance is based on the number of persons in the household, total household income, the cost of energy within the county the household resides, and funding availability. An incomplete/incorrect application will take additional time to process or may be rejected. Persons living in board-and-care facilities, nursing or convalescent homes, or in jail or prison are not eligible for HEAP.

The local community services agencies are responsible for processing intake applications and the Department of Community Service and Development (CSD) is responsible for HEAP payments.

I have read and understand the facts stated here regarding the HEAP program and have received and read the Energy Education Pamphlet.

Name: _____

Signature: _____ Date: _____

Home Address: _____ City: _____ Zip: _____

Please sign, date and return with this packet
APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS FORM

Department of Community Services and Development
 Energy Intake Form
 CSD 43 (12/28/2012)

								0	0	0	0				
Priority Points:		A.C.C.													
Job Control Code															

Agency:				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 your rent or sub-metered.

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 information with other offices of the state and federal governments. 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

Department of Community Services and Development

CSD 43B (rev.1/31/2012)

SURVEY 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