

Intake Application

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
	Utility Service in Name of:								Age
	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: _____ Current Assistance: _____			Amount of Bill: _____ Current Assistance: _____ Last Date of SHARE Assistance: _____			Danger of Disconnection: Yes No		
Agency Approval	Monthly: Yes No								
	Emergency/Deposit: Yes No			Intake Worker's Signature			Intake Workers Name (Print)		
						Date			