

**SEVERE WEATHER ENERGY ASSISTANCE & TRANSPORTATION SERVICES (SWEATS)  
 and PSPS EMERGENCY PREPAREDNESS INTAKE FORM**

First Name:		Last Name:	
Home Address:			
City:	State: CA	Zip:	
Mailing Address (if different):			
City:	State:	Zip:	
E-Mail Address:		Daytime Phone Number:	
Gross Monthly Income in Household (SWEATS Self Certification / PSPS Preparedness LSP Certification )			
Enter <b>gross</b> monthly income for all persons in your household.			\$
Household Size			
Enter the total number of people living in your household.			#
Occupant Information			
Enter the number of persons in your household who are (a person can be more than one type):			
Age 2 Years and Under			#
Age 3 Years Through 5 Years			#
Age 6 Years Through 18 Years			#
Elderly (60 Years or Older)			#
Disabled			#
Migrant/Seasonal Farm Worker			#
Native Americans			#
Limited-English Speaking			#
Medical Vulnerability			#
Dwelling Type (SWEATS Only)			
Check the type of dwelling that you live in.			
Single-Family Dwelling - Owner Occupied	<input type="checkbox"/>	Single-Family Dwelling - Rental	<input type="checkbox"/>
Multi-Unit Dwelling (2 to 4 units)	<input type="checkbox"/>	Multi-Unit Dwelling (5 or more units)	<input type="checkbox"/>
Mobile Home - Owner Occupied	<input type="checkbox"/>	Mobile Home - Rental	<input type="checkbox"/>
Declaration			
Please read carefully and sign below.			
I, _____, do hereby declare, under penalty of perjury,			
(print name)			
that the information that I have provided on this Intake Form is true and correct.			
Applicant Signature:			Date:
Agency Use Only			
Intake Initials:	Date:	Eligible for Services Yes <input type="checkbox"/> No <input type="checkbox"/>	
Services Provided (PSPS Only)	Risk Assessment <input type="checkbox"/>	Education <input type="checkbox"/>	Supply Kit <input type="checkbox"/> Power Appliance <input type="checkbox"/>
Loaned Equipment - Anticipated Return Date:			Date Returned:
Other Services Provided:			