



Great Northern Services

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

Energy Assistance and Weatherization **2024 Online Application Introduction**

Great Northern Services' goal with our online application is to make it easier for clients to fill out and submit the necessary paperwork. **No one is required to apply online.** If you would prefer a physical application you may request one by calling (530) 938-4115 ext. 120.

Assistance is based on a State of California mandated system, not on a first-come first-serve basis.

Before applying you are asked to review the pre-application packet available for download on our website. It includes the following information:

- Proof of income guidelines, how to document your energy usage, and program information
- Monthly Budget Planning Guide
- 2024 Fact Sheet-Income Guidelines
- WattSmart Energy Guide and an Energy Education Pamphlet

During the online application you will be asked to sign that you have received and reviewed these materials.

At the end of the online application you will be asked to upload documentation of your income and energy expenses. PDFs are the most reliable readable digital format to upload and there are free PDF scanning apps available on most phones. If you must take a photo of physical documents, make sure any image is clear and readable and captures the entire document.

Please review the pre-application packet to make sure you have the correct documents ready before you begin.

If required items are missing or cannot be used we will contact you by email at the address you provide. If we do not receive all the necessary documents we will not be able to provide assistance.

If you are requesting Weatherization as well as Energy Assistance you may be contacted with additional forms to fill out.

We hope this online application makes it easier for some members of our community to go through the application process. We understand that it is not for everyone and we are still committed to other forms of outreach and intake. We offer application assistance by phone and we partner with Community & Family Resource Centers to offer in-person assistance all around the county.

Great Northern Services' Energy Assistance Department
energy@gnservices.org

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2022)

Official Use Only:

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 *cannot* 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? ☐ 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 →

INCOME

Enter the total number of people who receive income →

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

*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

Hispanic/ Latino/Spanish?

Gender: ☐ Female ☐ Male

☐ Black or African American

☐ Yes ☐ No

☐ Other

☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ Unknown/Decline to State

☐ Unknown/Decline to State

☐ Multi-Race ☐ Other ☐ Unknown/Decline to State

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? <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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <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? <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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <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? <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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <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		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <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		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <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 ☐ NoDo 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.

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 ☐ NoHome Referred for WX: ☐ Home Already Weatherized: ☐



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Energy Assistance and Weatherization
Self-Certification of Disability

☐ Our household does not include any members with disabilities.

Primary Applicant Name: _____

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: _____

Home Address: _____ **City:** _____ **Zip:** _____

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	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 Great Northern Services
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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**

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 _____ cords/tons of firewood/pellets during the winter months.	
<input type="checkbox"/> We purchase firewood. We spend \$ _____ per cord/ton. (Generally, a cord of wood costs between \$250-\$400/cord to have it delivered and stacked.)	<input type="checkbox"/> 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

☐ 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

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? _____ Account #: _____

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.



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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 #

Invigorate • Initiate • Improve

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

CA Lic. # 629328



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Energy Assistance and Weatherization **Great Northern Services Application**

ALL APPLICANTS must complete 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 _____

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 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
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 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 12/22/2020)

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

CA Lic. # 629328

Dwelling Details Form

required 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?

Energy Assistance and Weatherization

Additional Documentation to Upload

Cal Fresh/ 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.

***NEW* Current recipients of CalFresh or CalWORKS benefits are categorically eligible for LIHEAP.** Those households self-report income for each household member of the Energy Intake Form.

Income Documentation (if no one in the household received CalFresh/CalWORKS): **Upload copies of all income verification for everyone in the household who is over the age of 18.** All verification must be dated within 30 days of submitting the application and it must reflect a full consecutive month.

Household members who are over 18 years of age and have no income need to complete and sign the CERTIFICATION OF INCOME AND EXPENSES – CSD43B. The form can be found at gnservices.org/apply or you can list their emails here and an online form will be sent to them to sign.

Name: _____

Email: _____

Name: _____

Email: _____

Government Issued Photo ID: The primary applicant must provide proof of identification. See instruction packet for acceptable forms.

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.

NOTE: If you get to this point and do not see "Submit Signature" you can click on the red arrow to go back and find required fields that haven't been filled out.