



Intake Application



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|--|---|--|--|---|------|-----------------------------|--|--|--------------|--|
| Basic Information | Applicant's Last Name | | First Name | | M.I. | Social Security Number | | Area Code | Phone Number | |
| | Applicant's Address: | | | City: Riverside | | State: CA | Zip Code: | How did you hear about SHARE? <input type="checkbox"/> RPU <input type="checkbox"/> CAP <input type="checkbox"/> Friend/Family <input type="checkbox"/> Website: _____ | | |
| | Total number of persons living in household including applicant: | | | Household Members: (Please include separate sheet for additional household members: | | | | | | |
| | Utility Account Number: | | Type of utility service: Electric <input type="checkbox"/> Water <input type="checkbox"/> | | Name | Relationship to Applicant | Type of Income | Age | | |
| | Utility Service in Name of: | | | | | | | | | |
| | Ages 2 - or younger | | | | | | | | | |
| | Ages 3 - 5 years | | | | | | | | | |
| | Ages 6 - 17 | | | | | | | | | |
| Ages 18 - 59 (adult) | | | | | | | | | | |
| Ages 60 or older (senior) | | | | | | | | | | |
| Disabled | | | | | | | | | | |
| Income Verification | Type of Income (for every member of the household - last 4 weeks) | | | | | | | Income | | |
| | 1. Paychecks (Gross salary, wages, benefits, bonus, overtime and net income from self-employed) | | | | | | | \$ | | |
| | 2. Federal or State Assistance Programs (CalFresh/SNAP, CalWorks/TANF, LIHEAP, Medi-Cal/Medicaid Healthy Families A&B, National School Lunch Program, SSI, WIC, Bureau of Indian Affairs) | | | | | | | \$ | | |
| | 3. SSI/SSP or SSA (Please add, if both benefits are granted) | | | | | | | \$ | | |
| | 4. Pensions (Retirement Benefits, Insurance Benefits, Disability Insurance, Workers Comp) | | | | | | | \$ | | |
| | 5. All other income, specify (Child Support or Alimony, Savings, Investment, Interests, Jury Duty Pay, Unemployment Insurance) | | | | | | | \$ | | |
| | 6. No Income (Please state reason and length of time of no income) Must provide documentation. | | | | | | | | | |
| TOTAL: | | | | | | | \$ | | | |
| Applicant's Signature | 1. I hereby authorize the Community Action Partnership (CAP) to examine all employment, income, utility, and other records pertinent to my application for energy assistance. 2. I hereby authorize RPU to release information regarding my bills past and future, to CAP. 3. I certify that I am temporarily unable to pay my energy bill(s). 4. I certify that I am solely or jointly responsible for payment of the utilities for this address. 5. I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge and that I have read the Privacy Notification. | | | | | | | | | |
| | Applicant's Signature | | | Date | | | Witness Signature if Applicable | | | |
| Energy Savings Assistance Program | 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 RPU, its contractors, consultants, other federal, state or local agencies (RPU 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. | | | | | | | | | |
| | Applicant's Signature | | | Date | | | PLEASE DO NOT WRITE BELOW THIS LINE | | | |
| Energy Needs Verification | AGENCY USE ONLY | | | | | | | | | |
| | Deposit Notice: _____ | | | Amount of Bill: _____ | | | Danger of Disconnection: | | | |
| | Current Assistance: _____ | | | Current Assistance: _____ | | | Yes | | No | |
| Last Date of SHARE Assistance: _____ | | | | | | | | | | |
| Agency Approval | Monthly: Yes No | | | | | | | | | |
| | Emergency/Deposit: Yes No | | Intake Worker's Signature | | | Intake Workers Name (Print) | | Date | | |

Please return completed application and copies of required documents to: Community Action Partnership
 2038 Iowa Ave Suite B-101/B102
 Riverside, CA 92507