

S.W.E.A.T.S.

(Severe Weather Energy Assistance and Transportation Services)

S.W.E.A.T.S. is providing emergency assistance to households that have been affected by the recent fires in Napa & Sonoma Counties. Below are some of the provisions under this program:

- Temporary housing up to 5 days
- Utility bill assistance – electric / propane / kerosene / fuel oil (current bills; deposits on new accounts) – We will need current bills
- Blankets
- Sleeping bags

Priority will be given to those in the household who are over 60 years of age, disabled and/or a child aged 5 or younger.

Income Guidelines: (amount listed is the gross income allowed for one month for 2017):

(Please call if there are more than 6 persons in the home)

1	2	3	4	5	6
\$2,091.92	\$2,735.58	\$3,379.25	\$4,022.92	\$4,666.58	\$5,310.25

Fill out the enclosed application completely. We will also need a handwritten statement in regards to your hardship. Please let us know if you have any questions.

Applications are available at the following offices:

North Coast Energy Services, Inc.
P.O. Box 413
Ukiah CA 95482
(707) 463-0303
(707) 463-0637 Fax

North Coast Energy Services, Inc.
1100 Coddington Center
Santa Rosa CA 95401
(707) 495-4417
(707) 497-3010 Fax

North Coast Energy Services, Inc.
1000 Texas St, Suite G
Fairfield CA 94533
(707) 422-3200
(707) 422-3227 Fax

1-800-233-4480 HEAP Line
1-844-742-6925 Toll Free Fax
www.northcoastenergyservices.com

SEVERE WEATHER ENERGY ASSISTANCE & TRANSPORTATION SERVICES (SWEATS) INTAKE FORM

First Name:		Last Name:	
Home Address:			
City:		State: CA	Zip:
Mailing Address (if different):			
City:		State: CA	Zip:
E-Mail Address:		Daytime Phone Number:	
Gross Monthly Income in Household (Self Certification)			
Enter gross monthly income for all persons in your household.			\$
Household Size			
Enter the total number of people living in your household.			#
Occupant Information			
Enter the number of persons in your household who are (a person can be more than one type):			
Age 2 Years and Under			#
Age 3 Years Through 5 Years			#
Age 6 Years Through 18 Years			#
Elderly (60 Years or Older)			#
Disabled			#
Migrant/Seasonal Farm Worker			#
Native Americans			#
Limited-English Speaking			#
Dwelling Type			
Check the type of dwelling that you live in.			
Single-Family Dwelling - Owner Occupied			Single-Family Dwelling - Rental
Multi-Unit Dwelling (2 to 4 units)			Multi-Unit Dwelling (5 or more units)
Mobile Home - Owner Occupied			Mobile Home - Rental
Declaration			
Please read carefully and sign below.			
I, _____, do hereby declare, under penalty of perjury, <div style="text-align: center;">(print name)</div> that the information that I have provided on this Energy Crisis Intervention Services Intake Form is true and correct.			
Applicant Signature:			Date:
Agency Use Only			
Intake Initials:		Date:	Eligible for Services Yes <input type="checkbox"/> No <input type="checkbox"/>
List Portable Equipment Loaned:			
Anticipated Return Date:		Date Returned:	
Other Services Provided:			
Comments:			