2023 Energy Assistance and Weatherization

Application Instructions

Keep for Your Records

All necessary supporting documentation must be dated within 30 days of the date you submit your application. An incomplete application will prevent you from receiving assistance.

- Use only blue or black ink.
- Please cross out mistakes and initial the change. Do NOT use white out.

Helpful documents included in this packet

- Monthly Budget Planning Guide: This guide is to help you plan your monthly budget so you are able to meet each of your household needs. Keep this for your records.

- 2023 Fact Sheet-Income Guidelines: Please read thoroughly. If your household is over income for the program in the last 30 days, we cannot assist you. Income is based on the last 30 days. If your household income changes during the year, please apply during a time you qualify.

- Energy Education Pamphlet & WattSmart Energy Savings Guide: These contain information on how to reduce your energy costs and how much items in your home cost to operate.

The following supporting documentation MUST BE INCLUDED with your application packet:

- ID: *NEW REQUIREMENT* Applicants must provide proof of government photo identification (ID), such as a state ID card, a driver’s license, a US Passport, a U.S. military card (front and back), or a Permanent Resident Card. Expired ID is acceptable for a period of one year from expiration date. Photos, copies or scans of IDs must be clearly legible.

- Income: Provide copies of all income verification for everyone in the household. All verification must be dated within 30 days of submitting the application and it must reflect a full consecutive month. Each person over 18 years of age without an income needs to complete and sign the CERTIFICATION OF INCOME AND EXPENSES – CSD43B (High School students are excluded).

- Pacific Power Bill: Provide a copy of all pages of the household’s most recent electric bill. It cannot be a “final or closing bill” and there needs to be a minimum of 22 elapsed days in the billing cycle. If the power bill is not in the applicant’s name an Account Holder & Authorization Form (CSD 081) must be completed with the account holder’s name and signature.

- Fuel/Propane Bills: Provide copies of all other current energy bills dated within the last 30 days for propane, heating oil and/or kerosene. If your bill is older than 30 days, you will need to obtain an estimate from your provider, dated within the last 30 days. If you are providing a bill, it must show date, address, amount and total cost of delivery. Provide this information even if you are not requesting assistance with fuel because it demonstrates your total energy costs and energy burden.

Si prefiere una Solicitud en Idioma Español o desea analizar su solicitud con una persona en español, llame al 530-938-4115 ext. 131
Energy Assistance and Weatherization

Examples of Proof of Income

Keep for Your Records

Proof of income is required for everyone in the household 18+ and not a high school student.

All documents provided need to include a name or SSN to be acceptable verification of income.

- **SSA/SSI/SSP/SSDI:** 2023 Annual Award Letter from Social Security, bank statements reflecting direct deposit amounts or checks dated within the last 30 days.

- **CalFresh/TANF** (Temporary Assistance for Needy Families): Please provide a Verification of Benefits dated within the last 30 days. If you are only receiving CalFresh food stamps, please provide this information as documentation that you are not receiving any other income or county aid. Adults listed in the household but who are not the “Case Name” need to submit a signed “Certification of Income and Expenses” if they do not have any other income.

- **Pension/Annuities:** Please provide 2023 annual statements or copies of checks dated within the last 30 days from each pension plan. You need to provide proof of the gross amount received. If you provide a bank statements reflecting direct deposits you should also include your most recent 1099 form to verify withholding status.

- **Wages/Paychecks:** Copies of all check stubs/receipts dated within the last 30 days, reflecting a FULL CONSECUTIVE MONTH of pay for the last 30 days worked. Be sure that the dates are in chronological order and that there are no gaps between pay periods or missing stubs/receipts. If there was a gap in work with no pay, please attach a brief explanation.

- **Unemployment Benefits:** Copies of EDD documentation reflecting a FULL CONSECUTIVE month dated within the last 30 days. Please provide current check stubs or a current printout from the EDD of payments received, **not an award letter**.

- **Self-Employment/Odd Jobs:** All household members who are self-employed and/or perform odd jobs within the last 30 days will need to complete, sign and date a “Self-Certification of Household Income Verification” showing the amount that has been earned in the last 30 days.

- **Child/Spousal Support:** Copies of checks, bank statements reflecting direct deposits or other documentation reflecting a FULL CONSECUTIVE MONTH dated within the last 30 days.

- **Worker’s Compensation:** Copies of recent check stubs or other documentation reflecting a FULL CONSECUTIVE MONTH for the last 30 days.

- **Other Income:** If any other forms of income are received that are not listed above, documentation can be provided on bank statements for direct deposits or checks dated within the last 30 days.
Energy Assistance and Weatherization

Program Information

Keep for Your Records

- The Low Income Home Energy Assistance Program (LIHEAP) is a federally funded program that is administered by the state of California to assist low-income or struggling households pay their energy bill. You can receive assistance one time each program year for your electricity, fuel oil, propane or firewood. To qualify you must be a Siskiyou County resident. Eligibility is based on the entire household’s total monthly gross income.

- Completing an application is not a guarantee for assistance. Applications are processed according to a state mandated point system, not on a first come first serve basis.

- It may take several months to process your application. You may be contacted to provide updated documentation when your application comes up for review. You will need to keep your energy bills current and make payments to your energy provider in a timely manner. Do not wait until you have a shut-off notice or are without fuel or firewood to apply.

- **You will be notified** when we receive your application and again if assistance can be provided.

- **Weatherization assistance** helps qualifying households reduce their heating and energy costs by installing energy saving measures in a home. *Indicate on the application if you would like to be consider for weatherization services.*

- **Apply online:** Great Northern Services uses ShareFile and RightSignature to give clients a safe and secure way to apply for Energy Assistance and Weatherization online if they prefer. Visit gnservices.org/apply for more information.

- **Apply by mail:**
  Send the entire application by U.S. Mail to
  
  Great Northern Services – ATTN: Energy
  
  310 Boles Street
  
  Weed, CA 96094

- For personal assistance in completing the application you can call 530-938-4115 ext. 120 or text 530-938-4115 (message & data rates may apply); stop by our office Monday – Thursday, 9 am – 4 pm; or visit your local Community Resource Center (see list on next page).

- Spanish language assistance is available, please call 530-938-4115 ext. 131 to schedule a phone call or in-person appointment.

- For weatherization questions or assistance, you can call 530-938-4115 ext. 127 or stop by our office Monday – Thursday, 9 am – 4 pm. You can also email wx@gnservices.org with questions.
Energy Assistance and Weatherization
Resource Information Guide

Keep for Your Records

Pacific Power
CARE Program: Income-qualifying residential customers can receive a 20 percent discount on Pacific Power bills through the California Alternate Rates for Energy (CARE) program. You can contact Pacific Power by phone at 1-888-221-7070 and ask about their payment plans and/or obtain an application for the CARE program, or enroll through their Website: www.pacificpower.net/care

Siskiyou County Community Resource Centers

- **Dunsmuir Community Resource Center**: 5844 Dunsmuir Ave, Dunsmuir. 530-235-4400.
- **Happy Camp Family Resource Center**: 38 Parkway Rd., Happy Camp. 530-493-5117.
- **HUB Communities Family Resource Center**: 310 S. 13th St., Montague. 530-459-3481.
- **McCloud Community Resource Center**: 303 Main St., McCloud. 530-925-6015.
- **Mount Shasta Community Resource Center**: 109 E. Lake St., Mt. Shasta. 530-926-1400.
- **Scott Valley Family Resource Center**: 11920 Main St., Fort Jones. 530-468-2450.
- **Tulelake/Newell Family Resource Center**: 810 Main St., Tulelake. 530-667-2147.
- **Family & Community Resource Center of Weed**: 260 Main St., Weed. 530-938-9914.
- **Yreka Community Resource Center**: 201 S. Broadway, Yreka. 530-842-1313.

Most resource centers have copies of our applications on hand. They can help fill applications out, provide additional instructions, and submit the applications to us by fax. In addition each center has a wide variety of other services. Please call first to verify hours and availability of assistance.
Energy Assistance and Weatherization
Monthly Budget Planning Guide
Keep for Your Records

Below is a monthly budget sheet you can use to help plan what expenses you have to pay for every month. It is helpful to take the average costs of 12 months and set aside an amount each month so in the winter months you will be able to meet your heating cost needs.

To be responsible, calculate your income and budget your expenses in order to pay your monthly utility and heating bills.

A Pacific Power CARE Application will be sent to you once your file has been processed. Income-qualifying residential customers can receive a 20 percent discount on Pacific Power bills through the California Alternate Rates for Energy (CARE) program. If you would like to fill out the CARE application now, you can access the application at https://www.pacificpower.net/care.

<table>
<thead>
<tr>
<th>Type of Income or Expense</th>
<th>Income</th>
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<tbody>
<tr>
<td>Income</td>
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<tr>
<td>Paychecks, Cash from Odd Jobs</td>
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<tr>
<td>SSI, SSA, Unemployment</td>
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<td>Pensions, Savings</td>
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<td>Other</td>
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<td>Income Subtotal</td>
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<td>Expenses</td>
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<tr>
<td>Rent/Mortgage</td>
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<tr>
<td>Electricity</td>
<td></td>
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<tr>
<td>Propane</td>
<td></td>
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<tr>
<td>Heating Oil</td>
<td></td>
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<td>Wood</td>
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<td>Telephone</td>
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<td>Medical</td>
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<td>Food</td>
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<tr>
<td>Gasoline</td>
<td></td>
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<tr>
<td>Car Insurance</td>
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<tr>
<td>Entertainment/Other</td>
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<tr>
<td>Expenses Subtotal</td>
<td></td>
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<tr>
<td>Total (Income Subtotal - Expenses Subtotal)</td>
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</tbody>
</table>
Great Northern Services uses ShareFile and RightSignature to give you a safe and secure way to apply for Energy Assistance and Weatherization. Our goal is to give clients the tools that work for them to fill out and submit the necessary paperwork. No one is required to apply online but if you think it would make the process easier for you, you are encouraged to visit our online application:

www.gnservices.org/apply

To apply online you need to have a reliable email address that you check regularly and digital versions of your income and energy usage documentation. Photos of paperwork are often sufficient, provided they are readable and printable. Please read all the instructions carefully.

Reporting Suspected Fraud, Waste, or Abuse

GNS is required to provide clients the information necessary to report fraud, waste, and abuse to the U.S. Department of Health and Human Services Office of Inspector General Fraud hotline. If you wish to report suspected incidents and activities, involving fraud, waste, and abuse of LIHEAP funds by GNS employees, subcontractors, clients, or other parties affiliated with GNS you may do so by calling 1-800-HHS-TIPS (1-800-447-8477) or visiting https://oig.hhs.gov/.

Some Weatherization projects are funded in part by the U.S. Department of Energy (DOE) Weatherization Assistance Program. If you wish to report of allegations of fraud, waste, abuse, or mismanagement in DOE programs or operations, you may call (800) 541-1625, email the OIG Hotline at ighotline@hq.doe.gov, or visit https://www.energy.gov/ig/ig-hotline for more options.

This portion of the application has been instructions, examples, and important information. Please remove this first section before submitting your application and keep for your records.
2023 FACT SHEET
ENERGY ASSISTANCE PROGRAM

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
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 a direct payment to a utility company on behalf of an eligible applicant. Eligibility is based on the household’s total gross monthly income, which cannot exceed the 2023 LIHEAP Income Guidelines listed below. 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. This means there could be households that received 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. The amount of assistance is based on the number of persons in the household, total gross household income, the cost of energy within the county the households resides, and funding availability. LIHEAP provides one payment per program year. Under most circumstances, it takes approximately six weeks to process an application and pay the applicant. However, an incomplete/incorrect application will take additional time to process. Persons living in board-and-care facilities, nursing or convalescent homes, or in jail or prison, are not eligible for LIHEAP.

The local community services agencies are responsible for processing applications and the Department of Community Services and Development (CSD) is responsible for issuing LIHEAP payments. To find out how to apply for services in Siskiyou County, please call 530-938-4115 ext. 120.

Utility companies throughout the state offer reduced rate programs. Customers should contact their utility company to find out if they offer such a program and to request an application.

WEATHERIZATION ASSISTANCE PROGRAM
Weatherization is the process of making your home more “air tight” and energy efficient. The goal is to keep the warm air in and the cold air out in the winter; and keep the cold air in and the warm air out in the summer. Weatherizing your home could help lower your energy usage and utility costs. Your home will be assessed to determine what weatherization work can be done. The most common types of weatherization include: sealing the holes and cracks, insulation, weather stripping, fixing windows, water heater blankets and making sure your heating and air condition systems are working correctly.

Free weatherization services are available to low income property owners and renters. Eligibility is based on the household’s total monthly income, which cannot exceed the income guidelines listed below. To find out if you qualify, you must contact your local service provider. To find out how to apply for services in Siskiyou County, please call 530-938-4115 ext. 127

<table>
<thead>
<tr>
<th>Size of Household</th>
<th>Monthly Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$2,700.27</td>
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<tr>
<td>2</td>
<td>$3,531.13</td>
</tr>
<tr>
<td>3</td>
<td>$4,361.98</td>
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<tr>
<td>4</td>
<td>$5,192.83</td>
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<tr>
<td>5</td>
<td>$6,023.69</td>
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<tr>
<td>6</td>
<td>$6,854.54</td>
</tr>
<tr>
<td>7</td>
<td>$7,010.33</td>
</tr>
<tr>
<td>8</td>
<td>$7,166.11</td>
</tr>
<tr>
<td>9</td>
<td>$7,321.90</td>
</tr>
<tr>
<td>10</td>
<td>$7,477.68</td>
</tr>
</tbody>
</table>

NOTE: Income amounts for family sizes greater than six persons were determined based on the following calculation: Add 1% to 132% for each additional family member, multiply the new percentage by $62,314, and divide by 12. Example: household size of 7: 132% + 3% = 135% × $62,314 = $84,123.90 ÷ 12 = $7,010.33 per month.
Manage energy.
Save money.

The first step to wise use of electricity is to understand your energy use and habits. Making simple changes in how you use energy can help you save energy and money.

For information on our Wattsmart® energy efficiency programs and tips to reduce energy use, visit BeWattsmart.com.

### Residential energy use
Approximate average monthly kWh* use:

- Electric heat: 2,200*
- Electric heat pump: 1,460*
- Baseboard/zonal/wall/portable heat: 1,400*
- Central air conditioning: 1,000*
- Electric water heater (3 people): 465**
- Other heat (space, block, etc.): 180*
- Furnace fan: 102*
- Lighting: 60
- Computer/printer: 45*
- Refrigerator-freezer: 44*
- Freezer: 43*
- Clothes dryer: 37*
- ENERGY STAR® refrigerator-freezer: 35
- ENERGY STAR® freezer: 35
- Electric range/oven: 23
- Flat-panel television: 21
- Game system: 20
- Dishwasher: 18***
- Cable TV set-top box: 17
- Clothes washer: 13***
- Microwave: 11
- Coffee maker: 10

Energy use can vary greatly according to the age or design of the appliance, the age of your home and the number of occupants. In general, new homes and newer appliances will use less energy.

* Based on a 1,500 square foot home for a six-month period. Homes differ in usage and figures may be higher than those indicated.
** Based on a family of three. Add 100 kWh for each additional person.
*** Heating water for appliance use is included in water heater estimate, but not in dishwasher or clothes washer estimates.
### NO-COST ENERGY SAVING TIPS

- **Turn down** your thermostat to 68 degrees or lower during the day and evening (health permitting) and to 55 degrees or off at night or when away from home. Wear layers of loose-fitting clothes to trap body heat, such as thermal underwear, sweaters, sweatshirts, sweatpants, and socks.

- **Set** your water heater to the “normal” setting or 120°, unless your dishwasher requires a higher setting.

- **Open** drapes to let the sun heat your home during the day and close them at night to help insulate.

- **Close** off unused rooms and the vents that heat those rooms.

- **Keep** warm-air registers, baseboard heaters, and radiators clean and make sure they’re not blocked by furniture, carpeting, or drapes.

- **Move** furniture around so you are sitting near interior walls instead of exterior walls and windows.

- **Close** your fireplace damper tightly when not in use.

- **Take** shorter showers.

- **Wash** only full loads in your and clothes washer.

- **Use** cold water when washing clothes.

### LOW-COST ENERGY SAVING TIPS

- **Clean or replace** furnace filters once a month.

- **Install** weather-stripping or caulk to leaky doors and windows.

- **Install** gaskets behind outlet covers.

- **Add** plastic sheeting to your windows or purchase plastic window covering kits or interior storm window kits.

- **Install** a programmable thermostat.

- **Install** low flow showerheads and faucets.

- **Wrap** your hot water tank with jacket insulation. Be sure to leave the air intake vent uncovered when insulating a gas water heater.

- **Insulate** the water pipes leading from your hot water heater.

### HEALTH & SAFETY TIPS

Adequate home heating is a necessity of life. The inability to heat your home adequately can put household members at risk. Health and safety risks include hypothermia and carbon monoxide poisoning and the increased possibility of fire.

You can prevent the loss of life and property by identifying potential hazards and following these safety tips:

- **Install** smoke and carbon monoxide alarms in your home.

- **Provide** proper venting systems for all heating equipment.

- **Never use** your range or oven to heat your home or use a BBQ in your home or garage.

- **Place** space heaters on level, hard and nonflammable surfaces, not on rugs or carpets.

- **Keep** space heaters at least three feet from bedding, drapes, furniture, and other flammable materials.

- **Never leave** a space heater on when you go to sleep or leave the area.

- **Watch** children and pets closely in rooms with heating equipment.

- **Always use** generators outdoors and away from doors, windows, and vents.
2023 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.

☐ CSD 43 — Energy Intake Form

☐ Government Issued ID — Applicants must provide government issued proof of identification to receive assistance. See instruction packet for acceptable forms.

☐ CSD 81 — (Utilities) Account Holder Authorization and Consent Form

☐ 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.

☐ Fuel/Kerosene/Propane Bill or Estimate: Provide a bill dated within the last 30 days OR use the Propane/Kerosene/Fuel Oil Usage Form included in the application packet.

☐ Firewood/Pellet Usage Form: Required for all households with a wood/pellet heat source

☐ Income: You must provide acceptable documentation of all sources of income in the last 30 days for each member of the household. See the Instruction Packet for examples.

☐ Certification of Income and Expenses: All household members over 18 who do not have an income need to complete, sign and date a copy of this form. (Household members still in high school are exempt from this requirement, please make a note of their status.) Please call 530-938-4115 ext. 120 for additional forms.

☐ CAL FRESH/TANF: If you receive CalFresh or TANF benefits you need to provide a copy of your Verification of Benefits. If you 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

- 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 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.
2023 Energy Assistance and Weatherization

NEW REQUIREMENT

GOVERNMENT ISSUED ID

The primary applicant must provide proof of government photo identification (ID), such as a state ID card, a driver’s license, a US Passport, a U.S. military card (front and back), or a Permanent Resident Card.

Expired ID is acceptable for a period of one year from expiration date.

You can include a photocopy of your ID with your application. All information must be legible and the photo must be clear and recognizable.

You can safely upload a photo of your ID to:
https://greatnorthern.sharefile.com/share/filedrop

Do NOT email us a photo of your ID. It is a security risk to use email attachments to send documents containing sensitive information—like Social Security numbers, dates of birth, banking info, etc. Please protect your personal information by using the links provided to upload items safely.
Department of Community Services and Development
Energy Intake Form
CSD 43 (10/2022)

Agency: Great Northern Services  Intake Initials:  Intake Date:  Eligibility Cert Date

First name  Middle Initial  Last Name  Date of Birth  MM/DD/YY

SERVICE ADDRESS – Address where you live (this cannot be a P.O. Box)
Service Address  Unit Number
Service City  Service County  Siskiyou County  Service State  CA  Service Zip Code

Have you lived at this residence during each of the past 12 months? ☐ Yes  ☐ No
Is your service address the same as mailing address? ☐ Yes  ☐ No
Do you own or rent your home? ☐ Own  ☐ Rent

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

Demographics: Enter the number of people in the household who are:

INCOME
Enter the total number of people who receive income

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 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 Self

Date of Birth: Race: ☐ American Indian or Alaska Native  ☐ Asian
Gender: ☐ Female  ☐ Male  ☐ Black or African American
☐ Other  ☐ Native Hawaiian or Other Pacific Islander  ☐ White
☐ Unknown/Decline to State  ☐ Multi-Race  ☐ Other  ☐ Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):  Source of Income:

Page 1 of 3
<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER 2</th>
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<tbody>
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<td>Relationship to Applicant</td>
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<td>☐ Native Hawaiian or Other Pacific Islander</td>
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<td>Amount of Gross Monthly Income (before taxes):</td>
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<td>Source of Income:</td>
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<th>HOUSEHOLD MEMBER 3</th>
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<tr>
<td>First Name</td>
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<td>M.I.</td>
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<td>Last Name</td>
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<th>HOUSEHOLD MEMBER 4</th>
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<td>First Name</td>
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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  ☐ N/A  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:  ☐

Page 3 of 3
Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

<table>
<thead>
<tr>
<th>Account Holder's Full Name</th>
<th>Unit Number (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Holder's mailing address (Street)</td>
<td>State</td>
</tr>
<tr>
<td>(City)</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

Is the utility service address the same as the account holder's mailing address? [ ] Yes [ ] No

Full Name of Applicant for Benefits (from Form 43)

Utility Service Address (Street) | Unit Number (if any) |
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<tbody>
<tr>
<td>(City)</td>
<td>State</td>
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<td></td>
<td>CA</td>
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<tr>
<td>Zip Code</td>
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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.

<table>
<thead>
<tr>
<th>Name of Utility Company</th>
<th>Service Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Utility Company (if you have a second Utility Company)</td>
<td>Service Account Number</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Account Holder</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Name of CSD Contractor/Partner Organization</td>
<td>Great Northern Services</td>
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</table>

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
Energy Assistance and Weatherization

Firewood/Pellet Usage Form

Name: ___________________________________________

Signature: ___________________________  Date: ________________

Home Address: ___________________________  City: _______________  Zip: _____

☐ Our household does not use wood or pellets.

This form helps us evaluate your total energy cost. Please complete this form if you use any firewood or pellets to heat your home.

Our household uses approximately _______ cords/tons of firewood/pellets during the winter months to heat our home.

☐ We purchase firewood.

We spend $_______________ per cord/ton.

(Generally, a cord of wood costs between $250-$400/cord to have it delivered and stacked.)

☐ We cut our own wood.

(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
Energy Assistance and Weatherization
Propane/Kerosene/Fuel Oil Usage Form

Name: 

Signature:  Date: 

Home Address:  City:  Zip: 

☐ Our household does not use any liquid fuels

This form helps us evaluate your total energy cost. Please complete this form if you use propane, kerosene, or fuel oil in your home.

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: __________

Who is your fuel provider? ________________________________________

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.
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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>During the previous month have you been employed part time?</th>
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<tbody>
<tr>
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<td>During the previous month have you been self-employed?</td>
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<td>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?</td>
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<tr>
<td></td>
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<td>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:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>During the previous month did you receive any of the following: (circle any that apply)</th>
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<tbody>
<tr>
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<td>WORKER’S COMP</td>
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<td>ANNuity PAYMENT</td>
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</tbody>
</table>

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Are you using savings or a home equity loan?</th>
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<tbody>
<tr>
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<td>How much?</td>
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<td>Are you using some other asset?</td>
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<td></td>
<td>How much?</td>
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<td></td>
<td></td>
<td>Are you borrowing from credit cards?</td>
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<td></td>
<td></td>
<td>How much?</td>
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<tr>
<td></td>
<td></td>
<td>Are you borrowing from some other source?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How much?</td>
</tr>
</tbody>
</table>

Section 3: Please tell us how you paid these monthly expenses during the previous months:

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>MONTHLY COST</th>
<th>HOW HAS THE EXPENSE BEEN PAID?</th>
<th>IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or Mortgage $</td>
<td></td>
<td>Name:</td>
<td>Phone:</td>
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<td></td>
<td></td>
<td>Address:</td>
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<td>Utility Bills $</td>
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<td>Name:</td>
<td>Phone:</td>
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<td>Address:</td>
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<td>Food $</td>
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<td>Name:</td>
<td>Phone:</td>
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<td>Address:</td>
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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
COUNTY OF SISKIYOU
CALFRESH-FOOD/NUTRITIONAL ASSISTANCE
818 SOUTH MAIN STREET
YREKA, CA 96097
FAX# 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 #
Energy Assistance and Weatherization
Great Northern Services Application

ALL APPLICANTS must compete the first section!

Section 1

Name: ________________________________  SSN: ________________________________

Home Address: _________________________  City: ____________________________  Zip: ____________________________

Cell phone: ____________________________  Home phone: _______________________

☐ It’s ok to send me text messages about my application and additional services.

Email: ________________________________________________________________

☐ Please add me to the GNS email list

How did you hear about these services?  ☐ Friends/Family  ☐ Resource Center  ☐ Social Media  ☐ Other: __________

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, Other: __________

List disabled parties living in your home: ___________________________________________

Has anyone in your home served in the US military?  ☐ No  ☐ Yes, active duty NAME(S): __________

☐ Yes, veteran NAME(S): __________

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

Section 2 (applicants requesting weatherization services should 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 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.
Energy Assistance and Weatherization

Information and Education Acknowledgment Form

Sign and Return This Form

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 program guidelines and education pamphlets included in the application:
☐ 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 12/22/2020)

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

Please check all the boxes that apply to your home.

Wood / Pellet:
- ☐ Wood Stove
- ☐ Fireplace
- ☐ Pellet Stove
- ☐ Other: _____________________

Propane:
- ☐ Central Heating System
- ☐ Fireplace
- ☐ Cook Stove
- ☐ Water Heater
- ☐ Other: _____________________

Kerosene:
- ☐ Monitor Heater
- ☐ Central Heating System
- ☐ Water Heater
- ☐ Other: _____________________

Furnace Oil / Fuel Oil/ Dyed Diesel:
- ☐ Furnace
- ☐ Water Heater
- ☐ Other: _____________________

Electric:
- ☐ Central Air/Heat Pump
- ☐ Wall Heaters
- ☐ Baseboards
- ☐ Portable Space Heaters
- ☐ Cook Stove
- ☐ Water Heater
- ☐ Other: _____________________

Other heating sources:
- ☐ Please describe: ____________________________________________________________

Broken or Malfunctioning Heat Sources:
- ☐ Please describe: ____________________________________________________________

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