COMM UNITY ACTION MARIN

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

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Program Overview

The Home Energy Assistance Program (HEAP) provides payment assistance for gas, electric, wood, and propane costs for eligible low-income households in Marin County.

Eligibility: Monthly Income Limits

You may qualify for the HEAP program if your gross monthly household income is less than:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
$3,331.66	$4,356.83	$5,382.00	$6,407.16	$7,432.25	$8,457.41	$8,649.66	$8,841.83

Important Instructions

- **Application Frequency:** Applicants may receive HEAP once each year.
- **Processing Time:** There is an 8-10 week processing period before the credit is applied. **DO NOT STOP PAYING YOUR BILL**.
- **Document Submission: DO NOT SEND ORIGINAL DOCUMENTS** as they will not be returned.
- **Priority:** Applications are prioritized under a state-mandated plan due to limited funding. Updates may take up to 7 business days.
- **Incomplete Applications:** Applications without required documentation will not be accepted.

Required Documents: Utility Bill

Submit a copy of your most **RECENT** energy bill (for the last 30 days). The bill must show the billing name, service address (no PO Box), account number, and at least 29 days of service. Submit any notices (e.g., shutoff) if you have them.

If you have:	Submit COPIES of:
Utility Account	ALL pages of most recent bill and shutoff notice if applicable.
Wood or Propane Account	Most recent statement or invoice. Propane applicants on boats must have a dock # and utility hook-up.
Sub-Metered Utilities	Most recent rent receipt showing gas and electric costs.
Utilities Included in Rent	A letter from your landlord stating the specific amount of rent used for energy costs OR a requested Certification Form.

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Required Documents: Income

You must submit copies of income documents for the **LAST 30 DAYS** for **ALL adults** in the household receiving income or aid. Adults with no income must submit a written statement explaining how they support themselves.

Income Source	Required Proof (Copies)
Wages/Earned Income	Current paycheck stubs for one full month (last 4 if weekly; last 2 if bi-weekly) or an employer letter/printout.
SSI/SSP/SSA	Current check, bank statement showing direct deposit or annual benefit letter
Pensions/Annuities	Current check, pension verification, or annual/bank statement.
General Assistance/ CalWorks/TANF	Notice of Action, Passport to Services, aid summary, or CalFresh award letter.
Workers Comp/ Disability/UI	Current check/stub, award letter, or bank statement.
lChild/Spouse Support	Court document, current check, signed statement from provider, or notice of action.
Veteran's Benefits	Current check, benefit letter, VA verification, or bank statement.
Self-Employment	Ledger/journal, signed statement showing gross/net income (43B), or 1040 form.
Other (Odd Jobs)	Written statement with dollar amounts and dates; receipts for recycled materials. (43B)

For applicants with no income, a 43B form (Certification of Income and Expenses) must be completed and signed.

All applicants must provide government issued ID.

Acceptance to the program is not guaranteed.

Privacy Notification

In accordance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974, applicants must provide their name, address, Social Security number, and income to determine eligibility. Failure to provide this information will prevent application processing. Information may be shared with state and federal agencies administering LIHEAP. For questions regarding personal information maintenance, contact CSD at 916-576-7109.

Department of Community Services and Development
Energy Intake Form
CSD 43 (05/2025)

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): | | | | | | | | | | | | Home Phone ( )

Mobile Phone ( ) Do you agree to opt in to receive text messages? ☐ Yes ☐ No

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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

Have you served or are you an immediate family member of someone who served in the United States military? ☐ Yes, I have Served ☐ Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military ☐ No ☐ 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. ☐ Yes ☐ 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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐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: ☐ American Indian or Alaska Native ☐ Asian	Hispanic/ Latino/Spanish?
Sex: ☐ Female	☐ Black or African American	☐ Yes ☐ No
☐ Male	☐ 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 6

First Name	M.I.	Last Name	Relationship to Applicant

Date of Birth:	Race: ☐ American Indian or Alaska Native ☐ Asian	Hispanic/ Latino/Spanish?
Sex: ☐ Female	☐ Black or African American	☐ Yes ☐ No
☐ Male	☐ 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:

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.

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: ☐