



Required Documents For LIHEAP Application

(PLEASE PROVIDE YOUR OWN COPIES)

➤ **Current Electric bill and current Gas bill (all pages)**

- Note: **Both** current utility bills are required to process the HEAP application.
- Billing period must be at least 22 days.
- If your utilities are included in rent, please provide a copy of your current statement that shows electric and/or gas charges.

➤ **Proof of Income from the last 30 days (for all household members 18yrs and older)**

- Gross wages: paystubs for the last 4 weeks
- If anyone in the home is a current CalFresh/CalWORKS recipient, include Verification of Benefits letter for the current month and year.
- SSI/SSA Award letter or current bank statement showing deposit.
- Pension Award letter (bank statements are not acceptable)
- Household members 18 and older claiming cash income **MUST** complete form (43B - Certification of Income & Expenses) that is provided in the application.
- Unemployment benefits (EDD – Must cover 4 consecutive weeks)

➤ **Government Identification with photo**

- Other documents may be requested by the processing staff or management.
- Applicant must sign and date the entire HEAP application packet.
- Processing can take 90 to 120 days from the date the completed application is received. Eligible households can be assisted with one energy bill per contract year.

IF ANY DOCUMENTS ARE MISSING OR PAGES LEFT INCOMPLETE, THE APPLICATION WILL NOT BE PROCESSED AND THE APPLICATION PACKET WILL BE RETURNED TO YOU.

**For any questions or concerns, call:
(714) 839-6199**

RETURN / DROP-OFF
11870 Monarch St.
Garden Grove, Ca 92841
Fax (714) 839-2817

For quicker assistance, apply online at caliheapapply.com



Community Action Partnership of Orange County (CAP OC), Energy and Environmental Services Department oversees administration of the Low-Income Home Energy Assistance Program (LIHEAP) and the Department of Energy's Weatherization Assistance Program (DOE WAP). These programs are funded by the United States Department of Health and Human Services, Department of Energy Region IX, and the California Department of Community Services and Development (CSD). The programs are designed to assist eligible low-income households to manage and meet their immediate home heating and/or cooling needs. In addition, LIHEAP provides financial assistance to offset heating and/or cooling costs and helps to improve household energy efficiency.

If you have a disability or need help with this application, you may request assistance from an agency representative, and someone will help you.

How do I apply?

- Complete the pages included in this application and include all required documents
 - Print clearly utilizing an ink pen, do **not** use a pencil.
 - If you make an error, do **not** use white-out. Simply draw a line through the error, initial it, and enter the correct information.
 - Remember to sign and date your application.
 - A checklist of all mandatory documents is included to assist you in the application process. Incomplete and unsigned applications will delay the process of your application.
- Give the application to CAP OC in person, by mail or by fax (contact info on next page)

Who gets priority?

In accordance with federal law, our department establishes a priority rating system once we reach a financial budget benchmark. Benefits are calculated based on your household's out-of-pocket energy cost versus household income and a point system.

How long will it take?

It may take up to 60 days until your utility assistance application has been processed. 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 of the bill is due.

CAP OC will send you a letter to let you know if your household is approved or denied and HEAP benefits.

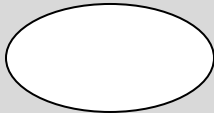
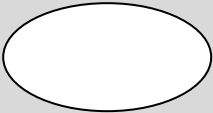
Department of Community Services and Development

Energy Intake Form

CSD 43 (07/2024)

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 <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			
Do you own or rent your home?..... <input type="checkbox"/> Own <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 →	
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
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 MEMBERSENTER 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?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <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?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <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?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <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?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <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
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <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 <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
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <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 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 → <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"/>

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
-----------------------------	------	---

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

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
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? _____

Put Notary stamp below, if needed (DOE only) or
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: _____ Phone: _____ Address: _____
Utility Bills	\$		Name: _____ Phone: _____ Address: _____
Food	\$		Name: _____ Phone: _____ Address: _____

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.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Signature	Date
Signature	Date	

UTILITIES VERIFICATION STATEMENT FORM

You are being asked to complete this form because your tenant has requested assistance, and stated that their household cannot provide proof of included in rent utility verification. The State of California requires the applicant to report how much of their household income is paid toward energy costs. This is pursuant to the Low-Income Home Energy Assistance Program Reauthorization Act of 1994, Public Law 97-35, as amended. Therefore, in keeping with the intent of Federal Law, landlords and property managers are now being asked to provide, upon request, to HEAP applicants the amount of rent dollars that are spent to pay for heating/cooling costs. This form will help us understand how much of their rent is applied toward utility costs. Please complete the information below:

SECTION I			
First Name	Middle Initial	Last Name	
Service Address			Unit Number
Service City		Service State	Service Zip Code

SECTION II	
1. IS THE ABOVE INDIVIDUAL LIVING IN THE PROPERTY AT THE ABOVE ADDRESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. DO YOU LIVE IN A SEPARATE HOUSEHOLD FROM YOUR TENANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. DO YOU RECEIVE A SECTION 8 OR RENTAL SUBSIDY ON BEHALF OF HIS TENANT OR FOR THE PROPERTY THIS TENANT LIVES IN? IF YES, PLEASE INDICATE THE MONTHLY AMOUNT \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. WHAT IS THE MONTHLY AMOUNT OF RENT ACTUALLY PAID BY THE TENANT? \$ _____	
5. PLEASE CHECK ALL TYPES OF FUEL THAT IS INCLUDED IN THE RENT: <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WOOD <input type="checkbox"/> PROPANE <input type="checkbox"/> FUEL OIL <input type="checkbox"/> KEROSENE	
6. PLEASE INDICATE THE MONTHLY AMOUNT OF RENT PAID TOWARDS THE FUEL TYPE(S) LISTED ABOVE: TYPE OF FUEL: _____ AMOUNT: \$ _____ TYPE OF FUEL: _____ AMOUNT: \$ _____	
*If you are unable to determine the actual cost of energy per unit, you can estimate the cost by dividing the total current energy cost on the utility bill by the number of unit's services by that bill.	

SECTION III					
<i>Have your landlord complete Section "A" below or tenant can also self certify on Section "B" if unable to obtain landlord's certification. Tenant must provide a brief written hardship detailing the inability to obtain landlord's certification. 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.</i>					
A. LANDLORD CERTIFICATION			B. TENANT SELF CERTIFICATION (INDICATE HARDSHIP BELOW)		
LANDLORD'S NAME			LANDLORD'S NAME		
STREET ADDRESS OR PO BOX NUMBER			STREET ADDRESS OR PO BOX NUMBER		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE NUMBER		EMAIL ADDRESS	TELEPHONE NUMBER		EMAIL ADDRESS
SIGNATURE		DATE	SIGNATURE		DATE
HARDSHIP STATEMENT:					

Energy and Environmental Services Department

EES (8/18)

CONFLICT OF INTEREST FORM

You are being asked to complete this form because you requested Utility and/or Weatherization assistance. The State of California requires Community Action Partnership of Orange County (CAP OC) to establish safeguards to ensure its employees or its officers do not engage in actual or potential conflicts of interest. The applicable sections must be completed and returned with the Energy Intake form CSD 43 for processing. Program eligibility is solely based on income guidelines and program requirements. Your affiliation or employment with CAP OC will not be a determining factor for program eligibility.

I. Applicant Section		
First Name	Last Name	
Address	City	Zip Code
II. Affiliation Section		
Are you related or friends with an employee, board member or anyone affiliated with CAP OC?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what is the first and last name of the person? _____		
III. Program Participation Section		
Has anyone in your household applied for Utility Assistance in the same program year?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what is the first and last name of the person? _____		
IV. Confirmation Section		
<i>By signing this form, I affirm that I have answered all questions truthfully and to the best of my knowledge. I give Community Action Partnership permission to verify this information. I may be held liable under Federal and state law for knowingly making false or fraudulent statements.</i>		
X		

*** APPLICANT'S SIGNATURE ***

TODAY'S DATE

Office Use Only	
Certified By:	Certified Date:
Assistance Type: <input type="checkbox"/> *WX & UA <input type="checkbox"/> UA <input type="checkbox"/> *WX	Benefit Amount:
Conflict of Interest Compliance	
Application Request for Processing: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
X	
*** DEPARTMENT DIRECTOR'S SIGNATURE ***	
DATE	
Application Request for Processing: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
X	
*** PRESIDENT & CEO'S SIGNATURE ***	
DATE	
Data Entry Completed & Exported By:	Date:

!! PLEASE SUBMIT THIS PAGE WITH YOUR COMPLETED APPLICATION !!

INSTRUCTIONS:

Please fill out the chart below with information for each household member. Either write in or circle your answer. Use the key to determine the number that corresponds with your choice for the different categories. M means MALE, F means FEMALE. Y means YES, N means NO. DISCONNECTED YOUTH is defined as youth ages 14-24 who are neither in school nor working.

ARE YOU A RENTER OR OWNER? PLEASE CIRCLE Renter Owner

Household Member Name	Gender	Disabled	Disconnected Youth	Health Insurance (Type)	Work Status	Military Status	Education Level	Race	Ethnicity	Ethnicity Subcategory	Language
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							

KEY

HEALTH INSURANCE

- 1 - Direct Purchase
- 2 - Employment-Based
- 3 - Medicaid
- 4 - Medicare
- 5 - Military Health Care
- 6 - State Children's Health Ins Program
- 7 - State Health Ins for Adults

WORK STATUS

- 1 - Employed Full-Time
- 2 - Employed Part-Time
- 3 - Migrant Seasonal Farm Worker
- 4 - Unemployed (Short-Term, 6 mo or less)
- 5 - Unemployed (Long-Term, more than 6 mo)
- 6 - Unemployed (Not in Labor Force)
- 7 - Retired

MILITARY STATUS

- 1 - Veteran
- 2 - Active Military
- 3 - Not Military

EDUCATION LEVEL

- 1 - Grades 0-8
- 2 - Grades 9-12/Non-grad
- 3 - High school grad/ equivalency
- 4 - 12th grade + some post-secondary
- 5 - 2 or 4 years college grad
- 6 - Graduate or other post-secondary school

RACE

- 1 - American Indian or Alaska Native
- 2 - Asian
- 3 - Black or African American
- 4 - Native Hawaiian/ Other Pacific Islander
- 5 - White
- 6 - Other
- 7 - Multi-Race

ETHNICITY

- 1 - Hispanic, Latino or Spanish Origin
- 2 - Not Hispanic, Latino or Spanish Origin

ETHNICITY SUBCATEGORY

- ASIAN:
 - 1 - Asian Indian
 - 2 - Chinese
 - 3 - Filipino
 - 4 - Japanese
 - 5 - Korean
 - 6 - Vietnamese
 - 7 - Other Asian
- HISPANIC LATINO:
 - 8 - Central/ South American
 - 9 - Cuban
 - 10 - Dominican
 - 11 - Mexican, Chicano
 - 12 - Other Spanish/ Latino
 - 13 - Puerto Rican
- NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER:
 - 14 - Native Hawaiian
 - 15 - Guamanian or Chamorro
 - 16 - Samoan
 - 17 - Other Pacific Islander
 - 18 - Other Asian

LANGUAGE

- 1 - Afrikaans
- 2 - Arabic
- 3 - Armenian
- 4 - Chinese
- 5 - English
- 6 - Farsi
- 7 - French
- 8 - Greek
- 9 - Hebrew
- 10 - Hindi
- 11 - Japanese
- 12 - Korean
- 13 - Pashto
- 14 - Polish
- 15 - Portuguese
- 16 - Punjabi
- 17 - Russian
- 18 - Spanish
- 19 - Turkish
- 20 - Urdu
- 21 - Vietnamese
- 22 - OTHER

Our agency collects this information to help us receive funding for our programs for the community.