HEAP APPLICATION CHECKLIST
PLEASE READ BOTH SIDES OF THIS INSTRUCTION SHEET

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED!!!!

*********THIS IS NOT A GUARANTEED PROGRAM*********

**NOTE:** We can only process applications that contain all pages of this packet AND proof of income for all household members 18 years old and older and ALL utility bills. (See acceptable forms of income listed on the back of this page) and a Birth Certificate. The following items are MANDATORY regardless of what you are applying for. PLEASE COMPLETE THE APPLICATION NEATLY. ILLEGIBLE (AND INCOMPLETE) APPLICATIONS WILL BE RETURNED.

1. **Department of Community Services and Development Energy Intake Form** – Fill out this form completely then sign and date. We can only assist with one utility company per year on your behalf.
2. **Statement of Citizenship** – Must be signed and dated
3. **Certification of Income and Expenses** – **Only** complete this form if your household does not have income.
4. **Client/Customer Consent Form and Authorization** – Must be completed by the Utility Customer of Record.
5. **Client Education Confirmation of Receipt** – Must be signed and dated.

Please complete the following forms if any of them apply to you or your household.

1. **Survey of Income and Expenses** – Must be completely filled out, signed and dated by any person that is 18 or over and claims they have no income. You will need a separate form for each person.
2. **Wood/Pellet Usage Form** – Complete this form if you use wood or pellets in your home.
3. **Weatherization** – If you are interested in having your home considered for Weatherization please complete the attached Energy Service Agreements. **You must also obtain your landlords signature.**
4. **Client Education Materials** – (Energy Saving Tips and Monthly Budget Planning) for you to keep.

See verification of income and utility bills that are required on the backside of this page. Applications submitted without copies of income for all adult household members and/or copies of all utility bills will be returned.

Please note: All documents submitted with the application must be dated within the past 6 weeks

Please mail your application to: Mariposa County Human Services- Attention Energy Assistance
PO Box 99 Mariposa CA 95338

Or drop it off at: Mariposa County Human Services
5362 Lemee Lane Mariposa CA 95338

What is the level of Propane in your tank? _______%
YOU MUST PROVIDE CURRENT PROOF OF INCOME AND ENERGY COSTS WITH YOUR APPLICATION COVERING THE PAST 30 DAYS. IF NOT PROVIDED YOUR APPLICATION WILL BE RETURNED!

INCOME- TYPES OF INCOME AND ACCEPTABLE FORMS OF VERIFICATION

- **Wages/Earned Income**- Current copy of paystubs covering one full month showing gross amount before taxes; letters from employer showing company name, address, phone number, the gross amount before taxes and period covered; Notice of Action from Social Services showing earned income.

- **Pensions and Annuities**- Copy of check; Form 1099 (Only acceptable until February 15th of the current year); copy of bank statement showing direct deposit made from pension or retirement source.

- **TANF/CALWorks (AFDC)/General Assistance**- Current “Passport to Services” printout; current Notice of Action; verification from worker/current aid printout summary showing amount & date, Food Stamp verification with current income amount listed.

- **SSI/SSA**- Copy of check within the last 30 days; copy of bank statement showing direct deposit; dated annual benefit letter for current year; computer printout from Social Security office; payee letter showing income amount for current check.

- **Interest/Dividend Income**- Current statement from bank (s); current copy of financial statements showing direct deposit; copy of current check.

- **Workers Comp/Disability/Unemployment Benefits**- Copy of current check or check stub (s); current printout.

- **Child/Spousal/Individual Support**- Court document; copy of check; signed statement from person providing the support; notice of action showing support amount.

- **Veteran’s Benefits**- Copy of check or check stub; benefit letter for the current year; letter of verification from VA; copy of current bank statement showing direct deposit.

- **Self-Employed/Rental Income**- Copy of ledger/journal/profit & loss statement for the past 3 months, signed & dated, showing gross receipts, expenses (listed out) and net gross.

- **Other Sources of Income/No Income Verification**- Current receipts of recycled materials; a signed & dated CSD 43B from Survey of Income and Expenses, filled out completely.

*PLEASE NOTE: Income verification must show the name of the person receiving the income and the dates/period covered*

UTILITY BILLS- TYPES AND ACCEPTABLE FORMS OF VERIFICATION

- **Electric Bill**- Copy of all pages of current bill and current shut-off notice (if applicable)

- **Gas Bill (Propane/Kerosene/Oil)** – Copy of all pages of current bill and current shut-off (if applicable) print-out from propane/kerosene/oil account showing your last delivery of fuel or a letter from company stating account number and the cost to fill your tank.

*Birth Certificate, Passport or Discharge from the Armed Services REQUIRED for each application.*
## Department of Community Services and Development

**Energy Intake Form**

**CSD 43 (10/2017)**

### Agency:

<table>
<thead>
<tr>
<th>Intake Initials:</th>
<th>Intake Date:</th>
<th>Eligibility Cert Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Middle Initial</td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Service Address – Address where you live (this cannot be a P.O. Box)

<table>
<thead>
<tr>
<th>Service Address</th>
<th>Unit Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service City</td>
<td>Service County</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Have you lived at this residence during each of the past 12 months? [ ] Yes [ ] No

### Is your service address the same as mailing address? [ ] Yes [ ] No

### Mailing Address

<table>
<thead>
<tr>
<th>Mailing City</th>
<th>Mailing County</th>
<th>Mailing State</th>
<th>Mailing Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Social Security Number (SSN):

<table>
<thead>
<tr>
<th>Telephone Number ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### E-mail Address:

### People Living in Household

Enter the total number of people living in the household, including yourself

#### Demographics: Enter the number of people in the household who are:

<table>
<thead>
<tr>
<th>Ages 0 - 2 Years</th>
<th>TANF / CalWorks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 3 - 5 years</td>
<td>SSI / SSP</td>
</tr>
<tr>
<td>Ages 6 - 18 years</td>
<td>SSA / SSDI</td>
</tr>
<tr>
<td>Ages 19 - 59</td>
<td>Paycheck(s)</td>
</tr>
<tr>
<td>Ages 60 and older</td>
<td>Interest</td>
</tr>
<tr>
<td>Disabled</td>
<td>Pension</td>
</tr>
<tr>
<td>Native American</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### Total Monthly Income $

### Income

Enter the total gross monthly income for all people living in the household:

#### Self

### Household Members

Enter the information below for all household members.

If you have more than 7 people in your household, please list the information on a separate piece of paper.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relation to Applicant</th>
<th>Date of Birth MM/DD/YY</th>
<th>Amount of Gross Monthly Income (Before Taxes and Deductions)</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Household Total Monthly Gross Income $

### Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? [ ] Yes [ ] No

Page 1 of 2
**PAY BILL**

To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (Attach complete copy of most recent bill or receipt)

- [ ] Natural Gas  
- [ ] Electricity  
- [ ] Wood  
- [ ] Propane  
- [ ] Fuel Oil  
- [ ] Kerosene  
- [ ] Other Fuel

Enter the energy company and account number:

- Company Name: ____________________________  
- Account #: ____________________________

- Is your utility service shut-off?  
  - [ ] Yes  
  - [ ] No

- Do you have a past due notice?  
  - [ ] Yes  
  - [ ] No

- Are your utilities included in rent or submetered?  
  - [ ] Yes  
  - [ ] No

- Are your utilities all electric?  
  - [ ] Yes  
  - [ ] No

- Is your Natural Gas Company the same as your Electric Company?  
  - [ ] Yes  
  - [ ] No

**WOOD, PROPANE or FUEL OIL SERVICE (WPO)**

- Are you currently out of fuel?  
  - (Wood, Propane, Oil, Kerosene, Other Fuels)  
  - [ ] Yes  
  - [ ] No  
  - [ ] N/A

List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).

- Number of Days: ____________________________  
  - [ ] N/A

**ENERGY INFORMATION**

The questions below are MANDATORY. Please check all energy sources used to heat your home.

A copy of all recent energy bills and/or receipts for any home energy cost must be provided.

**NOTE:** A copy of an electric bill must be included even if you do not use electricity to heat your home.

The main fuel used to HEAT your home?  
One main heating source MUST be checked.

- [ ] Natural Gas  
- [ ] Electricity  
- [ ] Wood  
- [ ] Propane  
- [ ] Fuel Oil  
- [ ] Kerosene  
- [ ] Other Fuel

In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):

- [ ] Natural Gas  
- [ ] Electricity  
- [ ] Wood  
- [ ] Propane  
- [ ] Fuel Oil  
- [ ] Kerosene  
- [ ] Other Fuel  
- [ ] N/A

Are you the account holder:  

- [ ] Electric Bill  
- [ ] Yes  
- [ ] No  
- [ ] Natural Gas Bill  
- [ ] Yes  
- [ ] No

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 CSD, its contractors, consultants, other federal or state agencies (CSD 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. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

X

**APPLICANT'S SIGNATURE**

[Signature]

[Date]

**AGENCY NAME:** Community Services and Development (CSD). **UNIT RESPONSIBLE FOR MAINTENANCE:** Home Energy Assistance Program (HEAP). **AUTHORITY:** Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. **PURPOSE:** The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. **GIVING INFORMATION:** This program is voluntary. If you choose to apply for assistance, you must give all required information. **OTHER INFORMATION:** CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. **ACCESS:** CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

**APPLICANT:** DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.

<table>
<thead>
<tr>
<th>Utility Assistance being provided under which program</th>
<th>□ HEAP</th>
<th>□ Fast Track</th>
<th>□ HEAP WPO</th>
<th>□ ECIP WPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Benefit $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplement $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Benefit $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Energy Cost $</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy Burden</td>
<td></td>
</tr>
</tbody>
</table>

**Energy Services Restored after disconnection:**  
- [ ] Yes  
- [ ] No

**Disconnection of Energy Services prevented:**  
- [ ] Yes  
- [ ] No

**Home Referred for WX:**  
- [ ] Yes  
- [ ] No

**Home Already Weatherized:**  
- [ ] Yes  
- [ ] No

Page 2 of 2
**STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS**

<table>
<thead>
<tr>
<th>Name of the Applicant Requesting Energy Services</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Acting for Applicant, if any</td>
<td>Relationship to Applicant</td>
</tr>
</tbody>
</table>

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**Citizens and Nationals of the United States** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out **Sections A and D.**

**Non-Citizens** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete **Sections A, B or C, and D.**

**Section A: Citizenship/Non-Citizen Status Declaration**

1. Is the applicant a citizen or national of the United States?  [ ] Yes  [ ] No
   - If the answer to the above question is yes, where was he/she born?  [ ]
   - City/State  [ ]

2. To establish citizenship or naturalization, please submit one of the documents on **List A** (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to **Section D**.

If you are a **Non-Citizen**, please complete **Section B, or, if applicable, Section C**.

---

**Important**: Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

[ ] 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA).
   - Evidence includes:
     - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
     - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

[ ] 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
   - INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
   - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(5)”;
   - INS Form I-766 (Employment Authorization Document) annotated “A5”;
   - Grant letter from the Asylum Office of INS; or
   - Order of an immigration judge granting asylum.

[ ] 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
   - INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
   - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
   - INS Form I-766 (Employment Authorization Document) annotated “A3”; or
   - INS Form I-571 (Refugee Travel Document)

[ ] 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
   - INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.
   - (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
   - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10)”;
   - INS Form I-766 (Employment Authorization Document) annotated “A10”; or
   - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.

6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
   - INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
   - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;

7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
   - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
   - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
   - INS Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.

8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)

9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)

10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

Section C: Declaration for Certain Battered Aliens

**Important:** Complete this section if the applicant, the applicant’s child, or the applicant child’s parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant’s child, or the applicant child’s parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).

- 2. Has the applicant, the applicant’s child, or the applicant child’s parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse’s or parent’s family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

Section D: Certification

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

<table>
<thead>
<tr>
<th>Applicant's Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Person Acting for Applicant</td>
<td>Date</td>
</tr>
</tbody>
</table>

Attachments: Lists A and B
CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address

Name:

Address:

Section 1: Do you have sources of income you forgot to report?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>During the previous month have you been employed part time?</td>
</tr>
<tr>
<td>NO</td>
<td>During the previous month have you been self-employed?</td>
</tr>
<tr>
<td>YES</td>
<td>During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?</td>
</tr>
<tr>
<td>NO</td>
<td>During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift.</td>
</tr>
<tr>
<td>YES</td>
<td>During the previous month did you receive any of the following: (circle any that apply)</td>
</tr>
<tr>
<td>NO</td>
<td>WORKER'S COMP</td>
</tr>
<tr>
<td>YES</td>
<td>Do you receive any of the following (circle any that apply)</td>
</tr>
<tr>
<td>NO</td>
<td>ANNUITY</td>
</tr>
</tbody>
</table>

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Are you using savings or a home equity loan? How much?</td>
</tr>
<tr>
<td>NO</td>
<td>Are you using some other asset? How much?</td>
</tr>
<tr>
<td>YES</td>
<td>Are you borrowing from credit cards? How much?</td>
</tr>
<tr>
<td>NO</td>
<td>Are you borrowing from some other source? How much?</td>
</tr>
</tbody>
</table>

Section 3: Please tell us how you paid these monthly expenses during the previous months:

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>MONTHLY COST</th>
<th>HOW HAS THE EXPENSE BEEN PAID?</th>
<th>IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or Mortgage</td>
<td>$</td>
<td>Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>utility Bills</td>
<td>$</td>
<td>Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td>Name:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature:

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information.
I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature: Date
Department of Community Services and Development
Account Holder Authorization and Consent Form
CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder’s Full Name

Account Holder’s mailing address (Street) Unit Number (If any)

(City) State Zip Code

Is the utility service address the same as the account holder’s mailing address? □ Yes □ No

Full Name of Applicant for Benefits (from Form 43)

Utility Service Address (Street) Unit Number (If any)

(City) State Zip Code

UTILITY INFORMATION
Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company Service Account Number

Name of Utility Company (if you have a second Utility Company) Service Account Number

AUTHORIZATION AND CONSENT
By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property’s utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Account Holder Date Name of CSD Contractor/Partner Organization

REVOCATION OF AUTHORIZATION AND CONSENT
You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

APPLICABLE PROGRAMS
Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program
# CLIENT EDUCATION CONFIRMATION OF RECEIPT

<table>
<thead>
<tr>
<th>Name of Occupant</th>
<th>Age of Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Confirmation of Receipt

I have received the following information:

- **Lead-Safe Education** – A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.

- **Energy Education** – Information regarding changes I can make in order to reduce the energy consumption of my household.

- **Mold and Moisture Education** - A copy of the pamphlet, *A Brief Guide to Mold and Moisture In Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.

- **Budget Counseling** - Information regarding personal financial management.


<table>
<thead>
<tr>
<th>Signature of Recipient</th>
<th>Date</th>
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</table>

## Self-Certification Option

I certify that I attempted to deliver the following educational information to the dwelling listed above:

- [ ] Lead-Safe
- [ ] Energy
- [ ] Mold/Moisture
- [ ] Budget Counseling
- [ ] Radon

If the information was delivered but a signature was not obtainable, you may check the appropriate box below.

- **Refusal to Sign** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.

- **Unavailable for Signature** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door.

## Attempted delivery dates and times

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
<th>Date</th>
<th>Time</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Signature (Agency Representative)</th>
<th>Print name</th>
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</table>

## Mailing Option:

I certify that I have mailed the following educational information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only):

- [ ] Lead-Safe
- [ ] Energy
- [ ] Mold/Moisture
- [ ] Budget Counseling
- [ ] Radon

<table>
<thead>
<tr>
<th>Signature (Agency Representative)</th>
<th>Print name</th>
<th>Date mailed</th>
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<tbody>
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Firewood/Pellet Usage Form

Name: ___________________ Date: ___________________

Signature: ________________________________________

Home Address: _______________________________ City _______________ Zip: __________

This form helps us evaluate your total energy cost.

Please complete this form if you use any firewood or pellets to heat your home even if:

* You have not purchased firewood/ pellets recently
* You are requesting another form of energy assistance

I spend approximately $ ________________ a month for wood/pellets (circle one)
# ENERGY SERVICE AGREEMENT FOR OCCUPANT

## Dwelling Information

<table>
<thead>
<tr>
<th>Single-Family</th>
<th>Mobile Home</th>
<th>Multi-Unit</th>
<th>Owner-Occupant</th>
<th>Tenant</th>
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</table>

<table>
<thead>
<tr>
<th>Owner-Occupant or Tenant Information</th>
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<table>
<thead>
<tr>
<th>Owner-Occupant or Tenant Email Address</th>
<th>Owner-Occupant or Tenant FAX Number</th>
</tr>
</thead>
</table>

## Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services

*(to be completed by the Owner-Occupant or Tenant)*

I agree to accept the following TERMS required for my primary residence to receive services from the Department of Community Services and Development (CSD) weatherization programs(s):

1. I certify that the above-listed property is my primary residence.
2. I (the Owner-Occupant or Tenant), grant the Contractor/Agency permission to enter my dwelling to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization services and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed dwelling.
3. I acknowledge that an assessment of my dwelling is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my residence. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance with program requirements.
4. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
5. I authorize the Contractor/Agency to access my utility company records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
6. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
7. I shall not remove any permanently installed energy conservation measures unless they are damaged or no longer functional in the residence from where they were installed.

## Additional Certifications For Owner-Occupants ONLY:

8. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
9. **Mobile home units only:** I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.

## Additional Certifications For Tenants ONLY:

10. I acknowledge that the Rental Property Owner must grant the Contractor/Agency the same permissions by signing CSD 515B Energy Service Agreement for Rental Property Owner before any services are rendered.
ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).

12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. **Complaint Process:** In the event the provisions of this Agreement related to increased rent or the landlord’s failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property.

I CERTIFY THAT I am the Owner-Occupant or Tenant residing in the dwelling listed above that serves as my primary residence and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order to receive weatherization services under the CSD weatherization program(s).

Owner/Occupant or Tenant Signature

[Signature]

Date

Contractor/Agency Assurance

Contractor/Agency (Print name)

Address

CSLB Number (if applicable)

City

ZIP Code

Contractor/Agency Telephone Number

Contractor/Agency Email Address

Contractor/Agency FAX Number

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.

2. Shall ensure that the Contractor/Agency is properly insured.

3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.

4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.

5. Shall provide in writing a list of all weatherization measures installed in the unit.


Agency Program Manager’s Signature

[Signature]

Agency Program Manager’s Name (Print name)

[Signature]

Date

2
# ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

<table>
<thead>
<tr>
<th>Tenant Name</th>
<th>Dwelling Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>ZIP Code</th>
<th># of Units in Building</th>
<th># of Units to be Weatherized</th>
<th># of Vacant &amp; Unqualified Units</th>
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**Building #1**

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<tr>
<th>Complex/Building Name (if applicable)</th>
<th>Building Address</th>
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**Building #2**

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<th>Complex/Building Name (if applicable)</th>
<th>Building Address</th>
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**Building #3**

<table>
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<th>Complex/Building Name (if applicable)</th>
<th>Building Address</th>
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**Owner (Print or type name)**

<table>
<thead>
<tr>
<th>Apt./Unit No.</th>
<th>City</th>
<th>ZIP Code</th>
<th>Owner Telephone Number</th>
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Owner Email Address

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<th>Owner FAX Number</th>
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*If the Owner uses an agent for the above-referenced property, complete both Owner and Agent information.*

**Agent (Print or type name)**

<table>
<thead>
<tr>
<th>Apt./Unit No.</th>
<th>City</th>
<th>ZIP Code</th>
<th>Agent Telephone Number</th>
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Agent Email Address

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<tr>
<th>Agent FAX Number</th>
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</table>
I agree to accept all of the following TERMS required for my rental property to receive services from the Department of Community Services and Development (CSD) weatherization program(s):

1. I certify that I am the Owner (or Owner's Agent) of the above-listed rental property.

2. I grant the Contractor/Agency permission to enter my property to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization measures and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed rental property.

3. I acknowledge that an assessment of my property is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my property. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.

4. I shall not remove any energy conservation measures unless they are damaged or no longer functional in the rental property from where they were installed. If the replaced item (i.e. refrigerator or other appliance) was the personal property of my tenant, the tenant shall retain the replacement energy conservation measure installed by the CSD weatherization program(s).

5. Mobile home units only: I acknowledge that my property may not receive services that require a permit if the registration is not up-to-date.

6. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with any work identified on a summarized list except as a consequence of gross negligence or willful and wanton misconduct.

7. I authorize the Contractor/Agency to access my complex's utility company master-metered records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.

8. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.

9. I certify that I, as the Owner or Owner's Agent, shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall be charged at the utilities' costs in accordance with California Public Utilities Commission Code Section 739.5 or other applicable government regulations.

10. I certify that I, as the Owner or Owner's Agent, shall not raise the rent of any weatherized unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).

11. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.

12. I certify that I shall provide a copy of this Agreement explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

13. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).

14. I shall submit to the Contractor/Agency a schedule of rents prior to commencement of work.

15. Federal, State or Local Government Rehabilitation Projects only: I certify that if a vacant unit is counted as being an eligible household for purposes of meeting the minimum threshold for whole building weatherization (66% rule), then the unit will become occupied by an eligible family within 180 days after the completion of weatherization (CFR 440.22(b)(2)(ii)).
ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

I CERTIFY THAT I am the Owner or Owner's Agent of the Dwelling or Complex listed above, and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order for my property to receive weatherization services under the CSD weatherization program(s).

<table>
<thead>
<tr>
<th>Owners (or Owner's Agent's) Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Contractor/Agency (Print or type name)</th>
<th>Address</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>CSLB Number (if applicable)</th>
<th>City</th>
<th>ZIP Code</th>
<th>Contractor/Agency Telephone Number</th>
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</table>

<table>
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<tr>
<th>Contractor/Agency Email Address</th>
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The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.

2. Shall ensure that the Contractor/Agency is properly insured.

3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.

4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.

5. Shall provide in writing a list of all weatherization measures installed in the rental unit.


<table>
<thead>
<tr>
<th>Contractor/Agency Program Manager's Signature</th>
<th>Contractor/Agency Program Manager's Name (Print name)</th>
<th>Date</th>
</tr>
</thead>
</table>

**Required Documentation:**

- Rent schedule received from Property Owner, if applicable? [Y] [N]
- If applicable, CSD 75 completed? [Y] [N]
Energy Saving Tips

Follow these tips to save on energy costs:

Install these energy-efficient measures:

- Replace and recycle your old refrigerator and purchase energy-efficient models. Units only 10 years old can use twice as much electricity as a new ENERGY STAR labeled model.
- Insulate ceilings to R-30 standards if your attic has less than R-19
- Caulk windows, doors and anywhere air leaks in or out. Do not caulk around water-heater and furnace exhaust pipes
- Weather-strip around windows and doors
- Wrap heating and cooling ducts with duct wrap or use mastic sealant
- Install energy-saver showerheads

When buying new appliances, be sure to purchase energy-efficient ENERGY STAR labeled models.

Set the furnace thermostat to 68 degrees or lower and the air conditioner thermostat at 78 degrees or higher, health permitting. 3 percent to 5 percent more energy is used for each degree the furnace is set above 68 degrees and for each degree the air conditioner is set below 78 degrees.

If your old air conditioner is on its way out, replace it with an ENERGY STAR labeled energy-efficient model.

Use compact fluorescent lamps. You can lower your lighting bill by converting to energy-efficient low-wattage compact fluorescent lighting and fixtures.

Replace old windows with new high performance dual pane windows.

Clean or replace furnace and air conditioner filters regularly, following manufacturer’s instructions.

Set the water heater thermostat at 140 degrees or “normal”. Otherwise, set it at 120 degrees or “low”. Check your dishwasher to see if you can use 120 degree water. Follow the manufacturer’s direction on yearly maintenance to extend the life of your unit.

Fix defective plumbing or dripping faucets. A single dripping hot water tap/pipe can waste 212 gallons of water a month. That not only increases water bills, but also increases the gas or electric bill for heating the water.

Wash only full loads in a dishwasher and use the shortest cycle that will get your dishes clean. If operating instructions allow, turn off the dishwasher before the drying cycle, open the door and let the dishes air dry.

Defrost refrigerators and freezers before ice build-up becomes ¼ -inch thick.

Install shades, awnings or sunscreens on windows facing south and/or west to block summer light. In winter, open shades on sunny days to help warm rooms.

Close the damper when the fireplace is not being used. Try not to use the fireplace and central heating system at the same time.
Below is a monthly budget sheet you can use to help plan what expenses you have to pay for every month. It is helpful to take the average costs of 12 months and set aside an amount each month so in the winter months you will be able to meet your heating cost needs.

<table>
<thead>
<tr>
<th>Type of Income or Expense</th>
<th>Income</th>
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</thead>
<tbody>
<tr>
<td>Income</td>
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<tr>
<td>Paycheck, Cash from Odd Jobs</td>
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<td>SSI, SSA, Unemployment</td>
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<td>Pensions, Savings</td>
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<td>Expenses</td>
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<tr>
<td><strong>Total (Subtract Expenses Subtotal from Income Subtotal)</strong></td>
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