



# RPU SHARE PAYMENT ASSISTANCE PROGRAM INTAKE APPLICATION



<b>Basic Information</b>	Applicant's Last Name      First Name      M.I.			Social Security Number			Phone Number		
	Applicant's Address						How did you hear about SHARE?		
	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: <input type="checkbox"/> Electric <input type="checkbox"/> Water		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									
<b>Income Verification</b>	<b>Type of Income (for every member of the household - last 4 weeks)</b>						<b>Income</b>		
	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								
<b>TOTAL:</b>						<b>\$</b>			
<b>Applicant's Signature</b>	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			
<b>Energy Savings Assistance Program</b>	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.								
	_____			_____			PLEASE DO NOT WRITE BELOW THIS LINE		
Applicant's Signature			Date						
<b>Energy Needs Verification</b>	<b>AGENCY USE ONLY</b>								
	Deposit Notice: _____			Amount of Bill: _____			Danger of Disconnection: _____		
	Current Assistance: _____			Current Assistance: _____			Last Date of SHARE Assistance: _____		
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Agency Approval</b>	Monthly: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____			_____			_____
	Emergency/Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No								

Please return completed application and copies of documents to one of the following locations:

Community Action Partnership  
2038 Iowa Ave. Suite B-101/B102, Riverside, CA 92507

RPU Customer Resource Center  
3025 Madison St. Riverside, CA 92504

