

Plumas County Community Development Commission & Housing Authority

LIHEAP Application Instructions

(Plumas and Sierra County)

The LIHEAP Program is a low-income energy assistance program that can help pay **ONE of your utility bills; ONCE per calendar year to eligible households.** Assistance is available for one of the following: Electric, Oil, Propane, Kerosene, Wood or pellets. Please remember you are **NOT GUARANTEED** to be served, so please plan accordingly.

The 2026 income guidelines are as follows:

Family Size	1	2	3	4	5	6	7	8	9
Monthly Gross	3,331.66	4,356.83	5,382.00	6,407.16	7,432.25	8,457.41	8,649.66	8,841.83	9,034.08

- Fill out the attached HEAP application. Please fill out entire application or it will not be accepted.
- You may drop off completed applications at 183 West Main St. in Quincy, Ca. or mail to:
PCCDC ATTN: LIHEAP
P.O. Box 319 Quincy, Ca. 95971
Fax: (530) 283-2478 Email: nhansen@plumascdc.org
- **NO DOCUMENTATION IS REQUIRED AT THIS TIME.** If you have questions, please call (530) 283-2466 Ext. 123
- Once we receive the completed application, you will be placed on a waiting list. If and when you reach the top of the list, we will contact you by mail. Please note that it is your responsibility to keep us current on your phone number and mailing address. If you cannot be reached, you will not receive assistance.

All documents must be provided **WHEN** and **IF** your application is selected from the waiting list for assistance. Your application will not be processed if you are missing any required documents.

If you or anyone in your family is a person with disabilities and you require specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.

Department of Community Services and Development

Energy Intake Form

CSD 43 (05/2025)

Agency:

Intake Initials:

Intake Date:

Official Use Only:

Priority Points

A.C.C.

Eligibility Cert 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 ()

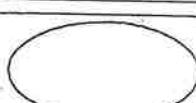
Do you agree to opt in to receive text messages? Yes No

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 MEMBERS

ENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS.

If you have more than 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <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?		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, 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		<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:		
<p>Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> Other Fuel</p> <p>Enter the energy company and account number: Company Name: _____ Account #: _____</p> <p>Is your utility service shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are your utilities included in rent or submetered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are your utilities all electric? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your Natural Gas Company the same as your Electric Company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WOOD, PROPANE or FUEL OIL SERVICE (WPO) Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels). Number of Days: _____ <input type="checkbox"/> N/A</p> <p>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. <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> 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): <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> Other Fuel <input type="checkbox"/> N/A Are you the account holder: Electric Bill <input type="checkbox"/> Yes <input type="checkbox"/> No Natural Gas Bill <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

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		Date
*** APPLICANT'S SIGNATURE ***		

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:

HEAP APPLICATION PART 2

- Does any individual in your household fall under PG&E's definition of who qualifies for Medical Baseline? YES NO
More specifically, a licensed California Medical Doctor must have certified that a full-time resident in your home has one or more of the following conditions:
 - Dependent on life-support equipment used in the home
 - A parapalegic, hemiplegic, quadriplegic, or multiple sclerosis patient with special heating and/or air-conditioning needs
 - A Scleroderma patient with special heating needs
 - Being treated for a life-threatening illness, compromised immune system, or other medical condition with heating and/or air-conditioning requirement necessary to sustain the patient's life or prevent deterioration of the patient's medical condition.
- Do you receive any type of Housing Assistance? (Public Housing, Section 8, USDA Rural Development) YES NO
- Please circle the following that applies to your current housing situation: OWN RENT HOMELESS OTHER
- Please circle the following that applies to your current household situation:

Single Parent/Female	Two-parent Household	Two Adults- No children
Single Parent/Male	Single Person	Other
- Would you like an application for the Weatherization Program? (You will be referred unless you circle NO here) YES NO

PLEASE LIST YOUR MONTHLY EXPENSES: ENTER AN AMOUNT FOR EACH EXPENSE EVEN IF IT IS \$0.00

Electricity	Heating (Oil, propane and/or Firewood)	Water
Food	Medical	Child Care
Transportation	Insurance	TV/Internet
Phone	Rent	Other

I certify under penalty of perjury that the information provided on this form is true and complete to the best of my knowledge. I understand that I can be fined up to \$10,000, imprisoned up to five years and/or disqualified from any program administered by the Plumas County Community Development Commission for giving false information.

I understand that I can be granted utility services ONLY ONCE per calendar year.

Signature of 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)			
(City)		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, 2339 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

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to: PLUMAS COUNTY COMMUNITY DEVELOPMENT COMMISSION (PCCDC) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rent Rehabilitation, Low-Income Public or other assisted housing and/or other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture-Rural Development (USDA-RD), California State Department of Rental Housing & Construction Program (RHCP) and the Department of Community Services and Development (CSD) in administering and enforcing program rules and policies.

In the event I am no longer participating in program(s) administered or managed by this agency and the PCCDC needs to contact me regarding any aspect of my participation in any PCCDC program, I authorize the release of any information that may assist the PCCDC in locating me.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:
Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical and Child Care Allowance, Credit and Criminal Activity and Household Composition.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the continued participation in any program administered or managed by PCCDC.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: Groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:
Previous/Current Landlords Past/Present Employers Veterans Administration
Public Housing Agencies Social Service Agencies Retirement Systems
Municipal/Justice Courts Post Offices Bank & Financial Institutions
Schools/Colleges/Universities Social Security Administration Credit Providers/Bureaus
Utility Companies Medical Providers Support/Alimony Providers
District Attorney's Offices Local, State & Federal Law Enforcement Agencies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD, CSD, USDA-RD, RHCP, and/or the PCCDC may conduct computer matching programs to verify the information supplied for my application or re-verification. If a computer match is done, I understand that I have a right to notification of any adverse information found and that I shall be given a chance to disprove the information. HUD, USDA-RD, CSD, RHCP, or PCCDC may in the course of its duties exchange such automated information with other Federal, State or Local, State and/or Federal Law Enforcement Agencies, Office of Personnel Management, the U.S. Postal Service, and the Department of Social Services.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year and four months from the date signed below.

SIGNATURES:

Head of Household

Print Name

Date

Spouse/Other Adult Member

Print Name

Date

Other Adult Member

Print Name

Date

WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED

Your consent (permission) for us to obtain and share your utility information, including your energy usage data, is needed for the purposes listed and explained below. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, can provide you with services and benefits available under various programs administered by CSD or your utility companies. The information provided will be shared and received in accordance with applicable law concerning data security and privacy protections. The information you authorize us to obtain and share will be used for the following purposes:

1. Determine your eligibility for CSD and utility company low-income programs.
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage.
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills, weatherization services, energy efficiency services; emergency energy services; health and safety measures, solar energy services, consumer information and energy tips.
4. Evaluate your home's energy usage 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.

You understand that some services may not be available to you unless you consent to share/release information stated in this Authorization. You agree that this consent covers utility account, billing and usage information, including up to twelve months of historical data prior to the date of this Authorization, information about any prior weatherization services provided, and subsequent data throughout the period that this Authorization is in effect.

CSD and CSD Partners agree to access and share only the information and data necessary to provide energy assistance services for which you are determined eligible, and to fulfill state and federal requirements for operating these programs. If you are determined not to be eligible for services, no utility information will be accessed or exchanged. CSD and CSD Partners will safeguard your privacy and will store any information gathered in accordance with the security requirements set forth in state law.

REVOCATION OF 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: MIO Energy & Power Department, Services Division, 2389 Gateway Park Drive, Suite 100, Sacramento, CA 95834. Your notice will be effective upon receipt, but will not apply to any information shared while this Authorization is in effect.

DISCLAIMERS

1. CSD AND CSD PARTNERS ARE NOT RESPONSIBLE FOR ANY INFORMATION PROVIDED BY YOU OR YOUR UTILITY COMPANY. CSD AND CSD PARTNERS ARE NOT RESPONSIBLE FOR ANY INFORMATION PROVIDED BY YOU OR YOUR UTILITY COMPANY. CSD AND CSD PARTNERS ARE NOT RESPONSIBLE FOR ANY INFORMATION PROVIDED BY YOU OR YOUR UTILITY COMPANY.

