

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, Napa, Solano, Sonoma and Yolo 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 2020):

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

1	2	3	4	5	6
\$2,296.93	\$3,003.67	\$3,710.42	\$4,417.17	\$5,123.91	\$5,830.66

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.
1100 Coddington Center, Suite 1
Santa Rosa, CA 95401
(707) 495-4417
(707) 497-3010 Fax

North Coast Energy Services, Inc.
190 S. Orchard Ave, Suite B-101
Vacaville CA 95688
(707) 422-3200
(707) 422-3227 Fax

North Coast Energy Services, Inc.
1250 Harter Ave, Suite F
Woodland CA 95776
(530) 669-5700
(530) 669-5800 Fax

**SEVERE WEATHER ENERGY ASSISTANCE & TRANSPORTATION SERVICES (SWEATS)
 and PSPS EMERGENCY PREPAREDNESS 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 (SWEATS Self Certification / PSPS Preparedness LSP 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			#
Medical Vulnerability			#
Dwelling Type (SWEATS Only)			
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,			
(print name)			
that the information that I have provided on this 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"/>	
Services Provided (PSPS Only) Risk Assessment <input type="checkbox"/> Education <input type="checkbox"/> Supply Kit <input type="checkbox"/> Power Appliance <input type="checkbox"/>			
Loaned Equipment - Anticipated Return Date:			Date Returned:
Other Services Provided:			