Home Energy Assistance Program
APPLICATION CHECKLIST & INSTRUCTIONS

Check the box ✔️ to mark it as complete

☐ Applicant must be 18 years of age or older and have a current US photo ID (United States Government issued ID - Driver’s License, Permanent Resident Card, work, school ID). Submit a copy of ID. The applicant does not need to be the person on the energy bill.

☐ Complete and sign the back of the application (page 2)

☐ Complete Demographic Form (Page 3). Please complete all fields.

☐ Complete the Account Holder Name and Mailing Address Form.

☐ Attach copies of Income for the last 30 consecutive days for all adults living in the house related or not related. MUST show name and Gross Income. (See list of acceptable income documents on page 5.) Please send copies only – we do not return documents

☐ Certification of Income and Expenses Form (CSD-43B) - Everyone 18 years or older living in this household related or not who received cash income or had no income in the last 30 days must complete and sign their own form (last page of this packet).

☐ Attach a copy of Utility Bill (all pages) - MUST be within 30 days from when you turn in your Application. This bill does not need to be in the applicant’s name. Also, include Shut Off Notice if you have one. (See list of acceptable energy bills on page 6.)

☐ Review your application – Your application will be RETURNED to you if the application is not completely filled out or if it is not signed and dated on page 2, if you do not include a current US photo ID or if there are missing or outdated documents. We cannot accept computer font generated signatures.

Mail Application to: HEAP, 1381 S. First Street, San Jose, CA 95110
OR
Drop-off your application anytime in the HEAP RED drop box, located at the right of the main entrance door (off W. Alma Street) 24/7 at Sacred Heart.

You will hear from us within 15 business days from receiving your application
SAVE MONEY

ENERGY SAVING TIPS

• Switch to LED or CFL light bulbs
• Turn off lights & unplug appliances you are not using
• Use a power strip & turn it off when you are not using it
• Set your thermostat to 68°F in winter and 78°F in summer
• Use your microwave / crock pot / toaster oven instead of your stove / oven whenever possible
• Use lids on all your pots & pans while cooking
• Turn off faucet while scrubbing pots & pans
• Keep the refrigerator setting 35-38 degrees and the freezer 0-5 degrees F
• Use full loads in cold water, instead of hot, when washing clothes / laundry
• Do laundry during off peak hours – check with your utility company for hours
• Clean the dryer lint filter / screen
• Dress for the weather
• Adjust your day to day behaviors
• Use natural light as much as possible when you are at home

• Purchase energy efficient appliances. Choose products with the ENERGY STAR® label to get the greatest savings. Although they are usually higher in prices, their operating costs are 9-25% lower than conventional models.

Estimated annual saving of up to $2,000

If you are interested in Budget Counseling, please call 1-877-278-6455
**Please use black or blue**

**Energy Intake Form CSD 43 (10/2022)**

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Date of Birth (MM/DD/YYYY)</th>
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**Mailing ADDRESS**

<table>
<thead>
<tr>
<th>Mailing City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
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</table>

**SERVICE ADDRESS** - ADDRESS WHERE YOU LIVE (THIS CANNOT BE A P.O. Box)

<table>
<thead>
<tr>
<th>Service City</th>
<th>County</th>
<th>SANTA CLARA</th>
<th>State</th>
<th>CA</th>
<th>Zip Code</th>
</tr>
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<tbody>
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**Social Security Number (SSN):**

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<th>S</th>
<th>E</th>
<th>Telephone Number</th>
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</table>

**E-mail Address:**

(Optional) If you do not speak English, what language do you speak?

**Enter the total number of people living in the home, related or not related (renters, roommates, etc.) and yourself:**

- AGES 0 – 2 YEARS
- AGES 3 - 5 YEARS
- AGES 6 - 17 YEARS
- AGES 18 – 59 YEARS
- AGES 60 – 69 YEARS
- AGES 70 and OLDER
- Disabled
- Native American
- Limited English

**Enter total number of people, 18 years or older, who received income in the last 30 days**

**Enter total gross monthly income for all people living in the home. (Gross income is the amount of money received before taxes or anything else is taken out.)**

- PAYCHECK(S) $
- SSI / SSP / SSA / SSDI $
- TANF / CalWorks / GA / CAPI $
- CHILD / SPOUSAL SUPPORT $
- UNEMPLOYMENT / WORKER'S COMP $
- PENSION / ANNUITY / PREMIUM $
- INTEREST / TRUST FUND / IRA $
- CASH FROM WORK / OTHER $

**Total Monthly Gross Income $**

**NEED TO SUBMIT DOCUMENTS WITHIN 30 DAYS**

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? □ Yes □ No

Are you or someone in your household CURRENTLY receiving CalWORKs? □ Yes □ No

Please refer to the chart below to see the monthly gross income (before taxes/deductions)

**HEAP Credit $317**

<table>
<thead>
<tr>
<th>Size of Household</th>
<th>Federal Income Guidelines Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,882</td>
</tr>
<tr>
<td>2</td>
<td>$3,769</td>
</tr>
<tr>
<td>3</td>
<td>$4,656</td>
</tr>
<tr>
<td>4</td>
<td>$5,543</td>
</tr>
<tr>
<td>5</td>
<td>$6,430</td>
</tr>
<tr>
<td>6</td>
<td>$7,317</td>
</tr>
<tr>
<td>7</td>
<td>$7,484</td>
</tr>
</tbody>
</table>

Mail or drop-off application at Sacred Heart Community Service, 1381 S. First Street, San José, CA 95110

Must complete pages 2 & 3
ENERGY ACCOUNT INFORMATION

To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (Attach a copy of the bill or receipt within the last 30 days)

☐ Natural Gas  ☐ Electricity

List energy company and account #:  Company Name:  Account #:

Is the utility bill under your name?  Electric Bill ☐ Yes  ☐ No  Natural Gas Bill ☐ Yes  ☐ No

Are your utilities included in rent or sub-metered?  ☐ Yes  ☐ No  ☐ 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 source used to HEAT your home? A main heating source MUST be checked. Attach a copy of the bill or receipt within the last 30 days.

☐ Natural Gas  ☐ Electricity  ☐ Wood  ☐ Propane  ☐ Fuel Oil  ☐ Kerosene  ☐ Other Fuel

Do you ever use any of the following to heat your home besides what you selected above? (you can select more than one): Attach a copy of the bill or receipt within the last 30 days.

☐ Natural Gas  ☐ Electricity  ☐ Wood  ☐ Propane  ☐ Fuel Oil  ☐ Kerosene  ☐ Other Fuel  ☐ N/A

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 determine 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.

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 received 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 paying my energy costs.

*** APPLICANT’S SIGNATURE ***  Today’s Date

Energy Savings Tips: I have received information regarding changes I can make to reduce energy use in my home. Energy tips are on the backside of the coversheet.

*** APPLICANT’S SIGNATURE ***  Today’s Date

DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.

ACCB  Priority Points  Energy Cost $  Energy Burden: _________%

Utility Assistance being provided under which program  ☐ HEAP  ☐ Fast Track  ☐ DENIED

Total Benefits $  Supplements $

Energy Services Restored after disconnection:  ☐ Yes  ☐ No  Disconnection of Energy Services prevented:  ☐ Yes  ☐ No

Agency Defined Priorities:  ☐ Medically Needy  ☐ Frail Elderly  ☐ Severe Financial Hardship  ☐ Hard to Reach  ☐ Priority Offsets  ☐ N/A

Eligibility Certification Date:  Intake Date:  Intake Initials Eligibility:
### DEMOGRAPHIC FORM

List anyone living under the same roof — related or not related (Cousins, Aunts, Uncles, Roommates, and Renters)

<table>
<thead>
<tr>
<th>1) First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>YOU YOURSELF / Applicant</th>
<th>Gender</th>
<th>Race</th>
<th>Hispanic/Latino/Spanish?</th>
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<td>☐ Female ☐ Male ☐ Other ☐ Decline</td>
<td>☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Black or African American</td>
<td>☐ Multi-Race ☐ Other ☐ Decline</td>
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Total Gross Monthly Income (before taxes) $ ___________________________ ☐ Minor (age 0-17)

Source of Income: ☐ Paycheck(s) ☐ SSI/SSP/SSA/SSDI ☐ CalWorks/GA/CAPI ☐ Unemployment ☐ Cash from Work ☐ Other

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<th>2) First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Relationship to Applicant</th>
<th>Gender</th>
<th>Race</th>
<th>Hispanic/Latino/Spanish?</th>
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<th>Last Name</th>
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Total Gross Monthly Income (before taxes) $ ___________________________ ☐ Minor (age 0-17)

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<th>5) First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Relationship to Applicant</th>
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<th>Race</th>
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Total Gross Monthly Income (before taxes) $ ___________________________ ☐ Minor (age 0-17)

Source of Income: ☐ Paycheck(s) ☐ SSI/SSP/SSA/SSDI ☐ CalWorks/GA/CAPI ☐ Unemployment ☐ Cash from Work ☐ Other

If you have more than 5 people in your household, please list the information on the backside of this paper.
<table>
<thead>
<tr>
<th>Gender</th>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Relationship to Applicant</th>
<th>Race</th>
<th>Hispanic/Latino/Spanish?</th>
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<td>☐ Male</td>
<td>☐ Decline</td>
<td>☐ Other</td>
<td>☐ Decline</td>
<td>☐ Yes</td>
<td>☐ No</td>
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<tr>
<td>☐ Other</td>
<td>☐ Male</td>
<td>☐ Decline</td>
<td>☐ Other</td>
<td>☐ Decline</td>
<td>☐ Yes</td>
<td>☐ No</td>
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<tr>
<td>☐ Other</td>
<td>☐ Male</td>
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<td>☐ Other</td>
<td>☐ Decline</td>
<td>☐ Yes</td>
<td>☐ No</td>
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<tr>
<td>☐ Other</td>
<td>☐ Male</td>
<td>☐ Decline</td>
<td>☐ Other</td>
<td>☐ Decline</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

If you have more than 11 people in your household, please list the information on a separate sheet of paper.
PLEASE ATTACH INCOME DOCUMENTS FOR ALL ADULTS FOR THE LAST 30 CONSECUTIVE DAYS

Attach proof of Household Income for the last 30 consecutive days (MUST show name and Gross Income) for anyone living in the house related or not related

Income:
- Paystubs / EDD / SSDI / IHSS (consecutive pay periods)
- Self-employment – Signed and dated 1040 with Schedules 1 & C or a P&L
- Rental Income (renting a room, home, office space or property) Signed and dated 1040 with Schedules 1 & E or rental check

Government Sponsored Benefits
- SSI/SSA - Award Letter for current year or a bank statement showing deposit
- CalWORKs • Child/Spousal Support • GA • CAPI

Other and NO Income
- Pension (cannot be from a bank statement) current copy of check stub or verification letter, document stating "for life", Annual statement showing the current month or outdated pension letter along with a current bank statement showing the same deposit amount from the old pension letter.
- Annuity • Bonus • Gas and/or Housing Allowance • Interest • IRA
- Certification of Income and Expenses Form (CSD 43B) – Only adults 18 years or older living in your household related or not who received cash income or no income in the last 30 days must complete and sign their own form (included in this packet). You can use the front and back of this form. If you need more forms, you can make copies or request more by calling 800.278.2183.

Please send copies only – we do not return documents

Page 5
PLEASE ATTACH ALL PAGES OF YOUR NEWEST ENERGY BILL

Utility bill **MUST** be within **30 days** from when you turn in your Application. The bill **does not** need to be in the applicant’s name. Attach **All Pages** of your Energy Bill (include Shut Off Notice if you have one)

- PG&E and/or Santa Clara Utilities, or Palo Alto (need at least 22 days of service) **or**
- Sub-metered Bill **or**
- Letter from Property Manager stating energy is included in rent and how much the energy cost was for the month **or**
- Rent Receipt showing monthly energy cost

Page 6
ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

<table>
<thead>
<tr>
<th>Account Holder's Full Name</th>
<th>Unit Number (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Holder's mailing address (Street)</td>
<td>Unit Number (if any)</td>
</tr>
<tr>
<td>(City)</td>
<td>State</td>
</tr>
</tbody>
</table>

Is the utility service address the same as the account holder’s mailing address?  ☐ Yes  ☐ No

Full Name of Applicant for Benefits (from Form 43)

<table>
<thead>
<tr>
<th>Utility Service Address (Street)</th>
<th>Unit Number (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(City)</td>
<td>State</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name of Utility Company</th>
<th>Service Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Utility Company (if you have a second Utility Company)</td>
<td>Service Account Number</td>
</tr>
</tbody>
</table>

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
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 and your utility companies. The information provided will be shared and retained 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 as 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: 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.
Any adult 18 years or older in the household who **DOES NOT** have income or **received CASH INCOME** in the last 30 days must complete their own form. **PLEASE COMPLETE ALL SECTION OF THIS FORM.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
</table>

Please check any that apply:

- [ ] I receive cash income from other sources
- [ ] I have NO income
- [ ] I am a student
- [ ] I received Government sponsored benefits

**SECTION 1:** Tell us about your income sources for the last 30 days:

<table>
<thead>
<tr>
<th>Have you been employed part time? If YES, put exact amount received in Section 4.</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been <em>self-employed</em>? If YES, please submit your 1040 tax form (signed and dated on page 2) along with Schedule 1 &amp; C</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did you receive money for any work that you perform only once in a while, like yard work, babysitting, cleaning houses or received cash income from other sources like recycling, selling personal items, etc.? If YES, put exact amount received in Section 4.</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>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. If YES, how often? How much $ Name: Phone:</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did you receive any of the following in the last 30 days: (If YES, mark all that apply and provide document(s))</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>- [ ] Pension</td>
<td>[ ] IRA</td>
<td></td>
</tr>
<tr>
<td>- [ ] Annuity Payment</td>
<td>[ ] Tribal Casino Payments</td>
<td></td>
</tr>
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</tr>
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<td>- [ ] SSI/SSA/VA/CAPI/Etc.</td>
<td>[ ] Section 8 Voucher or Agency rental assistance</td>
<td></td>
</tr>
<tr>
<td>- [ ] Insurance Benefits</td>
<td>[ ] Child/Spousal Support</td>
<td></td>
</tr>
<tr>
<td>- [ ] Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you received rental income from renting out a room or other property in the last 30 days? If Yes, put amount received in Section 4.</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**SECTION 2:** How did you pay these monthly expenses during the last 30 days?

| Are you using savings or a home equity loan? If YES, how much? | $ |
| Are you using some other asset? If YES, how much & what are they? | $ |
| Are you borrowing from credit cards? If YES, how much? | $ |
| Are you borrowing from some other source? If YES, how much and how long and when? | $ |

**SECTION 3:** Please tell us how you paid the following monthly expenses during the last 30 days:

<table>
<thead>
<tr>
<th>Expense</th>
<th>Monthly Cost</th>
<th>How has this expense been paid? Please explain:</th>
<th>If someone else pays for you, please complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or Mortgage</td>
<td>$</td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td>Electric/Gas Bills</td>
<td>$</td>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td></td>
<td>Name:</td>
</tr>
</tbody>
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**SECTION 4:** Please explain how your monthly expenses were paid or cash income received in the last 30 days:

(Example: In the last 30 days, I made $150 in cash babysitting. In the last 30 days, I made $500 in cash from recycling.)

By signing this form, I affirm that I believe these facts are accurate and true. I give Sacred Heart Community Service my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature

Date

CSD 43B (rv 12/13)
CERTIFICATION OF INCOME AND EXPENSES FORM (CSD 43B)

Any adult 18 years or older in the household who **DOES NOT** have income or received CASH INCOME in the last 30 days must complete their own form. **PLEASE COMPLETE ALL SECTION OF THIS FORM.**

Name: ______________________________________  Address: __________________________________________________

Please check any that apply:

- I receive cash income from other sources
- I have NO income
- I am a student
- I received Government sponsored benefits

**SECTION 1:** Tell us about your income sources for the last 30 days:

- Have you been employed part time? If **YES**, put exact amount received in Section 4.
- Have you been **self-employed**? If **YES**, please submit your 1040 tax form (signed and dated on page 2) along with Schedule 1 & C
- Did you receive money for any work that you perform only once in a while, like yard work, babysitting, cleaning houses or received cash income from other sources like recycling, selling personal items, etc.? If **YES**, put exact amount received in Section 4.
- 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. If **YES**, how often? __________________   How much $_______ Name: _____________________ Phone: ______________

**Did you receive any of the following in the last 30 days:**

- **Worker's Comp/SSDI**  
- **Unemployment (EDD)**  
- **SSI/SSA/VA/CAPI/Etc.**  
- **Section 8 Voucher or Agency rental assistance**
- **Annuity Payment**  
- **Tribal Casino Payments**  
- **Insurance Benefits**  
- **Child/Spousal Support**  
- **Other____________**

- Did you receive rental income from renting out a room or other property in the last 30 days? If **Yes**, put amount received in Section 4.

**SECTION 2:** How did you pay these monthly expenses during the last 30 days?

- Are you using savings or a home equity loan? If **YES**, how much? $
- Are you using some other asset? If **YES**, how much & what are they? $
- Are you borrowing from credit cards? If **YES**, how much? $
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Signature ___________________________  Date ____________