



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACEY BELTON, DIRECTOR

Community Services and Workforce Development  
LIHEAP Low Income Home Energy Assistance Program

1111 San Felipe Road, Suite 107

Hollister, CA 95023

(831) 637-JOBS (5627)

Fax (831) 637-0254

[www.sbcccab.com](http://www.sbcccab.com)

DATE STAMP RECEIVED, OFFICE STAFF ONLY:



## LIHEAP 2026

Welcome to the San Benito County Community Services and Workforce Development LIHEAP-Low Income Home Energy Assistance Program, we are committed to helping you stay warm, safe and have reliable energy in your home.

**Important:** To ensure your LIHEAP application is processed as quickly as possible, please verify that all sections of the application are complete, all signatures are provided, and all backup documents are attached.

Use the checklist below to help you organize your application before submission.

1.  **Application:** Complete Energy Intake Form- fill out and sign all pages indicated. Use blue or black ink and no white out.
2.  **Social Security Card:** Copy for applicant only.
3.  **Government Issued ID:** Provide only one item, a copy of a Gov ID for **applicant only**, for example: State-issued ID, Driver's License, Passport or Passport Card, U.S. Military Card (front and back)
4.  **Proof of U.S. Citizenship or Legal Residency:** Provide only one item for **applicant only**, for example: Birth Certificate, Passport, State-Issued REAL ID, DD-214, Naturalization Certificate, Permanent Resident Card
5.  **Proof of Income for the past 30 days:** Income from **all sources and all household members, all adult living in the home:** paystubs, unemployment, SSI, SDI, Workers' comp, Child Support, Alimony, etc.
6.  **CALFRESH Recipient:** Provide a copy of your verification of benefits.
7.  **Energy Bill:** Provide copies of the most recent bill, all pages, front and back with current charges. Including Past dues, **15-day, 48-hour notices and Shut-offs.**

All information provided is confidential

Applications and all listed mandatory documents can be dropped off at our main office,

1111 San Felipe Road, Suite 107

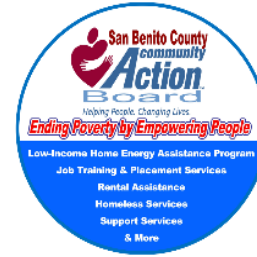
Office Hours Monday- Friday- 8 AM-5 PM

**If you have any questions, please call 831-630-5191**

San Benito County Community Services & Workforce Development

ADA/Equal Opportunity Employer/Program Auxiliary Aids and Services are available upon request to individuals with disabilities.

TTY Relay Services: call 711



**Informational page- please keep for your records.**

2026 LIHEAP Eligibility Income Limits

Household Size	Gross Monthly Income
1	\$3,331.66
2	\$4,356.83
3	\$5,382.00
4	\$6,407.16
5	\$7,432.25
6	\$8,457.41
7	\$8,649.66
8	\$8,841.83

- ❖ Please be aware that this is NOT an entitlement program, and it will take anywhere from 6 to 8 weeks (from the date your application is processed) for the credit to show up on your PG&E bill.
- ❖ LIHEAP provides a one-time per calendar year payment assistance benefit to an approved applicant's home energy bill.
- ❖ It is your responsibility to continue making payments on your PG&E utility bill. No guarantee for approval and the credit may not cover your entire energy bill.
- ❖ Once you have submitted your application, you will be notified by mail if your application was approved or incomplete. If your application cannot be processed, you will receive a letter in the mail with details.
- ❖ Please note: if your application is received and does not have ALL the required documentation attached, processing will be delayed until ALL the required documents are received.
- ❖ Reminder, LIHEAP Office Hours, M-F 8 AM- 5 PM and please call 831-630-5191 for any questions.

THANK YOU!

**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: **San Benito County- CSWD** 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

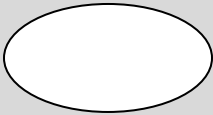
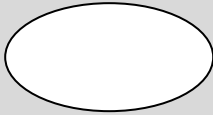
Have you lived at this residence during each of the past 12 months? .....  Yes  No  
 Is your service address the same as mailing address?.....  Yes  No  
 Do you own or rent your home?.....  Own  Rent

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: \_\_\_\_\_

<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 → 
<b>Demographics: Enter the number of people in the household who are:</b> <b>*Identify the ages of each household member first; the total 'People Living in Household' will calculate automatically.</b>	<b>Enter the total <u>gross</u> monthly income for <u>all</u> people living in the household: Enter below all sources and it will calculate automatically</b>
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> \$

**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?
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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?
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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?
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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?
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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"/>	

**STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS**

Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant

**Public Benefits To Citizens And Non-Citizens**

**Citizens and Nationals of the United States** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out **Sections A and D**.

**Non-Citizens** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete **Sections A, B or C, and D**.

**Section A: Citizenship/Non-Citizen Status Declaration**

1. Is the applicant a citizen or national of the United States?  Yes  No

If the answer to the above question is yes, where was he/she born? City/State

2. To establish citizenship or naturalization, please submit one of the documents on **List A** (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to **Section D**.

If you are a **Non-Citizen**, please complete **Section B, or, if applicable, Section C**.

**Section B: Non-Citizen Status Declaration**

**Important:** Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

- 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
  - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
  - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
- 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
  - INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(5)”;
  - INS Form I-766 (Employment Authorization Document) annotated “A5”;
  - Grant letter from the Asylum Office of INS; or
  - Order of an immigration judge granting asylum.
- 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
  - INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
  - INS Form I-766 (Employment Authorization Document) annotated “A3”;
  - INS Form I-571 (Refugee Travel Document)
- 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
  - INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

- 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
  - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10)”;
  - INS Form I-766 (Employment Authorization Document) annotated “A10”; or
  - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
  - INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
  - INS Form I-766 (Employment Authorization Document) annotated “A3.”
- 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
  - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
  - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
  - INS Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
- 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

**Section C: Declaration for Certain Battered Aliens**

**Important:** Complete this section if the applicant, the applicant's child, or the applicant child’s parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant’s child, or the applicant child’s parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
- 2. Has the applicant, the applicant's child, or the applicant child’s parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

**Section D: Certification**

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicant's Signature	Date
Signature of Person Acting for Applicant	Date

Attachments: Lists A and B

**STATEMENT OF UNDERSTANDING**

**Applicant Information:**

<b>First Name:</b>	<b>Last Name:</b>
--------------------	-------------------

Please read the following statements to acknowledge your understanding of the LIHEAP process:

I have requested assistance through the LIHEAP Program.

**Processing Time:** I understand that the review and subsequent credit to my utility account can take up to 60 days from the date of submission.

**Payment Responsibility:** I understand that I must continue making regular payments toward my utility account during the processing period to prevent any disconnections of services.

**Credit Notification:** I understand that LIHEAP approval does not guarantee immediate approval and that I should monitor my utility bill for the applied credit.

<b>Applicant Signature:</b>	<b>Date:</b>
-----------------------------	--------------

**FAIR HEARINGS AND APPEALS SUMMRY FORM**

**Applicant Information:**

<b>First Name:</b>	<b>Last Name:</b>
--------------------	-------------------

The San Benito County Community Services & Workforce Development has agreed to comply with Title 22 of the California Administrative Code, Section 100751, as amended which sets forth elements to be included in client benefit denial appeal procedures.

You are hereby advised that should you be denied assistance for which you have applied, and for which you have submitted a complete application and eligibility documentation as required, you may appeal that decision within fifteen (15) days from receiving notice of denial.

Within five (5) working days of receipt of your appeal, the Community Services & Workforce Development shall conduct a Fair Hearing at the local level. Should your complaint not be resolved at the local level, you may appeal to Grantor/Funding source for which you have been denied. The Community Services & Workforce Development shall provide proper forms and guidance in making your appeal.

You may withdraw your request for appeal for an administrative hearing at any time during the appeals process by tending written or oral notice. Where oral notice is given, the parties shall confirm such notice in writing.

**POLICY FOR GRIEVANCES BY CLIENT**

Any client who has been denied services by this agency may file a grievance with the Director of the agency. Each employee will inform the participants of their appropriate grievance procedure and issue those procedures.

**Submit to:**  
**CSWD**  
**Attention Director**  
**1111 San Felipe Road, Suite 107**  
**Hollister, CA 95023**

Upon receipt of a grievance, the grievance will be passed to the Director who will determine the appropriate course of action as required by the funding source.

The information contained in your file is confidential and will not be disclosed to anyone without your written permission. Your file becomes the property of the San Benito County Department of Community Services & Workforce Development.

<b>Applicant Signature:</b>	<b>Date:</b>
-----------------------------	--------------

# LIHEAP 2026

Please read carefully, there are 2 sections to this form:

## Applicant Information:

<b>First Name:</b>	<b>Last Name:</b>
--------------------	-------------------

### 1. Release of information Authorization

The use of CSWD funds is limited to eligible applicants. CSWD regulations require verification of income/benefits and other information pertinent to the determination of eligibility for the programs. No applicant can be determined eligible or ineligible until all eligibility documentation is received by the Department of Community Services & Workforce Development.

By signing this release form, I am hereby giving my permission to the Department of Community Services & Workforce Development to verify the accuracy of the information that I have provided which includes; income and benefits received, date of birth, citizenship, county residence, social security number, selective service registration, existence of family members, legal status (prior convictions, parole, probation), employment, education and other information required for purposes of determining my eligibility.

I am also giving my permission to the Department of Community Services & Workforce Development to release information contained in my file to other social service agencies.

*All information and paperwork received during the eligibility determination process is maintained by the CSWD office and will not be returned to me. I understand that falsification of any item is grounds for termination from the CSWD program and may result in action to recover any money paid to me while participating.*

### 2. Conflict of Interest

- A. Is a member of your immediate family an elected city, County official, or a member of the Community Action Board or the Workforce Development Board? Examples: spouse, parent, child, brother, sister, uncle, aunt, niece, nephew, in-laws, stepparent, stepchild.

No

Yes, please state name, elected title, and relationship to you?

---

- B. Is a member of your immediate family an employee of the city, County, or a subcontractor of the San Benito County Community Services & Workforce Development? Examples: spouse, parent, child, brother, sister, uncle, aunt, niece, nephew, in-laws, stepparent, stepchild.

No

Yes, please state name, elected title, and relationship to you?

---

<b>Applicant Signature:</b>	<b>Date:</b>
-----------------------------	--------------

**STATEMENT OF RESPONSIBILITY**

**Please complete:**

**SECTION I:**

I, \_\_\_\_\_, reside at  
LAST NAME FIRST MI

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

My utility bill is in the name of:

\_\_\_\_\_

The bill is:  Myself  Other

*Only answer question in Section II if "other" was checked. If "myself" was checked, proceed to Section III.*

\_\_\_\_\_

**SECTION II:**

If other, please indicate the relationship to you and whether or not they reside in the home.

Relationship to applicant: \_\_\_\_\_

Resides in home? :  Yes  No

\_\_\_\_\_

**SECTION III:**

I am responsible for payment of the utility bill for the above address.

**I certify that all information provided is true and correct to the best of my knowledge. I understand that willfully falsifying information may lead to criminal prosecution. Furthermore, I affirm that I am the only person in my household who has applied for the LIHEAP Program.**

<b>Applicant Signature:</b>  	<b>Date:</b>  
-------------------------------------	----------------------

**CUSTOMER SATISFACTION**

Dear Applicant,

We are here to serve you. At the San Benito County Community Services & Workforce Development, we strive to put our community members first in everything we do.

- **Had a great experience?** Please spread the word to your friends and neighbors!
- **Think we can do better?** Please let me know.

We value your transparency. Whether you choose to provide your name or remain anonymous, your feedback helps us grow and serve everyone in our community better.

Sincerely,



Enrique Arreola  
Deputy Director for Community Services & Workforce Development

<b>Initials:</b>	<b>Date:</b>
------------------	--------------

**CLIENT EDUCATION CONFIRMATION OF RECEIPT**

Name of Occupant

Address of Dwelling

**Confirmation of Receipt**

I have received the following information:

- Lead-Safe Education** – A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.
- Energy Education** – Information regarding changes I can make in order to reduce the energy consumption of my household.
- Mold and Moisture Education** - A copy of the pamphlet, *A Brief Guide to Mold and Moisture In Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.
- Budget Counseling** - Information regarding personal financial management.
- Radon Education** - A copy of the pamphlet, *A Citizen's Guide to Radon*, informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.
- Asbestos Education** - A copy of the pamphlet, *FAQs About Asbestos in the Home and Workplace*, informing me about identifying asbestos-containing materials in the home, exposure, and available resources.

Signature of Recipient

Date

**Self-Certification Option**

I certify that I attempted to deliver the following educational information to the dwelling listed above:

- Lead-Safe**    **Energy**    **Mold/Moisture**    **Budget Counseling**    **Radon**    **Asbestos**

*If the information was delivered but a signature was not obtainable, you may check the appropriate box below.*

**Refusal to Sign** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.

**Unavailable for Signature** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door.

Attempted delivery dates and times

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)

Print name

**Mailing Option:**

I certify that I have mailed the following educational information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only):


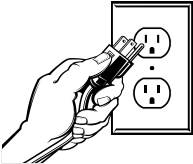




- Lead-Safe**    **Energy**    **Mold/Moisture**    **Budget Counseling**    **Radon**    **Asbestos**





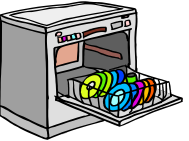


Signature (Agency Representative)

Print name

Date mailed



	<b>Energy Saving Tips</b> <b>Free and Low Cost Recommendations</b>	<b>Consejos para ahorrar energía</b> <b>Recomendaciones Gratis y de Bajo Costo</b>
	<b>Replace Light Bulbs</b> <ul style="list-style-type: none"> <li>Replace standard incandescent light bulbs with compact fluorescent light bulbs (CFLs) and save 75% off lighting costs.</li> </ul>	<b>Reemplace los focos</b> <ul style="list-style-type: none"> <li>Reemplazca los focos incandescentes por bombillas fluorescentes compactas (CFL) y ahorran un 75% de descuento en los costos de iluminación.</li> </ul>
	<b>Unplug Electronics</b> <ul style="list-style-type: none"> <li>Unplug electronics, battery chargers and other equipment when not in use. Taken together, these small items can use as much power as your refrigerator.</li> </ul>	<b>Desconectar los aparatos electrónicos</b> <ul style="list-style-type: none"> <li>Desconecte los cargadores de batería electrónica, y otros equipos cuando no estén en uso. En conjunto, estos artículos pequeños pueden usar tanta potencia como su refrigerador.</li> </ul>
	<b>Save Water</b> <ul style="list-style-type: none"> <li>Installing faucet aerators and low-flow shower heads will cut water heating costs by 50% and save up to \$300 per year. It will also cut water use by up to 50%. As much as 19% of California electricity is used to pump, transport and treat water.</li> </ul>	<b>Ahorre el Agua</b> <ul style="list-style-type: none"> <li>La instalación de aireadores de grifos de bajo flujo y duchas, reducirá los costos de calentamiento de agua en un 50% y ahorrar hasta \$ 300 por año. También reducirá el consumo de agua hasta en un 50%. Tanto como el 19% de la electricidad de California se usa para bombear, transportar y tratar el agua.</li> </ul>
	<b>Adjust Your Thermostat</b> <ul style="list-style-type: none"> <li>Setting your air conditioner 5° higher will save up to 20% on cooling costs.</li> </ul>	<b>Ajustar el termostato</b> <ul style="list-style-type: none"> <li>Configurando su acondicionador de aire a 5 grados más alto, permite ahorrar hasta un 20% en costos de enfriamiento.</li> </ul>
	<b>Buy Energy Efficient Appliances</b> <ul style="list-style-type: none"> <li>Always buy ENERGY STAR qualified appliances and equipment - they're up to 40% more efficient. Find rebates and incentives in your area using our rebate finder.</li> </ul>	<b>Compre electrodomésticos que ahorran energía</b> <ul style="list-style-type: none"> <li>Siempre compre electrodomésticos o equipos con calificación ENERGY STAR que son hasta un 40% más eficiente. Busque descuentos e incentivos en su área usando nuestro buscador de descuento.</li> </ul>
	<b>Adjust Your Water Heater</b> <ul style="list-style-type: none"> <li>Turn your water heater down to 120° or the "Normal" setting when home, and to the lowest setting when away. Water heating accounts for about 13% of home energy costs.</li> </ul>	<b>Ajuste su calentador de agua</b> <ul style="list-style-type: none"> <li>Reduzca el calentador de agua a 120 ° o al ajuste "Normal" cuando esté en casa, y más bajo cuando no este , Calentar agua representa hasta un 13% de los costos de energía del hogar.</li> </ul>

	<p><b>Keep Cool With Ceiling Fans</b></p> <ul style="list-style-type: none"> <li>• Reduce air conditioning costs by using fans, keeping windows and doors shut and closing shades during the day. Most ceiling fans use less energy than a light bulb.</li> </ul>	<p><b>Mantenga fresco con ventiladores de techo</b></p> <ul style="list-style-type: none"> <li>• Reduzca los costos de aire acondicionado mediante el uso de ventiladores, manteniendo las ventanas y puertas cerradas y cerrar las cortinas durante el día. La mayoría de los ventiladores de techo usan menos energía que un foco.</li> </ul>
	<p><b>Be Smart About Lighting</b></p> <ul style="list-style-type: none"> <li>• Turn off unnecessary lighting and use task or desktop lamps with CFLs instead of overhead lights.</li> </ul>	<p><b>Sea responsable con el uso de luces</b></p> <ul style="list-style-type: none"> <li>• Apague las luces innecesaria y utilice lámparas de trabajo o de escritorio con CFL en lugar de las luces del techo.</li> </ul>
	<p><b>Power Down Your Computer</b></p> <ul style="list-style-type: none"> <li>• Enable "power management" on all computers and make sure to turn them off at night. A laptop computer uses up to 90% less energy than bigger desktop models.</li> </ul>	<p><b>Apagar la computadora</b></p> <ul style="list-style-type: none"> <li>• Programa "la administración de energía" en todos los equipos y asegúrese de apagarlas durante la noche. Una computadora portátil consume hasta un 90% menos energía que los modelos de escritorio más grandes.</li> </ul>
	<p><b>Wash Clothes in Cold Water</b></p> <ul style="list-style-type: none"> <li>• When possible, wash clothes in cold water. About 90% of the energy used in a clothes washer goes to water heating.</li> </ul>	<p><b>Lave la ropa con agua fría</b></p> <ul style="list-style-type: none"> <li>• Cuando sea posible, lave la ropa en agua fría. Aproximadamente el 90% de la energía utilizada en una lavadora de ropa se va en calentar el agua.</li> </ul>
	<p><b>Load Up Your Dishwasher</b></p> <ul style="list-style-type: none"> <li>• Run your dishwasher and clothes washer only when fully loaded. Fewer loads reduce energy and water use.</li> </ul>	<p><b>Carga tu Lavavajillas</b></p> <ul style="list-style-type: none"> <li>• Utilice el lavaplatos y la lavadora de ropa sólo cuando esté completamente cargada. Lavando menos cargas reduce el consumo de energía y agua.</li> </ul>
	<p><b>Maintain Your Clothes Dryer</b></p> <ul style="list-style-type: none"> <li>• Make sure your dryer's outside vent is clear and clean the lint filter after every load. When shopping for a new dryer look for one with a moisture sensor that automatically shuts off when clothes are dry.</li> </ul>	<p><b>Mantener su secadora de ropa</b></p> <ul style="list-style-type: none"> <li>• Asegúrese que la ventilación hacia fuera de su secadora este claro y limpie el filtro de pelusa después de cada carga. Cuando busque comprar una nueva secadora busque una con un sensor de humedad que se apaga automáticamente cuando la ropa este seca.</li> </ul>
	<p><b>Find and Seal Leaks</b></p> <ul style="list-style-type: none"> <li>• Sealing cracks, gaps, leaks and adding insulation can save up to 20% on home heating and cooling costs.</li> <li>• Test for air leaks by holding a lit incense stick next to windows, doors, electrical boxes, plumbing fixtures, electrical outlets, ceiling fixtures, attic hatches and other locations where there is a possible air path to the outside. If the smoke stream travels horizontally, you have located an air leak that may need caulking, sealing or weather stripping.</li> </ul>	<p><b>Buscar y sellar las fugas</b></p> <ul style="list-style-type: none"> <li>• Sellando las grietas, huecos, filtraciones y agregando aislacion puede ahorrar hasta un 20% en calefacción y refrigeración.</li> <li>• Pruebe si no tiene fugas de aire usando un palito de incienso junto a las ventanas, puertas, cajas eléctricas, de plomería, enchufes eléctricos, accesorios del techo, las portillas del ático y otros lugares donde hay un camino posible de aire hacia el exterior. Si la corriente de humo viaja horizontalmente, usted ha encontrado una fuga de aire que puede ser necesario sellar con calafateo o burletes.</li> </ul>

# Budget Worksheet



Use a budget to help pay your bills and save for goals or emergencies.

Use this worksheet to make a budget. Fill in how much money you make. Then fill in your expenses. Subtract your expenses from how much money you make.

MONTH \_\_\_\_\_

YEAR \_\_\_\_\_

## My income this month

Income	Monthly Total
Wages after taxes	\$
Other income (like child support)	\$
<b>Total monthly income</b>	\$

## My expenses this month

	Expenses	Monthly Total
HOUSING	Rent or mortgage	\$
	Insurance (like renter's, homeowner's)	\$
	Utilities (like electricity, gas, water)	\$
	Internet and phone	\$
	Other housing expenses (like property taxes, condo fees)	\$
FOOD	Groceries and household supplies	\$
	Eating out/food delivery	\$
	Other food expenses	\$
TRANSPORTATION	Public transportation	\$
	Taxis/rideshares	\$
	Gas for car	\$
	Parking and tolls	\$
	Car maintenance (like oil changes)	\$
	Car insurance	\$
	Car payment	\$
	Other transportation expenses	\$

	Expenses	Monthly Total	
HEALTH	Health insurance	\$	
	Prescriptions	\$	
	Co-pays for doctors' appointments	\$	
	Other health expenses	\$	
PERSONAL AND FAMILY	Childcare (like daycare, babysitting)	\$	
	Child support you pay	\$	
	Money you send to family	\$	
	Clothing and shoes	\$	
	Entertainment (like subscriptions, movies, concerts)	\$	
	Travel	\$	
	Gym or fitness membership	\$	
	Other personal and family expenses (like donations, laundry, haircuts)	\$	
	SCHOOL	Student loan payment	\$
		Tuition payment	\$
Other school expenses (like books, supplies)		\$	
OTHER	Bank account or credit card fees	\$	
	Credit card or other debt payments	\$	
	Savings deposits	\$	
	Investment contributions	\$	
	Other expenses this month	\$	
	<b>Total monthly expenses</b>	<b>\$</b>	

\$	-	\$	=	\$
<b>Income</b>		<b>Expenses</b>		

- ▶ Is your income more than your expenses? Then you have money left to save or spend.
- ▶ Are your expenses more than your income? Look at your budget to find expenses to cut.

Read **Making a Budget** at [consumer.gov/yourmoney](https://www.consumer.gov/yourmoney) to learn more.

