

## 2025 Energy Assistance and Weatherization Application Required Documentation Check List

Use only blue or black ink, do not use white out. Make sure you complete, sign, and date all forms.

### Required items included in application packet:

- CSD 43 — Energy Intake Form**
- Self-Certification of Disability:** Required for all households with a disabled household member(s).
- CSD 81 — (Utilities) Account Holder Authorization and Consent Form**
- Fuel/Kerosene/Propane Usage Form or a Bill Dated within the last 30 days**
- Firewood/Pellet Usage Form:** Required for all households with a wood/pellet heat source
- CalFresh/CalWORKS:** If someone in your household receives CalFresh/CalWORKS benefits you need to provide a current copy of their Verification of Benefits. If they do not have a current copy, complete the included request form and return it with your application.
- Energy Assistance and Weatherization Great Northern Services Application.**
- Energy Assistance and Weatherization Information and Education Acknowledgement**
- Dwelling Details Form**

### Required items not included in application packet:

- Government Issued ID —** Applicants must provide government issued proof of identification to receive assistance. See instruction packet for acceptable forms.
- Income when someone in your household receives CalFresh/CalWORKS:** Your household is considered categorically income eligible and you need to accurately self-report all household members' gross monthly income on the CSD 43 Intake Form.
- Income documentation required if not categorically eligible:** You must provide acceptable documentation of all sources of income in the last 30 days for each member of the household. All household members over 18 who **do not have an income** need to complete, sign and date a copy of the **Certification of Income and Expenses**. (Household members still in high school are exempt from this requirement, please make a note of their status.)
- Pacific Power Bill:** Copy of your entire Pacific Power bill dated within the last 30 days. **If the Power Bill is not in the applicant's name** the Account Holder & Authorization Form (CSD 081, included) must be completed by the account holder.

- Complete and submit all documentation requested above. Omissions may cause denial of assistance.
- For assistance in completing the application, call 530-938-4115 **ext. 120** or text 530-938-4115.
- Submit your application online or mail **ALL** pages of the application packet with your documentation to:

**Great Northern Services – ATTN: Energy**  
**310 Boles St.**  
**Weed, CA 96094**

- Applications are processed on a State of California mandated point system, minimum point thresholds may apply, and not all households who qualify will receive assistance.
- You will be notified when we receive your application. If assistance can be provided you will be notified by U.S. Mail. **Due to the volume of applications we receive, it could take up to several months for yours to be processed.**

**State of California**  
**Department of Community Services and Development**  
 Energy Intake Form  
 CSD 43 (07/2024)

<i>Official Use Only:</i>	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency:	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	Service State	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			
Do you own or rent your home?..... <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code
Social Security Number (SSN):		Home Phone ( )	
Mobile Phone ( )	Do you agree to opt in to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail Address:			

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →	○	<b>INCOME</b> Enter the total number of people who receive income →	○
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total <b>gross</b> monthly income for <b>all</b> people living in the household:</i>	
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		<b>Total Monthly Income</b>	<b>\$</b>

**HOUSEHOLD MEMBERS**ENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS.

If you have more than 6 people in your household, please list the information on a separate piece of paper.

**APPLICANT (HOUSEHOLD MEMBER 1)**

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Have you served or are you an immediate family member of someone who served in the United States military? <input type="checkbox"/> Yes, I have Served  <input type="checkbox"/> Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military  <input type="checkbox"/> No  <input type="checkbox"/> Decline to State		I consent to this agency, and CSD, transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I or my family member may be eligible. I understand that this consent is valid for 12 months.  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 2**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 3**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 4**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 5**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 6**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

Are you or someone in your household **CURRENTLY** receiving CalFresh (Food Stamps)?  Yes  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  Manufactured log  Pellets  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  Manufactured log  Pellets  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  Manufactured log  Pellets  Other Fuel  N/A

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.

<b>X</b>		
	<b>*** APPLICANT'S SIGNATURE ***</b>	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.

<b>APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.</b>	
Utility Assistance being provided under which program → <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> HEAP WPO <input type="checkbox"/> ECIP WPO	
Base Benefit \$ _____	Supplement \$ _____ Total Benefit \$ _____
Total Energy Cost \$ _____	Energy Burden _____
Energy Services Restored after disconnection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection of Energy Services prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Referred for WX: <input type="checkbox"/>	Home Already Weatherized: <input type="checkbox"/>



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Great Northern Services

310 Boles Street  
Weed, CA 96094  
(530) 938-4115  
Fax (530) 938-1040  
www.gnservices.org

## Energy Assistance and Weatherization

### Self-Certification of Disability

Primary Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Please select one of the following options**

Our household includes a member with a disability.

Please list all household members with a disability:

\_\_\_\_\_

"I declare that I or one of my household members has a disability within the meaning of the Rehabilitation Act of 1973."

**Primary Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Our household does not include any members with disabilities.

"I declare that I and none of my household members has a disability within the meaning of the Rehabilitation Act of 1973."

**Primary Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Under the Rehabilitation Act of 1973, individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities. People who have a history of, or who are regarded as having a physical or mental impairment that substantially limits one or more major life activities, are also covered. Major life activities include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning.

More information can be found at the following website:

<https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf>

# 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 <b>Pacific Power</b>	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 <b>Great Northern Services</b>
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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



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## Energy Assistance and Weatherization

### Firewood/Pellet Usage Form

***This is a required form even if you are not asking for assistance with firewood or pellets. This form helps us evaluate your total energy cost.***

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Our household does not use wood or pellets.

**Please complete the following questions if you use firewood or pellets to heat your home.**

Our household uses _____ cords/tons of firewood/pellets during the winter months.	
<input type="checkbox"/> We purchase firewood.	<input type="checkbox"/> We cut our own wood.
We spend \$ _____ per cord/ton.  (Generally, a cord of wood costs between \$250-\$400/cord to have it delivered and stacked.)	(Your household energy expense will be estimated using the average market value of a cord of wood)
A cord/ton of firewood/pellets last approximately _____ month(s).	

**Please read and initial each item if you are applying to receive firewood:**

\_\_\_\_\_ If you are approved for firewood, do not sign the voucher until the firewood has been delivered in the quantity and quality you ordered.

\_\_\_\_\_ A cord of wood is 4 feet high by 4 feet deep and 8 feet in length and tightly stacked

My service address is in a remote location, is outside of city limits, and/or has additional firewood delivery considerations:

\_\_\_\_\_





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## Energy Assistance and Weatherization

### Propane/Kerosene/Fuel Oil Usage Form

***This is a required form even if you are not asking for assistance with kerosene, propane or fuel oil. This form helps us evaluate your total energy cost.***

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Our household does not use any liquid fuels

**Please complete the following questions if you use propane, kerosene, or fuel oil in your home.**

Who is your fuel provider? \_\_\_\_\_ Account #: \_\_\_\_\_

Which fuel do you use?  Propane  Kerosene  Fuel Oil  Other: \_\_\_\_\_

Please indicate which appliances use this fuel:

- Furnace or central heating system
- Monitor / Toyotomi heater
- Hot Water Heater
- Cook Stove
- Other (please explain): \_\_\_\_\_

For GNS staff use, do not fill in	
	_____
	_____
	_____
	_____
	_____
	_____
Total monthly usage:	_____
Current price per gallon:	_____
Total monthly energy expense:	_____

We will need a current estimate from your fuel provider. Many local companies provide us with pricing on a monthly basis but if your provider does not you may be asked to contact them to request a quote.

**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)					
		<table border="1"> <tr> <td>WORKER'S COMP</td> <td>UNEMPLOYMENT</td> <td>GOVERNMENT SPONSORED BENEFITS</td> <td>CHILD SUPPORT</td> </tr> </table>	WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT				
YES	NO	Do you receive any of the following (circle any that apply)					
		<table border="1"> <tr> <td>ANNUITY PAYMENT</td> <td>PENSION</td> <td>TRIBAL CASINO PAYMENTS</td> <td>RENTAL INCOME</td> <td>INSURANCE BENEFITS</td> </tr> </table>	ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS
ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS			

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

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? _____

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	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
Name:	Phone:						
Address:							
Utility Bills	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
Name:	Phone:						
Address:							
Food	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
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 \_\_\_\_\_



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[www.gnservices.org](http://www.gnservices.org)

**CalFresh Verification of Benefits Request Authorization Form**

**Please complete if you or a household member receive CalFresh (EBT/food stamps) benefits.**  
If you choose to provide a copy of your Verification of Benefits please also complete this form in the event we are unable to get to your application within 30 days so we can request an updated form from the County.

COUNTY OF SISKIYOU  
CALFRESH-FOOD/NUTRITIONAL ASSISTANCE  
818 SOUTH MAIN STREET  
YREKA, CA 96097  
FAX# 530-841-2723

TO WHOM IT MAY CONCERN,

PLEASE FAX MY VERIFICATION OF BENEFITS TO GREAT NORTHERN SERVICES AT 530-938-1040.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CASE #/SS #

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## Energy Assistance and Weatherization Great Northern Services Application

**ALL APPLICANTS must complete this first section!**

### Section 1

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please add me to the GNS email list

How did you hear about these services?  Friends/Family  Previous Years  Resource Center  Social Media

Is your residence a  House  Apartment  Duplex  Mobile Home  Other \_\_\_\_\_

Do you  own  rent How much do you pay for rent/mortgage? \_\_\_\_\_

If you rent, do you receive a subsidy or voucher?  No  Yes, HUD or Section 8  Yes, Oth \_\_\_\_\_

**Would you like your home to be considered for weatherization services?**  Yes  No

### Section 2 (applicants requesting weatherization services must complete this section)

Has your home previously received weatherization services?  No  Yes, in \_\_\_\_\_

Although there is no cost to property owners, they must grant permission and agree to the terms and conditions of the Weatherization Program in order for a household to receive services. If you are not listed as the owner of record for the property, please provide the contact information of the person who is or for their property management company.

Property Owner/Manager Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Property Owner/Manager Phone and Fax and/or Email: \_\_\_\_\_

To receive weatherization services, Mobile/Manufactured Homes must have the appropriate registration and paperwork filed with the HCD and/or Siskiyou County. **If the dwelling is a MH please provide the Decal Number:** \_\_\_\_\_

**Please note: we cannot provide weatherization services on dwellings that are listed for sale.**



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**Energy Assistance and Weatherization**

**Information and Education Acknowledgment Form**

***This is a required form that relates to items in the Application Instructions packet.***

Established in 1981, LIHEAP 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 provider on behalf of an eligible applicant. Eligibility is based on the household's total monthly income. Because of significant funding cuts, the federal government requires 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.

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 LIHEAP.

**I have read and understand the following program guidelines and education pamphlets:**

- the Energy Assistance and Weatherization program information sheet
- the WattSmart Energy Savings Guide
- the Energy Education Pamphlet
- the Resource Information Guide
- and reviewed and completed the Monthly Budget Planning Guide

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(revised 11/14/25)

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

**Invigorate • Initiate • Improve**

Access to Capital • Portfolio Management • Economic Development • Energy Assistance • Home Weatherization  
Community Food • Community Services • HIV/AIDS Case Management • Community Development

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**Great Northern Services**

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Fax (530) 938-1040  
www.gnservices.org

## **Dwelling Details Form**

*This is a required form for all applicants*

**Please check all the boxes that apply to your home.**

**Wood / Pellet:**

Wood Stove    Fireplace    Pellet Stove    Other: \_\_\_\_\_    None

**Propane:**

Central Heating System    Fireplace    Cook Stove    Water Heater    Other: \_\_\_\_\_    None

**Kerosene:**

Monitor Heater    Central Heating System    Water Heater    Other: \_\_\_\_\_    None

**Furnace Oil / Fuel Oil/ Dyed Diesel:**

Furnace    Water Heater    Other: \_\_\_\_\_    None

**Electric:**

Central Air/Heat Pump    Wall Heaters    Baseboards    Portable Space Heaters

Cook Stove    Water Heater    Other: \_\_\_\_\_    None

**Other heating sources:**

Please describe: \_\_\_\_\_

Weatherization applicants, what are your main concerns for your home?