

# 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 Lake, Mendocino, and Napa 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 2018):

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

1	2	3	4	5	6
\$2,097.98	\$2,743.52	\$3,389.05	\$4,034.58	\$4,680.12	\$5,325.65

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

Applications are available at the following offices:

North Coast Energy Services, Inc.  
966 Mazzoni St, Suite 3B  
Ukiah CA 95482  
(707) 463-0303  
(707) 463-0637 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](http://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:	
<b>Gross Monthly Income in Household (Self Certification)</b>			
Enter <b>gross</b> monthly income for all persons in your household.			\$
<b>Household Size</b>			
Enter the total number of people living in your household.			#
<b>Occupant Information</b>			
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			#
<b>Dwelling Type</b>			
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
<b>Declaration</b>			
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:
<b>Agency Use Only</b>			
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:			