



Home Energy Assistance Program (HEAP) Application Amador Tuolumne Community Action Agency

Year 2025 LIHEAP Funds: Assistance for either PG&E or Propane is once per funding year

If your household is selected, the process can take up to 16 weeks. Your application does not guarantee assistance.

*** ALL ATCAA PROGRAMS ARE DEPENDENT ON FUND AVAILABILITY AND CLIENT ELIGIBILITY ***

Complete and Return:

- ☐ CSD 43
- ☐ Energy Intake Form
- ☐ CSD 600
- ☐ CSD 81 (To be completed by the PG&E account holder)
- ☐ CSD 515A
- ☐ CSD 321 (Check boxes Energy Education & Budget Counseling the last 2 pages for you to keep)
- ☐ Client Survey

Documents to Include:

- ☐ Primary Applicant - **Social Security Card and Current CA ID or Driver License**
- ☐ Primary Applicant - **Proof of citizenship** copy of birth certificate, unexpired passport, REAL ID card, SSA/SSI award letter, or DD214
- ☐ **Current proof of consecutive monthly income for all household members** dated within 6 weeks of application submission date (examples: paystubs, social security award letter, pension statements)
- ☐ For household **members claiming zero income** please request form CSD 43B provided by ATCAA
- ☐ For **CalFresh/CalWORKs** we need a current Notice of Action (dated within the last 30 days or request a current verification of benefits from your worker)
- ☐ **Current electric bill** (full, open & residential)
- ☐ And **Propane bill** 12-month history for bulk fills, for propane fill requests we need a written estimate from your propane provider, metered accounts provide the current billing
- ☐ **Utilities included in rent or sub metered** provide a copy of your current rent receipt showing your name and address stating the cost of utilities and usage
- ☐ **Wood, pellet, or kerosene** receipts within the last 12 months
- ☐ **Weatherization** tenants request a CSD 515B or homeowners provide proof of ownership

Please continue to pay your bills. If credit does Not appear on your account after 16 weeks, call PG&E at 1-800-743-5000 or your propane vendor first.

No person shall be discriminated against in participating due to age, sex, color, religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship, or any other consideration made unlawful by state, federal, and local laws.

If you have questions, concerns, complaints, or would like to appeal a decision about your HEAP application, contact ATCAA Energy Program at one of the following numbers:

CONTACT US via phone, mail or fax **or VISIT** our website at atcaa.org/energy

Amador and Calaveras County ATCAA
10590 Highway 88, Jackson, CA 95642
Phone: (209) 223-1485 ext. 221 or 290
Fax: (209) 223-4178

Tuolumne County ATCAA
427 N. Highway 49, Sonora, CA 95370
Phone: (209) 533-1397 ext. 232 or 250
Fax: (209) 533-1034



SCAN CODE



2025 LIHEAP INCOME ELIGIBILITY

Eligibility for services may vary depending on sources of income and other factors

Household Size	Gross Monthly Income Not to Exceed
1	\$3,170.00
2	\$4,145.41
3	\$5,120.83
4	\$6,096.25
5	\$7,071.58
6	\$8,047.00
7	\$8,229.91
8	\$8,412.75
9	\$8,595.66
10	\$8,778.58

Please return application by mail, drop box, fax or make an appointment at one of our centers

Department of Community Services and Development

Energy Intake Form

CSD 43 (05/2025)

Official Use Only:

Priority Points

A.C.C.

Eligibility Cert Date

Agency:

Intake Initials:

Intake Date:

First name

Middle Initial

Last Name

Date of Birth

MM/DD/YY

SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address

Unit Number

Service City

Service County

Service State

Service Zip Code

Have you lived at this residence during each of the past 12 months? ☐ Yes ☐ No

Is your service address the same as mailing address?..... ☐ Yes ☐ No

Do you own or rent your home?..... ☐ Own ☐ Rent

Mailing Address

Unit Number

Mailing City

Mailing County

Mailing State

Mailing Zip Code

Social Security Number
(SSN):

Home Phone ()

Mobile Phone ()

Do you agree to opt in to receive text messages? ☐ Yes ☐ No

E-mail Address:

PEOPLE LIVING IN HOUSEHOLD

Enter the total number of people living in the household, including yourself →

INCOME

Enter the total number of people who receive income →

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

*Enter the total **gross** monthly income for **all** people living in the household:*

Ages 0 – 2 Years

TANF / CalWORKs

\$

Ages 3 - 5 years

SSI / SSP

\$

Ages 6 - 18 years

SSA / SSDI

\$

Ages 19 - 59

Paycheck(s)

\$

Ages 60 and older

Interest

\$

Disabled

Pension

\$

Native American

Other

\$

Seasonal or Migrant Farmworker

Total Monthly Income

\$

HOUSEHOLD 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 <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			
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 <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 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 <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 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 <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 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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"/>	

Amador Tuolumne Community Action Agency

Energy Client Intake Form Addendum to CSD-43

Applicant Name: _____

Staff	ATCAA Program:
Use:	Intake Date:
	Child Support Referral Made <input type="checkbox"/>

Applicant DOB: _____

Housing Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent/No Subsidy <input type="checkbox"/> Rent/Subsidized Housing <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other
Primary Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Additional languages spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other

Health Insurance

Type of health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employment based <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Uninsured
Are you permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State

Education Level and Employment

Education Level (Ages 14-24): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate of other post-secondary
Education Level (Ages 25+): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate of other post-secondary
Employment: <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Full/Part-Time Student <input type="checkbox"/> Retired <input type="checkbox"/> Short Term Unemployed (6 months or less) <input type="checkbox"/> Long Term Unemployed (more than 6 months) <input type="checkbox"/> Not in labor force
Military Status? <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Neither Active Military or Veteran

Disconnected Youth add Child Support

Are you between the ages of 18-24? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the custodial parent/guardian of a child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No

WHOLE household income-Cont.

Has the **household** received income in the last 30 days? ☐ Yes ☐ No

Sources of NON-CASH BENEFITS received in the last 30 days?		
WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing Choice Voucher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent Supportive Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HUD-VASH	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Childcare Voucher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Affordable Care Act Subsidy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CalFresh	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I acknowledge that the information that I have provided is true and correct and I understand my name and other identifying information will not be shared with any agency outside of ATCAA, unless required to do so by law.

Signature _____ **Date** _____

No person shall be discriminated against in participating, due to age, sex, color, religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship or any other consideration made unlawful by state, federal and local

Additional Information /Other Household Member Name: _____		DOB: _____	
Education Level (Ages 14-24): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2- or 4-Year College Graduate <input type="checkbox"/> Graduate of other post-secondary			
Education Level (Ages 25+): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2- or 4-Year College Graduate <input type="checkbox"/> Graduate of other post-secondary			
Employment: <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Full/Part-Time Student <input type="checkbox"/> Retired <input type="checkbox"/> Short Term Unemployed (6 months or less) <input type="checkbox"/> Long Term Unemployed (more than 6 months) <input type="checkbox"/> Not in labor force <input type="checkbox"/> Farm Worker			
Military Status? <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Neither Active Military or Veteran			
Type of health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employment based <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Uninsured			
Are you permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State			

Additional Information /Other Household Member Name: _____		DOB: _____	
Education Level (Ages 14-24): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2- or 4-Year College Graduate <input type="checkbox"/> Graduate of other post-secondary			
Education Level (Ages 25+): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2- or 4-Year College Graduate <input type="checkbox"/> Graduate of other post-secondary			
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Are you permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State			

Additional Information /Other Household Member Name: _____		DOB: _____	
Education Level (Ages 14-24): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2- or 4-Year College Graduate <input type="checkbox"/> Graduate of other post-secondary			
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Are you permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State			

Additional Information / Other Household Member Name: _____		DOB: _____	
Education Level (Ages 14-24): <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some College <input type="checkbox"/> 2- or 4-Year College Graduate <input type="checkbox"/> Graduate of other post-secondary			
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Type of health Insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employment based <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Uninsured			
Are you permanently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to State			

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"; or
 - 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)"; or
 - 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

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
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REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program



ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information

Select the Dwelling Type

Single-Family

☐

Mobile Home

☐

Multi-Unit

☐

I am the

Owner-Occupant

☐

Tenant

☐

Owner-Occupant or Tenant Information

Owner-Occupant or Tenant (Print or type name)

Address

Apt./Unit No.

City

ZIP Code

Telephone Number

Owner-Occupant or Tenant Email Address

Owner-Occupant or Tenant FAX Number

Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner-Occupant or Tenant)

I agree to accept the following TERMS required for my primary residence to receive services from the Department of Community Services and Development (CSD) weatherization programs(s):

1. I certify that the above-listed property is my primary residence.
2. I (the Owner-Occupant or Tenant), grant the Contractor/Agency permission to enter my dwelling to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization services and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed dwelling.
3. I acknowledge that an assessment of my dwelling is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my residence. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
5. I authorize the Contractor/Agency to access my utility company records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
6. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
7. I shall not remove any permanently installed energy conservation measures unless they are damaged or no longer functional in the residence from where they were installed.

Additional Certifications For Owner-Occupants ONLY:

8. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
9. Mobile home units only: I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.

Additional Certifications For Tenants ONLY:

10. I acknowledge that the Rental Property Owner must grant the Contractor/Agency the same permissions by signing CSD 515B Energy Service Agreement for Rental Property Owner before any services are rendered.



ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."
13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property .

I CERTIFY THAT I am the Owner-Occupant or Tenant residing in the dwelling listed above that serves as my primary residence and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order to receive weatherization services under the CSD weatherization program(s).

Owner-Occupant or Tenant's Signature			Date
Contractor/Agency Assurance			
Contractor/Agency (Print name)		Address	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
Contractor/Agency Email Address			Contractor/Agency FAX Number
<i>The Contractor/Agency agrees to the following:</i>			
<ol style="list-style-type: none">1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.2. Shall ensure that the Contractor/Agency is properly insured.3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.5. Shall provide in writing a list of all weatherization measures installed in the unit.6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.			
Agency Program Manager's Signature		Agency Program Manager's Name (Print name)	Date
		Alicia Hanks	

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

Office Use only	
Program: _____	
Office: _____	Ama _____ Tuo _____
Date: _____	

We value your input! Please help us to understand families' resources and needs by answering the following demographic questions regarding education, employment, housing, healthcare and other basic needs.

- 1 **What County Do You Reside In?** _____ Amador _____ Calaveras _____ Tuolumne
- 2 **Sex** _____ Male _____ Female
- 3 **Age** _____ Under 18 _____ 18-24 _____ 25-44 _____ 45-54 _____ 55-59 _____ 60-64 _____ 65-74 _____ 75+
- 4 **Ethnicity** _____ Hispanic, Latino, or Spanish Origins _____ Not Hispanic, Latino or Spanish Origins
- 5 **Race:** _____ American Indian/Alaska Native _____ Asian _____ Black/African American _____ White/Caucasian
 _____ Native Hawaiian/Pacific Islander _____ Other _____ Multi-Race (two or more of the above)
- 6 **How did you hear about ATCAA?** _____ Friend/Family _____ ATCAA Staff _____ Advertisement _____ Referral _____ Other
- 7 **Have you used our services in the past?** _____ Yes _____ No
- 8 **If yes, which services have you used:** _____ Housing/Smart Money _____ Energy/Weatherization _____ Youth/Prevention
 _____ Family Resources/Therapy/Literacy _____ Tax Assistance _____ Early/Head Start _____ Food Bank
- 9 **How would you rate your overall satisfaction with ATCAA services?** _____ Excellent _____ Good _____ Fair _____ Poor

For questions 10-16 please choose up to 3 of your "greatest needs" or "biggest challenges" in any or all applicable categories

10. ADULT EDUCATION

- _____ After school/childcare options for parent(s)
- _____ Available evening/night/weekend courses
- _____ Broadband/Internet access at home
- _____ Computer Skills Training
- _____ Convenient public transportation hours/stops
- _____ Other _____

12. EMPLOYMENT

- _____ After school/childcare options for parent(s)
- _____ Computer skills training
- _____ Convenient public transportation hours/stops
- _____ Help to improve job skills, training
- _____ Job search assistance
- _____ Other _____

14. HEALTH

- _____ Affordable Medical/Dental/Vision Insurance
- _____ Available food resources
- _____ Available health resources
- _____ Budget for a healthy diet
- _____ Mental health counseling services
- _____ Other _____

16. OVERALL SUPPORT - RESOURCES/REFERRALS

- | | |
|--|-----------------------------|
| _____ Parenting Information | _____ Emotional Abuse |
| _____ Life Skills Programs/Services | _____ Sexual Abuse |
| _____ Food assistance/M meal programs | _____ Substance Abuse |
| _____ Nutrition Education/Healthy Eating | _____ Affordable Child Care |

11. CHILD EDUCATION

- _____ Available counseling services
- _____ Available school resources (books, computers, etc.)
- _____ Broadband/Internet access at home
- _____ Proactive approaches to violence/bullying
- _____ Smaller class sizes
- _____ Other _____

13. HOUSING

- _____ Affordable housing
- _____ Housing repair programs
- _____ Housing weatherization services
- _____ Rental/mortgage assistance programs
- _____ Utility assistance programs
- _____ Other _____

15. INCOME

- _____ Address credit issues
- _____ Pay off or reduce debt
- _____ Set up/maintaining a budget
- _____ Set up savings/retirement account
- _____ Understanding of money management
- _____ Other _____

Comments Welcome: _____

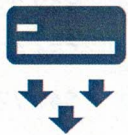






May we contact you

Email _____

Phone _____

Monthly Appliance Energy Costs

Tiered Rate Plan (E-1)

			Usage*	Tiered (E-1)		
				Tier 1	Tier 2	Tier 3
	Heating and Cooling	Ceiling Fan	6 hrs/day	\$3.18	\$4.00	\$7.00
		Air Purifier	12 hrs/day	\$8.47	\$10.66	\$18.67
		Central A/C	2 hrs/day	\$42.34	\$53.28	\$93.35
		Room A/C	4 hrs/day	\$28.23	\$35.52	\$62.23
		Space Heater	3 hrs/day	\$31.87	\$40.11	\$70.27
	Outdoors	Hot Tub	12 hrs/week	\$21.77	\$27.40	\$48.01
		Pool Pump	24 hrs/day	\$23.99	\$30.19	\$52.90
		Electric Vehicle	30 miles/day	\$80.70	\$101.55	\$177.92
	Lighting	Floodlight	15 hrs/day	\$31.75	\$39.96	\$70.01
		LED lightbulbs (10 qty)	4 hrs/day	\$2.82	\$3.55	\$6.22
		CFL lightbulbs (10 qty)	4 hrs/day	\$5.65	\$7.10	\$12.45
	Kitchen	Coffee Maker	1 hr/day	\$7.06	\$8.88	\$15.56
		Stovetop and Oven (Electric)	5 hrs/week	\$15.12	\$19.03	\$33.34
		Microwave	2 hrs/week	\$2.21	\$2.78	\$4.86
		Kettle (Electric)	1 hr/day	\$8.47	\$10.66	\$18.67
	Cleaning Appliances	Dryer (Electric)	4 times/week	\$14.87	\$18.71	\$32.78
		Dishwasher	2 hrs/day	\$11.60	\$14.60	\$25.59
		Vacuum	1 hr/week	\$0.30	\$0.38	\$0.66
		Washing Machine	4 times/week	\$3.34	\$4.21	\$7.37
	Computing	Laptop	9 hrs/day	\$1.88	\$2.36	\$4.13
		Tablet	3 hrs/day	\$0.19	\$0.23	\$0.41
		Desktop	9 hrs/day	\$3.11	\$3.92	\$6.86
	Entertainment	TV	4 hrs/day	\$4.52	\$5.68	\$9.96
		Video Game	4 hrs/day	\$0.90	\$1.14	\$1.99
		DVD Player	3 hrs/day	\$0.22	\$0.27	\$0.48


*The average monthly hours of use and corresponding appliance wattage used to calculate the energy costs above are sourced from esource.com, *The Powerful Pull of Plug Loads*, using PG&E rates as of May 1, 2020.



Learn more at pge.com/rates.

Monthly Appliance Energy Costs

Time-of-Use (Peak Pricing 4-9pm Every Day) (E-TOU-C) Rate Plan

			Usage*	Time-of-Use**	
				Off-Peak	Peak
	Heating and Cooling	Ceiling Fan	6 hrs/day	\$4.58	\$5.44
		Air Purifier	12 hrs/day	\$12.22	\$14.50
		Central A/C	2 hrs/day	\$61.08	\$72.50
		Room A/C	4 hrs/day	\$40.72	\$48.33
		Space Heater	3 hrs/day	\$45.98	\$54.58
	Outdoors	Hot Tub	12 hrs/week	\$31.41	\$37.29
		Pool Pump	24 hrs/day	\$34.61	\$41.08
		Electric Vehicle	30 miles/day	\$116.42	\$138.18
	Lighting	Floodlight	15 hrs/day	\$45.81	\$54.38
		LED lightbulbs (10 qty)	4 hrs/day	\$4.07	\$4.83
		CFL lightbulbs (10 qty)	4 hrs/day	\$8.14	\$9.67
	Kitchen	Coffee Maker	1 hr/day	\$10.18	\$12.08
		Stovetop and Oven (Electric)	5 hrs/week	\$21.81	\$25.89
		Microwave	2 hrs/week	\$3.18	\$3.78
		Kettle (Electric)	1 hr/day	\$12.22	\$14.50
	Cleaning Appliances	Dryer (Electric)	4 times/week	\$21.45	\$25.46
		Dishwasher	2 hrs/day	\$16.74	\$19.87
		Vacuum	1 hr/week	\$0.43	\$0.51
		Washing Machine	4 times/week	\$4.83	\$5.73
	Computing	Laptop	9 hrs/day	\$2.71	\$3.21
		Tablet	3 hrs/day	\$0.27	\$0.32
		Desktop	9 hrs/day	\$4.49	\$5.33
	Entertainment	TV	4 hrs/day	\$6.52	\$7.73
		Video Game	4 hrs/day	\$1.30	\$1.55
		DVD Player	3 hrs/day	\$0.31	\$0.37

*The average monthly hours of use and corresponding appliance wattage used to calculate the energy costs above are sourced from esource.com, *The Powerful Pull of Plug Loads*, using PG&E rates as of May 1, 2020.

**The Time-of-Use rate represented is the Time-of-Use (Peak Pricing 4-9pm Every Day) (E-TOU-C) Rate Plan.



Learn more at pge.com/rates.

AMADOR TUOLUMNE COMMUNITY ACTION AGENCY

LIHEAP

FOR YOUR USE ONLY -KEEP

MONTHLY BUDGET PLAN		
MONTH	ESTIMATED	ACTUAL
<u>MONTHLY INCOME</u>		
Salary/Wages (Take Home Pay)	\$	
Cash on Hand/Savings	\$	
Child Support (Income)	\$	
AFDC, F/S, SSI, UIB, SDI	\$	
TOTAL Cash Available		
<u>MONTHLY EXPENSES</u>		
Rent/House Payment		
Heat/Propane		
Lights/Electricity		
Water		
Groceries		
Telephone		
Laundromat		
Car Payment/Bus Fare		
Gasoline		
TOTAL		
<u>INSURANCE PAYMENTS</u>		
Car		
Homeowner's/Renter's		
Health		
Life/Disability Insurance Medi-Cal/CMSP share of cost		
TOTAL		
Credit Card Payments		
Loan Payments/"Cash 'til Payday"		
Child Care/Babysitter		
Child Support/Alimony Payments		
Other		
Other		
TOTAL		
TOTAL MONTHLY EXPENSES		
MINUS MONTHLY INCOME		
TOTAL REMAINING		

BUDGET PAGE

No person shall be discriminated against in participating, due to age, sex, color, religion, sex, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship or any other consideration made unlawful by state, federal or local