



2021 HOME ENERGY ASSISTANCE PROGRAM APPLICATION

Complete application using *blue or black ink only* and sign where indicated - NO WHITE OUT

WAYS TO RETURN YOUR APPLICATION

THESE APPLICATIONS ARE TIME SENSITIVE AND WILL EXPIRE WITHIN 30 DAYS AFTER SIGNING THEM

Drop Box : Outside Office door a box located to drop off completed applications and pick up box for new applications

By Mail: 3970 Short St Suite 110,
San Luis Obispo, CA 93401

By Email: HEAP@capslo.org

By Fax: 805-594-1065

Questions? Call us at 805-541-4122 x14

Although we ask for copies of both utility bills, we can only assist you with one. If left blank, we will choose for you and cannot change this request at a later time.

It may take up to 5-10 days to process your utility assistance application. It is your responsibility to continue to pay and/or make payment arrangements with your utility company until eligibility is determined. We do not guarantee your benefit will be processed and paid before the date the bill is due. If eligible, a credit will be sent directly to the utility vendor within 6-8 weeks.

RETURN YOUR SIGNED APPLICATION WITH THE FOLLOWING:

Checklist of Mandatory Documents for HEAP Assistance :

All required documents must be included. Incomplete applications will not be accepted and will be returned and delay processing.

Energy Intake Form CSD43

Fill out and sign/ date form. Please do not use white out

Client / Customer Consent Form and Authorization– CSD 081

Current (Most Recent) Energy Electric Bill

Bills must contain a billing period of at least 22 days

Current (Most Recent) Gas Bill

Bills must contain a billing period of at least 22 days

Both complete gas and electric bills are needed to process the application.

Any Disconnection and Urgent Notices(if applicable)

- 48 Hour Notice

-15 Day Notices

-Any Pink notices

Propane, Wood, or Fuel Oil:

Invoice or receipt of last delivery

Bills that are NOT acceptable :

- Detached/Incomplete Bills
- Zero current(Monthly Charges)
- Bill with deposit only
- Less than 22 billing days
- Credit on bill
- Outdated bill
- Closed Account

All Electric : If your home is “ **All Electric**”; please indicate so on the application (CSD43)

Included In Rent: If your utilities are included in the rent you need to attach

copy of the rent lease/rental agreement stating “Utilities Included in the Rent.”

Household Income:

All Income for everyone in the household 18 years of age and older must be provided.

Must be current within the last 6 weeks.

⇒ **Gross Wages:** Copies of all check stubs (6 weeks), Full consecutive month of pay. If there is gaps between pay periods or missing stubs attach brief explanation.

⇒ **Unemployment Benefits:** Copies of EDD documentation reflecting a full consecutive month (within the last 6 weeks) or copy of online payment history showing the last 4 weeks of benefits received.

⇒ **Disability Income/ Denial of income (State—EDD or Workers Compensation)** or copy of online payment history showing the last 6 weeks of benefits received.

⇒ **Child Support:** proof of income received within the last 6 weeks

⇒ **Alimony (Spousal Support):** proof of income received within the last 6 weeks

⇒ **Jobs Paid in Cash:** (odd jobs– Write a statement declaring type of work and the amount of income you earned for the last 6 weeks

⇒ **Ongoing Family Assistance:** Written letter from family members or friends who have assisted you with ongoing expenses for the last 6 weeks stating what they have provided. Please include contact information and full complete address.

⇒ **Social Security (SSA)/ Social Security Disability Income (SSDI):** Current bank statement showing direct Deposit, award letter for the current year.

⇒ **Social Security Income (Supplemental):** Current bank statements showing direct deposit , award letter for the current year.

⇒ **Pension/ Annuities:** Current year annual statement or Monthly statement (ONLY) No direct deposit or bank statement will be accepted.

⇒ **TANF(CASH AID) :** Notice of Action for current month and year .

⇒ **Self –Employment:** copy of the most current 1040 tax form and Schedule C (For Self –Employment) both need to be submitted.

Certification of Income and Expenses– CSD43B: Complete this form if you or any other household member 18 years of age or older claims no income or received compensation in cash.– **PLEASE DO NOT USE WHITE OUT**

Please also include the following (if applicable)

>>>>>>**Food Stamps Notice Action (Current year and Month)**

>>>>>>**Low Income Housing (Current Month and year) Award letter from SECTION 8 HUD**

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2017)

Official Use Only:

Priority Points

A.C.C.

Agency:		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 <i>cannot</i> be a P.O. Box)							
Service Address						Unit Number	
Service City			Service County			Service State	Service Zip Code
Have you lived at this residence during each of the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
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:	
Ages 0 – 2 Years	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59	
Ages 60 and older	
Disabled	
Native American	
Seasonal or Migrant Farmworker	

INCOME	
Enter the number of people who receive income →	○
<i>Enter total gross monthly income for all people living in the household:</i>	
TANF / CalWorks	\$
SSI / SSP	\$
SSA / SSDI	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
Total Monthly Income	\$

HOUSEHOLD MEMBERS					
ENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS					
If you have more than 7 people in your household, please list the information on a separate piece of paper.					
First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
Household Total Monthly Gross Income				\$	
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PAY BILL

To which energy bill (**CHOOSE ONLY ONE**) do you want the LIHEAP benefit to be applied? (Attach copy of most recent bill or receipt)

Natural Gas Electricity Wood Propane Fuel Oil Kerosene Other Fuel

List 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? A main heating source **MUST** be checked.

Natural Gas Electricity Wood Propane Fuel Oil Kerosene 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 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:

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 program (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 and 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
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REVOCAION 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



Community Action Partnership Client Intake Form

* = Section must be completed

Last Name*: _____ Middle Name/Initial*: _____ First Name*: _____

Soc. Sec. # (at least last 4): _____ - _____ - _____ Date of Birth*: _____ - _____ - _____ (Mo.-Day-Yr.)

Address: _____ Apt#: _____ City*: _____ Zip Code*: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Disabling Condition*: (check one) Yes No

Military Status*: Veteran Active Military None

Citizen Status*: US Citizen Eligible Non-Citizen Ineligible Non-Citizen N/A

Primary Language: English Spanish Other _____

Ethnicity* (check one) Hispanic, Latino or Spanish Origins **NOT** Hispanic, Latino or Spanish Origins

Race* (check all that apply)

American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian and Other Pacific Islander

Family Type* (check one)

Single Person Two Adults **NO** Children Single Parent Female

Two Parent Household Non-Related Adults with Children Multigenerational Household

Sex at Birth: Female Male Intersex

Gender Identity*:

Woman Man Non-Binary Not sure

Trans Woman Trans Man Decline to Answer

Not Listed, Please Specify: _____

Sexual Orientation/Identity:

Heterosexual or Straight Gay Lesbian Bisexual Pansexual

Queer Asexual Not sure Decline to Answer

Not Listed, Please Specify: _____

If Between the Ages of 14-24, Are You Currently Working or in School*: Yes No

If 18+, Describe Work Status*: (check all that apply)

Retired Employed Full-Time Employed Part-Time

Unemployed (Short-Term, 6 months or less) Unemployed (Long-Term, 6+ months) Unemployed (Not in Labor Force)

Migrant Seasonal Farm Worker

Education* (check highest grade completed)

No School Completed Nursery School to 4th Grade 5th or 6th Grade 7th or 8th Grade

9th Grade 10th Grade 11th Grade 12th Grade, No Diploma

High School Diploma/GED Degree Some College Associates Degree Bachelors

Masters Doctorate Other Graduate/Professional

Certificate of Advanced/ Training or Skilled

Housing Status for Family*: (check one)

- Rent (Stably Housed)
- Own (Stably Housed)
- Literally Homeless
- Imminently Losing Housing (within 14 days)
- Unstably Housed and at risk of losing your house
- Other Permanent Housing
- Other

If “Other”, “Other Permanent Housing”, “Imminently losing your housing”, or “Unstably Housed”, Describe:

Health Insurance Source(s)*:

- None
- Medi-Cal/Cen-Cal (Medicaid)
- Medicare
- Healthy Families (State Children’s Health Insurance Program)
- Military Health Care
- State Health Insurance for Adults
- Direct-Purchase
- Employment Based

Source(s) of Family Income*: (check one)

- No Income
- Income from Employment and Other Income Source
- Income from Employment and Non-Cash Benefits
- Income from Employment, Other Income Source, Benefits and Non-Cash Benefits
- Non-Cash Benefits Only
- Income from Employment Only
- Other Income Source Only
- Other Income Source and Non-Cash Benefits

Amount(s) of Family Income (Monthly)*:

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> Earned Income/Employment | \$ _____ | <input type="checkbox"/> TANF | \$ _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) | \$ _____ | <input type="checkbox"/> Pension | \$ _____ |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | \$ _____ | <input type="checkbox"/> Child Support | \$ _____ |
| <input type="checkbox"/> Private Disability Insurance | \$ _____ | <input type="checkbox"/> General Assistance | \$ _____ |
| <input type="checkbox"/> Unemployment Insurance | \$ _____ | <input type="checkbox"/> Workers Comp | \$ _____ |
| <input type="checkbox"/> Alimony or Other Spousal Support | \$ _____ | <input type="checkbox"/> EITC | \$ _____ |
| <input type="checkbox"/> Retirement Income from Social Security | \$ _____ | <input type="checkbox"/> Other | \$ _____ |
| <input type="checkbox"/> VA Service-Connected Disability Compensation | \$ _____ | | |
| <input type="checkbox"/> VA Non-Service Connected Disability Pension | \$ _____ | | |

Non-Cash Benefits of Family*:

- SNAP/Food Stamps
- LIHEAP
- Public Housing
- Housing Choice Voucher/Section 8
- Childcare Voucher
- HUD-VASH
- Permanent Supportive Housing
- WIC
- Other
- Affordable Care Act Subsidy

For single parent families, was the custodial parent given a copy of the appropriate child support referral form?*

- Yes
- No
- N/A

If you have additional family members in your household attach the “Additional Family Information” sheet.

I, _____, understand that pertinent identifying information about myself/my family will remain confidential and that such information will only be used for my benefit or to benefit other members of my family. Client information needed for service delivery and other data gathering purposes, including service patterns and client outcomes achieved, will only be shared with other authorized agency staff. I release the Community Action Partnership of San Luis Obispo County, Inc. and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. The statements made by me on this consent form are true, correct and complete to the best of my knowledge.

Client signature: _____ **Date:** _____

For Office use only: Entered into ClientTrack <input type="checkbox"/> Date: _____ Person entering: _____



Additional Family Information

Provide information below for all your family members

For all items marked with a ♦

Use the codes listed below the table to complete the form

Name (Last, First)	Sex Assigned at Birth ♦	Gender Identity ♦	Sexual Orientation/Identity ♦	Date of Birth (Mo-Day-Yr)	SSN # (at least last four #s)	*Relationship	Ethnicity ♦	Race ♦ (List all that apply)	If 14-24, Currently Working or in School (Y or N)	If 18+ Work Status ♦	If 18+ Military Status ♦	Highest Education Level Completed	Health Insurance (List all that apply) ♦	Disabled (Y or N)

Notes: *Check if Client: if the family member listed in the row is also benefitting from these program services, place a check in the box.
 **Name: Include middle name or initial if available.
 ***Relationship: How is this person related to the client on the main "Client Intake Form" (example: spouse, daughter, son, etc.)

♦ **INFORMATIONAL CODES**

- SEX ASSIGNED AT BIRTH:** M-Male F-Female I-Intersex
- GENDER IDENTITY:** M-Man W-Woman TM-Trans Man TF-Trans Woman NB-Non-Binary NS-Not Sure **Another Identity-Write-in Response**
- SEXUAL ORIENTATION:** H-Heterosexual or Straight G-Gay L-Lesbian B-Bisexual Q-Queer P-Pansexual A-Asexual N-Not Sure **Another Orientation-Write-in Response**
- ETHNICITY:** H-Hispanic, Latino or Spanish Origins **NH-NOT** Hispanic, Latino or Spanish Origins **NH**-Native Hawaiian and Other Pacific Islander **W**-White
- RACE:** AI-American Indian or Alaska Native A-Asian B-Black or African American **NH**-Native Hawaiian and Other Pacific Islander **W**-White
- MILITARY STATUS:** A-Active Military V-Veteran N-None
- WORK STATUS:**
 FT-Employed Full-Time **PT**-Employed Part-Time **MS**-Migrant Seasonal Farm Worker **R**-Retired
 US-Unemployed (Short-Term, 6 months or less) **UL**-Unemployed (Long-Term, 6+ months) **UN**-Unemployed (Not in Labor Force)
- EDUCATION LEVEL:**
 A-No School Completed **B**-Nursery School to 4th Grade **C**-5th or 6th Grade **D**-7th or 8th Grade **E**-9th Grade **F**-10th Grade
 G-11th Grade **H**-12th Grade, No Diploma **I**-High School Diploma **J**-GED **K**-Some College **L**-Associates Degree
 M-Bachelors **N**-Masters **O**-Doctorate **P**-Other Graduate/Professional Degree **Q**-Certificate of Advanced Training or Skilled Artisan
- INSURANCE:**
 N-None **MC**-Medi-Cal/Cen-Cal (Medicaid) **M**-Medicare **P**-Direct-Purchase **E**-Employment Based
 V-Military Health Care **S**-State Health Insurance for Adults **H**-Healthy Families (State Children's Health Insurance Program)

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling
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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.

Signature of Recipient	Date
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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**

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
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Signature (Agency Representative)	Print name
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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**

Signature (Agency Representative)	Print name	Date mailed
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Energy Conservation 101

Electricity

- Microwave ovens may reduce your overall cooking energy requirements by about 15% to 20%. For items particularly suited to microwave cooking, savings may be greater. Microwave ovens can keep your kitchen cooler in the summer, too.
- Fluorescent lighting is more economical watt for watt than incandescent bulbs. Fluorescents give twice the light for the same wattage as incandescent and last up to 10 times as long as ordinary bulbs. They're cooler, too.
- The wattage of a bulb does not measure the amount of light it gives but simply the amount of power it uses. Light is measured in lumens, which are marked on each bulb's package. Read bulb packages carefully to get the most light for the same wattage.
- Turn off unnecessary lighting. Use thermal curtains to save on A/C in summer, and heating in winter. Use the lowest light wattage necessary. Allow sunlight to light your home naturally during the day if it is not hot.
- Unplug appliances when not in use. Even off, they may be using a small amount of electricity.
- If you choose to use space heaters, use the ceramic heaters which require less energy.

Gas/Propane

- Lower water heater thermostat to 110° (between Med-Low).
- Wrap water heater with insulation blanket and turn furnace "pilot" off.
- Make sure windows and doors are seating when using the heater, and always remember that heat rises. Shut doors to rooms that you do not need heated. Use blankets or layer clothing!
- Set heater thermostat at 68° during the day. Set heater thermostat at 55° during the night.
- Do NOT use the oven to heat the home. This is wasteful AND dangerous. Do not pre-heat the oven unless necessary, this is rarely actually needed for cooking.
- Wash most clothing on cool or cold. It protects it and makes color last longer. Hot water is really only needed when washing linens and heavily soiled items.

Water *(water costs are increasing rapidly throughout the county – this is likely to be a large bill in your home)*

- Invest in water saving faucets, shower heads, and washers if you can. Leaking faucets are not just annoying, but wasteful. Always turn spigots off and replace worn washers quickly. Ninety drops of water per minute add up to 212 gallons of water down the drain in one month.
- Sweep driveways and sidewalks, don't hose them. Consider replacing lawns with native plants requiring less water.
- Don't let water run when washing or shaving.
- Don't run the dish or clothes washer unless there is a full load. This saves water and electricity!



Budgeting Basics

The main reason for making a budget and sticking to it is to save for future goals while meeting present needs. People begin to budget for a variety of reasons. Some are forced to by life circumstances, like unemployment, to control their finances to survive. Others budget to save for things like college, vacations, and retirement. Regardless of the reason, careful budgeting can greatly improve the quality of life in a household.

Functions of a budget

1. **Planning:** it ensures that your total income meets total expenditures and helps you manage what you have and helps you to figure out what you can afford.
2. **Communication:** A budget is a concrete communication of your goals and plans to yourself and others
3. **Control:** A budget allows you to control your finances because it lets you see how you actually performed versus what you planned. You can then either change the money plan or the spending behavior.

Gross versus Net Income

Your Gross Income is the total, pre-tax income for the household. Net income is the income after deductions and taxes. It is often referred to as "take-home pay". Most programs that are income-based consider only the Gross Income, but for budgeting, it is wise to consider only the Net Income.

Cash flow – What is coming in and going out

The first step is to look at how you spend your money now. This is not a budget since it does not contain goals or a plan. It is only a "cash flow analysis". Begin by setting up a ledger sheet or legal pad and gather information on income and expenditures. Divide your expenses into categories such as: Housing, Utilities, Transportation, Work, Food, Medical, Recreation, and Clothing.

"Household Budget Guides" with pre-printed categories are available at drug and office supply stores. Otherwise, there are also a number of free budgeting programs online that make this easier.

Tips for Expense Calculations

- Be honest with yourself about what you REALLY spend.
- Ideally, rental or mortgage should not be more than 1/3 of your income.
- Utilities cost include all utilities; both necessary like water, and voluntary utilities such as cable/internet and phone lines.
- Always budget liberally on food, medical, and car expenses as those tend to change from month to month.
- Plan for an emergency fund!

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?				
YES	NO	During the previous month have you been employed part time?		
YES	NO	During the previous month have you been self-employed?		
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?		
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:		
YES	NO	During the previous month did you receive any of the following: (circle any that apply)		
		WORKER'S COMP	UNEMPLOYME	GOVERNMENT SPONSORED BENEFITS
				CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)		
		ANNUITY	PENSION	TRIBAL CASINO PAYMENTS
				RENTAL INCOME
				INSURANCE BENEFITS

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

P

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

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____ Address: _____
			Phone: _____
Utility Bills	\$		Name: _____ Address: _____
			Phone: _____
Food	\$		Name: _____ Address: _____
			Phone: _____

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