

### **Universal Intake Prescreen / Preselección de admisión universal**

1. Do you have a child under the age of 5 in your household? / Usted tiene un niño menor de 5 años en su hogar?  
 Yes, aged 0-3 / Si, de 0-3  
 Yes, aged 4–5 / Si, de 4-5  
 No
2. Are you or anyone in your household struggling with budgeting or understanding your finances? / Usted o alguien en su hogar tiene dificultades para hacer presupuesto o comprender sus finanzas?  
 Yes / Si  
 No
3. Do you have any seniors in your home/family with mobility or slip and fall concerns? / Usted tiene algunas personas mayores en su hogar/familia con problemas de movilidad o resbalones y caídas?  
 Yes, aged 60+ /  Si, de 60+  
 No
4. Are you having trouble paying your gas or electric bills? / ¿Usted tiene problemas para pagar sus facturas de gas o electricidad?  
 Yes / Si  
 No
5. Are you in need of home energy upgrades (heater, hot water heater, air sealing, etc)? / Usted necesita mejoras energéticas en su hogar (calentador, calentador de agua, sellado de aire, etc.)?  
 Yes / Si  
 No
6. Do you have any middle or high school aged children in your household in need of positive guidance? / ¿Usted tiene algún niño en edad de escuela intermedia o secundaria en su hogar que necesite orientación positiva?  
 Yes / Si  
 No
7. Are there any expectant or parenting individuals under age 21 in your home? / ¿Hay personas embarazadas o con hijos menores de 21 años en su hogar?  
 Yes / Si  
 No
8. Do you or another adult in your household want support in reaching a housing, employment or education goal? / Usted tiene o un otro adulto en su hogar desea apoya para alcanzar una meta de vivienda, empleo, o educación?  
 Yes / Si  
 No
9. Do you or someone in your home find it difficult to manage day-to-day activities because of your emotional or mental state? / ¿Usted o alguien en su hogar tiene dificultades manejando las actividades día a día por su estado emocional o mental?  
 Yes / Si  
 No

10. Are you or someone in your household 21 or less and currently pregnant, or recently had a baby, and are in need of emotional and behavioral support? /Usted o alguien en su hogar tiene 21 años o menos está embarazada, o tuvo un bebe recientemente, y necesitan ayuda emocional o conductual?

- Yes / Si
- No

11. Do you have anyone in your household between the ages of 15-18 that are currently justice-involved or were expelled from school? / Hay alguien en su hogar entre la edad de 15-18 que están involucrados en el sistema de justicia o que fueron expulsados de la escuela?

- Yes / Si
- No



**\*\*Please Read and Submit Documentations from Checklist\*\***

<b>Application Checklist</b>	<b>Supporting Document Checklist</b>
<input type="checkbox"/> <u>Energy Intake Forms</u> (Please complete and sign all sections of forms that apply)	<input type="checkbox"/> <u>Valid California ID/or Proof of Residency</u> (Proof of legal residency in the State of California)
<input type="checkbox"/> <u>Data Collection Forms</u> (Please complete section for each household member)	<input type="checkbox"/> <u>Copy of Valid Social Security Card</u> (Used as a unique identifier to prevent fraud)
<input type="checkbox"/> <u>Certification of Income and Expenses</u> (Client only complete this form if there is no household income)	<input type="checkbox"/> <u>Income</u> (Proof of income for each household member 18 years and older for the last 30 days. Must be a full and consecutive month)
<input type="checkbox"/> <u>Client Education Confirmation of Receipt</u> (Confirm you received the following documents in application packet -10 Tips for Saving Energy & Budget Basics, signature required)	<input type="checkbox"/> <u>Gas and Electric Bill from within the last 30 days</u> (Need this to determine how much energy you use per month to decide amount of assistance)
<input type="checkbox"/> <u>Account Holder Authorization and Consent Form</u> (Gives agency permission to request bill from utility company to analyze data savings, signature needed from all account holders)	<input type="checkbox"/> <u>Pensions(Retirement)</u> (Current award letter must be dated within the last 30 days)
<input type="checkbox"/> <u>Energy Service Agreement for Occupant</u> (Completed by applicant giving permission to complete weatherization services)	<input type="checkbox"/> <u>CalWorks/CalFresh</u> (Must provide current verification benefits letter showing amount received per month/ current month)
<input type="checkbox"/> <u>Energy Service Agreement for Rental / Property Owner</u> (Management company gives permission for weatherization services)	<input type="checkbox"/> <u>Unemployment/Disability/Child Support</u> (Proof needs to include name, amount paid)
<input type="checkbox"/> <u>Client Agreement Only City of Lompoc Residents</u> (Applies payment to electric portion of bill only)	<input type="checkbox"/> <u>Social Security</u> (Benefit award letter of current year or current bank statement all pages from within 30 days)

**The checklist is to ensure the application is signed, completed and all documents are provided. Incomplete application will be denied. Please do not send original documents. Thank you!**

For frequently asked questions scan QR Code





200 North H Street  
Lompoc, CA 93436  
Hot-line: (805) 617-2897  
FAX: (805) 964-6798  
[www.communifysb.org](http://www.communifysb.org)

## Home Energy Assistance Program **(HEAP Guidelines)**

Special Needs Guidelines: Federal Law requires that priority be given to households with low-income, high-energy cost, and taking the following households into consideration: families with children under 5, elderly, and disabled.

In order to apply for assistance please sign and complete the enclosed application completely and provide the supporting documents that are listed on the document checklist page! You will be contacted within the next 15 days with the status of your application. Total processing time can take up to 6 to 8 weeks for payment to be received.

**\*\*Past due/Shut off clients please make payment arrangements with the utility company to avoid disconnection while your application is being reviewed/processed.\*\***

**\*Incomplete applications without all the proper current documents will be denied. Information from previous applications can not be used. Please do not send original documents.\***

Email Application: [energyinfo@communifysb.org](mailto:energyinfo@communifysb.org)  
Mail in Application: 200 North H Street, Lompoc CA 93436  
Drop off only applications 8am - 5pm  
(Drop off box located near the front door)

**\*\*Please Refer To Document Checklist\*\***



## **What is Weatherization?**

Scan the QR code to find out!



### **No cost Home Energy Upgrade**

Don't leave money on the table! Save up to \$372\* on your utility bill and save up to \$3,000 in home energy upgrades\*\*

Conserve energy and reduce your utility bills.

**Some Services included:**

✓ <b>Free Home Safety Test</b>	✓ <b>Water heater and Furnace repairs/replacements</b>
✓ <b>Carbon Monoxide Alarm</b>	✓ <b>New low flow shower head</b>
✓ <b>Smoke Alarm</b>	✓ <b>Lighting upgrades(LED)</b>
✓ <b>Energy Star Microwave</b>	✓ <b>Air sealing</b>

Your application for utility bill assistance (HEAP) will automatically be applied to the weatherization program when you complete and return the correct Energy Services Agreement with your HEAP application.

Enclosed are two ***Energy Services Agreements***. Please fill out the appropriate one(s):

- ♦ If you are an ***owner-occupant*** or ***tenant*** fill out and sign the **Energy Service Agreement for Occupant**.
- ♦ If you are *not* the Owner, then the Owner, Property Manager, or Manager's Authorized Agent must fill out and sign the **Energy Service Agreement for Rental Property Owner**.

**\*Tenants return BOTH forms\***

If you have any further questions, or an emergency please contact us at **805-617-2897** or **Energyinfo@communifysb.org**

**\*Energy.gov \* \*Certain restrictions may apply**

# Data Collection Form

### **Services requested/Servicios Solicitados**

- Utility Assistance/Asistencia de Utilidad**  
Are your services shut off or received a shutoff notice? /Le han suspendido los servicios o ha recibido un aviso de desconexión? Yes ... No..
- Weatherization/Climatización**  
Do you have an inoperable stove, furnace, water heater, or refrigerator? /Tiene una estufa, calefactor, calentador de agua o refrigerador que no esté funcionando? Yes ... No..
- Senior Home Repair/ Reparación de Vivienda para Adulto Mayor**

*Applicant HOH/Solicitante*

1. Telephone: *Teléfono:* \_\_\_\_\_ 2. Social Security Number: *Número de Seguro Social:* \_\_\_\_\_ 3. HOH Name: *Nombre:* \_\_\_\_\_

4. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Domicilio: \_\_\_\_\_ Cuidad: \_\_\_\_\_ Código Postal: \_\_\_\_\_

5. Date of Birth:  
*Fecha de Nacimiento:* \_\_\_\_\_ 6. Total number of people living in your home:  
*Número de Personas que viven en la casa:* \_\_\_\_\_

7. Education: \_\_\_\_\_ 8. Disabled?  Yes  No 9. Veteran/Active Military?  Yes  No  
*Educación:* \_\_\_\_\_ *¿Deshabilidado?*  Yes  No *¿Veterano/Militar?*  Yes  No

10. \*Race:  W  B  O  H  A  N      11.      Ethnicity:  Hispanic  Non-Hispanic  
Raza:      Grupo Étnico:  Hispanic  Non-Hispanic

\*W= White/Blanco, B=African American/Afroamericano, H=Hispanic/Latino, A=Asian/Asiático, N=Native American, Indio Nativo Americano

12. Landlords Name: *Nombre del Dueño:* \_\_\_\_\_ Telefono Number: *Telefono del Dueño:* \_\_\_\_\_ Email: *Correo Electrónico:* \_\_\_\_\_

13. Health Insurance:  No  Yes:  Direct Pay  
Seguro Médico:  Pago directo  Employment based  
 Medicaid  
 Medicare  
 CHIP

### ***Household Members/Miembros del Hogar***

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo:  M  F Educación: \_\_\_\_\_ ¿Deshabilitado?  Sí  No ¿Veterano/Militar?  Sí  No

\*Race:  W  B  O  H  A  N      Ethnicity:  Hispanic  Non-Hispanic  
Raza: *Grupo Étnico:*  Hispanic  Non-Hispanic      \*\*Disconnected Youth:  Yes  No  
*Jóvenes Desconectados:*  Yes  No  
\*\* Youth 14-21 unemployed or not in school.

Health Insurance:  No  Yes:  Direct Pay  
Seguro Médico:  No  Yes:  Pago directo  Employment based  
 Medicaid  Medicare  
 Por empleo  Médico del estado  Seguro médico del estado  CHIP

### ***Household Members/Miembros del Hogar***

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education:  Disabled?  Yes  No  
Sexo:  M  F Educación:  Deshabilitado?  Sí  No  
Veteran/Active Military?  Yes  No  
Veterano/Militar?  Sí  No

\*Race:  W  B  O  H  A  N      Ethnicity:  Hispanic  Non-Hispanic  
Raza:  W  B  O  H  A  N      Grupo Étnico:  Hispanic  Non-Hispanic      \*\*Disconnected Youth:  Yes  No  
*Jóvenes Desconectados:*  Yes  No  
\*\* Youth 14-21 unemployed or not in school.

Health Insurance:  No  Yes:  Direct Pay  
Seguro Médico:  No  Yes:  Pago directo  Employment based  
 Employment based  
 Medicaid  
 Medicare  
 CHIP

# Data Collection Form

## Household Members/Miembros del Hogar

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo: \_\_\_\_\_ Educación: \_\_\_\_\_ ¿Deshabilitado? \_\_\_\_\_ ¿Veterano/Militar? \_\_\_\_\_

\*Race:  W  B  O  H  A  N Ethnicity:  Hispanic  Non-Hispanic \*\*Disconnected Youth:  Yes  No  
Raza: \_\_\_\_\_ Grupo Étnico: \_\_\_\_\_ Jóvenes Desconectados: \_\_\_\_\_  
\* Youth 14-21 unemployed or not in school.  
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance:  No  Yes:  Direct Pay  Employment based  Medicaid  
Seguro Médico: \_\_\_\_\_ Pago directo \_\_\_\_\_ Por empleo \_\_\_\_\_ Médico del estado \_\_\_\_\_

Medicare  Seguro médico del estado  CHIP

## Household Members/Miembros del Hogar

4. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo: \_\_\_\_\_ Educación: \_\_\_\_\_ ¿Deshabilitado? \_\_\_\_\_ ¿Veterano/Militar? \_\_\_\_\_

\*Race:  W  B  O  H  A  N Ethnicity:  Hispanic  Non-Hispanic \*\*Disconnected Youth:  Yes  No  
Raza: \_\_\_\_\_ Grupo Étnico: \_\_\_\_\_ Jóvenes Desconectados: \_\_\_\_\_  
\* Youth 14-21 unemployed or not in school.  
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance:  No  Yes:  Direct Pay  Employment based  Medicaid  
Seguro Médico: \_\_\_\_\_ Pago directo \_\_\_\_\_ Por empleo \_\_\_\_\_ Médico del estado \_\_\_\_\_

Medicare  Seguro médico del estado  CHIP

## Household Members/Miembros del Hogar

5. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo: \_\_\_\_\_ Educación: \_\_\_\_\_ ¿Deshabilitado? \_\_\_\_\_ ¿Veterano/Militar? \_\_\_\_\_

\*Race:  W  B  O  H  A  N Ethnicity:  Hispanic  Non-Hispanic \*\*Disconnected Youth:  Yes  No  
Raza: \_\_\_\_\_ Grupo Étnico: \_\_\_\_\_ Jóvenes Desconectados: \_\_\_\_\_  
\* Youth 14-21 unemployed or not in school.  
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance:  No  Yes:  Direct Pay  Employment based  Medicaid  
Seguro Médico: \_\_\_\_\_ Pago directo \_\_\_\_\_ Por empleo \_\_\_\_\_ Médico del estado \_\_\_\_\_

Medicare  Seguro médico del estado  CHIP

## Household Members/Miembros del Hogar

6. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo: \_\_\_\_\_ Educación: \_\_\_\_\_ ¿Deshabilitado? \_\_\_\_\_ ¿Veterano/Militar? \_\_\_\_\_

\*Race:  W  B  O  H  A  N Ethnicity:  Hispanic  Non-Hispanic \*\*Disconnected Youth:  Yes  No  
Raza: \_\_\_\_\_ Grupo Étnico: \_\_\_\_\_ Jóvenes Desconectados: \_\_\_\_\_  
\* Youth 14-21 unemployed or not in school.  
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance:  No  Yes:  Direct Pay  Employment based  Medicaid  
Seguro Médico: \_\_\_\_\_ Pago directo \_\_\_\_\_ Por empleo \_\_\_\_\_ Médico del estado \_\_\_\_\_

Medicare  Seguro médico del estado  CHIP

# Data Collection Form

## Household Members/Miembros del Hogar

7. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo:  M  F Educación: \_\_\_\_\_ ¿Deshabilitado?  Sí  No Veterano/Activista Militar?  Sí  No

\*Race:  W  B  O  H  A  N Ethnicity:  Hispanic  Non-Hispanic \*\*Disconnected Youth:  Yes  No  
Raza:  W  B  O  H  A  N Grupo Étnico:  Hispano  No-Hispano Jóvenes Desconectados:  Sí  No  
\*\* Youth 14-21 unemployed or not in school.  
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance:  No  Yes:  Direct Pay  Employment based  Medicaid  
Seguro Médico:  No  Sí:  Pago directo  Por empleo  Medicaid  
Medicare  Seguro médico del estado  CHIP

## Household Members/Miembros del Hogar

8. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo:  M  F Educación: \_\_\_\_\_ ¿Deshabilitado?  Sí  No Veterano/Activista Militar?  Sí  No

\*Race:  W  B  O  H  A  N Ethnicity:  Hispanic  Non-Hispanic \*\*Disconnected Youth:  Yes  No  
Raza:  W  B  O  H  A  N Grupo Étnico:  Hispano  No-Hispano Jóvenes Desconectados:  Sí  No  
\*\* Youth 14-21 unemployed or not in school.  
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance:  No  Yes:  Direct Pay  Employment based  Medicaid  
Seguro Médico:  No  Sí:  Pago directo  Por empleo  Medicaid  
Medicare  Seguro médico del estado  CHIP

## Household Members/Miembros del Hogar

9. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo:  M  F Educación: \_\_\_\_\_ ¿Deshabilitado?  Sí  No Veterano/Activista Militar?  Sí  No

\*Race:  W  B  O  H  A  N Ethnicity:  Hispanic  Non-Hispanic \*\*Disconnected Youth:  Yes  No  
Raza:  W  B  O  H  A  N Grupo Étnico:  Hispano  No-Hispano Jóvenes Desconectados:  Sí  No  
\*\* Youth 14-21 unemployed or not in school.  
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance:  No  Yes:  Direct Pay  Employment based  Medicaid  
Seguro Médico:  No  Sí:  Pago directo  Por empleo  Medicaid  
Medicare  Seguro médico del estado  CHIP

## Household Members/Miembros del Hogar

10. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Sex:  M  F Education: \_\_\_\_\_ Disabled?  Yes  No Veteran/Active Military?  Yes  No  
Sexo:  M  F Educación: \_\_\_\_\_ ¿Deshabilitado?  Sí  No Veterano/Activista Militar?  Sí  No

\*Race:  W  B  O  H  A  N Ethnicity:  Hispanic  Non-Hispanic \*\*Disconnected Youth:  Yes  No  
Raza:  W  B  O  H  A  N Grupo Étnico:  Hispano  No-Hispano Jóvenes Desconectados:  Sí  No  
\*\* Youth 14-21 unemployed or not in school.  
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance:  No  Yes:  Direct Pay  Employment based  Medicaid  
Seguro Médico:  No  Sí:  Pago directo  Por empleo  Medicaid  
Medicare  Seguro médico del estado  CHIP

**Department of Community Services and Development**
**Energy Intake Form**
**CSD 43 (05/2025)**
**Official Use Only:**
**Priority Points**
**A.C.C.**

Agency:	Intake Initials:	Intake Date:	Eligibility Cert Date
First name		Middle Initial	Last Name
			Date of Birth MM/DD/YY
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)			
Service Address			Unit Number
Service City		Service County	Service State
			Service Zip Code
Have you lived at this residence during each of the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your service address the same as mailing address? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you own or rent your home? ..... <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Mailing Address			Unit Number
Mailing City		Mailing County	Mailing State
Social Security Number (SSN):		Home Phone ( )	
Mobile Phone ( )		Do you agree to opt in to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail Address:			

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household,  		<b>INCOME</b> Enter the total number of people who receive income  
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total <b>gross</b> monthly income for <b>all</b> people living in the household:</i>
Ages 0 – 2 Years		TANF / CalWORKs
Ages 3 - 5 years		SSI / SSP
Ages 6 - 18 years		SSA / SSDI
Ages 19 - 59		Paycheck(s)
Ages 60 and older		Interest
Disabled		Pension
Native American		Other
Seasonal or Migrant Farmworker		<b>Total Monthly Income</b>

## HOUSEHOLD MEMBERS

ENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS.

If you have more than 6 people in your household, please list the information on a separate piece of paper.

### APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown/Decline to State			
Have you served or are you an immediate family member of someone who served in the United States military?		I consent to this agency, and CSD, transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I or my family member may be eligible. I understand that this consent is valid for 12 months.	
<input type="checkbox"/> Yes, I have Served  <input type="checkbox"/> Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military  <input type="checkbox"/> No  <input type="checkbox"/> Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Gross Monthly Income (before taxes):	Source of Income:		

### HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

### HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

### HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 5**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Sex: <input type="checkbox"/> Female	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Unknown/Decline to State
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 6**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Sex: <input type="checkbox"/> Female	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Unknown/Decline to State
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		
Amount of Gross Monthly Income (before taxes):		Source of Income:	

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

**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  Manufactured log  Pellets  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.

What is the main fuel used to HEAT your home? One main heating source **MUST** be checked.

Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Manufactured log  Pellets  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  Manufactured log  Pellets  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.

<b>X</b>		
* * * APPLICANT'S 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.**

Utility Assistance being provided under which program →  HEAP  Fast Track  HEAP WPO  ECIP WPO

**Base Benefit \$** \_\_\_\_\_ **Supplement \$** \_\_\_\_\_ **Total Benefit \$** \_\_\_\_\_

**Total Energy Cost \$** \_\_\_\_\_ **Energy Burden** \_\_\_\_\_

Energy Services Restored after disconnection:  Yes  No Disconnection of Energy Services prevented:  Yes  No

Home Referred for WX:  Home Already Weatherized:

**Department of Community Services and Development**

CSD 43B (rev.12/2013)

**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?**

YES	NO	During the previous month have you been employed part time?
YES	NO	During the previous month have you been self-employed?
YES	NO	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?
YES	NO	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:
YES	NO	During the previous month did you receive any of the following: (circle any that apply)
		WORKER'S COMP      UNEMPLOYMENT      GOVERNMENT SPONSORED BENEFITS      CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)
		ANNUITY PAYMENT      PENSION      TRIBAL CASINO PAYMENTS      RENTAL INCOME      INSURANCE BENEFITS

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

YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Put Notary stamp below, if needed (DOE only) or have Executive Director Sign here

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

EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:	
Rent or Mortgage	\$		Name:	Phone:
			Address:	
Utility Bills	\$		Name:	Phone:
			Address:	
Food	\$		Name:	Phone:
			Address:	

**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

**CLIENT EDUCATION CONFIRMATION OF RECEIPT**

Name of Occupant

Address of Dwelling

**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.

**Radon Education** - A copy of the pamphlet, *A Citizen's Guide to Radon*, informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.

**Asbestos Education** - A copy of the pamphlet, *FAQs About Asbestos in the Home and Workplace*, informing me about identifying asbestos-containing materials in the home, exposure, and available resources.

Signature of Recipient

Date

**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**    **Asbestos**

*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

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)

Print name

**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**    **Asbestos**

Signature (Agency Representative)

Print name

Date mailed

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	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
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### 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



## ENERGY SERVICE AGREEMENT FOR OCCUPANT

### Dwelling Information

Select the Dwelling Type				I am the			
Single-Family	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>	Multi-Unit	<input type="checkbox"/>	Owner-Occupant <input type="checkbox"/>	Tenant <input type="checkbox"/>

### Owner-Occupant or Tenant Information

Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Telephone Number
Owner-Occupant or Tenant Email Address		Owner-Occupant or Tenant FAX Number	

### 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 to 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's Signature		Date	
<b>Contractor/Agency Assurance</b>			
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.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Agency Program Manager's Signature	Agency Program Manager's Name (Print name)	Date
------------------------------------	--	------



## ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

### Single-Family/Mobile Home Dwelling Information

Tenant Name	Dwelling Address	
City	Zip Code	Type Single <input type="radio"/> Mobile <input checked="" type="radio"/>

### Multi-Family Dwelling/Complex Information

Number of Eligible Buildings in Complex:	Use additional pages, if necessary.		
--	-------------------------------------	--	--

#### Building #1

Complex/Building Name (if applicable)	Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized
List Qualified Units		List Vacant and Unqualified Units	

#### Building #2

Complex/Building Name (if applicable)	Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized
List Qualified Units		List Vacant and Unqualified Units	

#### Building #3

Complex/Building Name (if applicable)	Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized
List Qualified Units		List Vacant and Unqualified Units	

### Owner and Owner's Agent Information

Owner (Print or type name)	Address		
Apt./Unit No.	City	ZIP Code	Owner Telephone Number
Owner Email Address		Owner FAX Number	

If the Owner uses an agent for the above-referenced property, complete both Owner and Agent information.

Agent (Print or type name)	Address		
Apt./Unit No.	City	ZIP Code	Agent Telephone Number
Agent Email Address		Agent FAX Number	



## ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

### Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner or Owner's Agent)

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).

Owner's (or Owner's Agent's) Signature		Date
Contractor/Agency Assurance		
Contractor/Agency (Print or type name)		Address
CSLB Number (if applicable)	City	ZIP Code
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 rental unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor/Agency Program Manager's Signature	Contractor/Agency Program Manager's Name (Print name)	Date			
Required Documentation:					
Rent schedule received from Property Owner, if applicable?	<input type="checkbox"/> Y	<input type="checkbox"/> N	If applicable, CSD 75 completed?	<input type="checkbox"/> Y	<input type="checkbox"/> N

# Practical Money Skills for Life™

## ADDITIONAL RESOURCES

For more information on creating and maintaining a budget, visit  
[www.practicalmoneyskills.com/budgeting](http://www.practicalmoneyskills.com/budgeting)

For an online Budget Worksheet that calculates the figures for you, visit  
[www.practicalmoneyskills.com/budgetplanner](http://www.practicalmoneyskills.com/budgetplanner)

For additional online calculators, visit  
[www.practicalmoneyskills.com/calculators](http://www.practicalmoneyskills.com/calculators)



## IT'S EASY TO CREATE A BUDGET THAT WORKS FOR YOU

A budget can help you pay your bills on time, cover unexpected emergencies, and reach your financial goals—now and in the future. Most of the information you need for your budget is already at your fingertips. This guide explains how to create a budget and stick to it.

## Practical Money Skills for Life™

For more information, visit  
[www.practicalmoneyskills.com](http://www.practicalmoneyskills.com)

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## PRACTICAL MONEY GUIDES

**BUDGET BASICS**  
CREDIT HISTORY  
CREDIT CARD BASICS  
DEBIT CARD BASICS  
PREPAID CARD BASICS  
IDENTITY THEFT

When you understand how to manage your finances, you've got an invaluable tool in taking control of your life. Wise use of these skills can provide peace of mind, financial freedom, increased buying power and a secure future. This guide is one of a series on **PRACTICAL MONEY SKILLS FOR LIFE.**

## CREATE YOUR BUDGET

This worksheet will help you get a clear picture of your monthly finances. It will also act as a starting point for your budget. To complete it, follow the simple steps outlined below.

**1. QUESTION YOUR NEEDS AND WANTS** What do you want? What do you really need? Evaluate your current financial situation. Take a look at the big picture. Make two lists – one for needs and one for wants. As you make the list, ask yourself:

- Why do I want it?
- How would things be different if I had it?
- What other things would change if I had it? (for better or worse)
- Which things are truly important to me?
- Does this match my values?

**2. SET GUIDELINES** We all have different budgets based on our needs and wants. But the Building a Budget chart on the next page shows some guidelines on how much should go toward different expenses. You may need to make adjustments for a daily latte fix or visits to family, but remember to subtract amounts from other areas if you do.

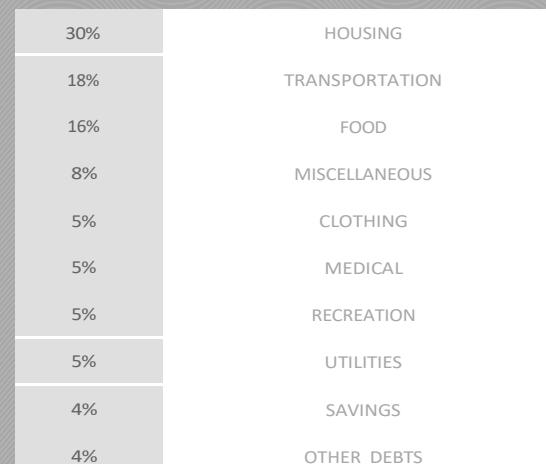
**3. ADD UP YOUR INCOME** To set a monthly budget, you need to know what's coming in. Make sure you include all sources of income such as salaries, interest, pension, and any other income sources.

**4. ESTIMATE EXPENSES** The best way to do this is to keep track of how much you spend each month. Categorize spending depending on your needs and wants. Use the Budget Worksheet in this guide as a starting point.

**5. FIGURE OUT THE DIFFERENCE** Once you've created your budget, keep records of your actual income and expenses. This keeps you aware of the difference between what you budget and actually spend.

## BUILDING A BUDGET

This chart shows some rough guidelines on how much of your income should go toward different expenses. If you live in an area where transportation is higher than normal or rents/mortgage are higher, you may need to make adjustments. Also, if you would like to add a section for gifts, or something else, then you'll need to subtract from another area.



**6. TRACK, TRIM AND TARGET** Once you start tracking, you may be surprised to find you spend hundreds of dollars a month on eating out or other flexible expenses. Some of these are easily trimmed. Cutting back is usually a better place to start than completely cutting out. Be realistic. It will help you to be better prepared for unexpected costs.

## The SMART Way to Trim Expenses

In finding ways to trim flexible expenses, it helps to have a goal to save toward each month. Setting such a goal needs to be SMART:

**SPECIFIC** Smart goals are specific enough to suggest action. Example: Save enough to visit Rome for your wedding anniversary. Not just "save money."

**MEASURABLE** You need to know when you achieved your goal or how close you are. Example: A trip to Italy costs \$2,000, and you have \$800 saved.

**ATTAINABLE** The steps toward reaching your goal need to be reasonable and possible. Example: I know I can save enough money each week to purchase that trip to Italy.

**RELEVANT** The goal needs to make sense. You don't want to work toward a goal that doesn't fit your need. Example: We would like to stay in four-star hotels in celebration of our anniversary.

**TIME-RELATED** Set a definite target date. Example: I want to go to Italy by next summer.

## BUDGET WORKSHEET

Monthly Net Income	
Income #1	\$
Income #2	\$
Interest	\$
Other	\$
<b>TOTAL INCOME</b>	\$
Monthly Flexible Expenses	
Food	\$
Entertainment	\$
Debt Payments	\$
Other	\$
<b>TOTAL FLEXIBLE EXPENSES</b>	\$
Monthly Fixed Expenses	
Housing	\$
Groceries	\$
Utilities	\$
Transportation	\$
Health	\$
Other	\$
<b>TOTAL FIXED EXPENSES</b>	\$
<b>TOTAL EXPENSES</b>	\$
(add flexible and fixed expenses)	
<b>TOTAL MONTHLY INCOME</b>	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$
<b>TOTAL FOR SAVING &amp; INVESTING</b>	\$

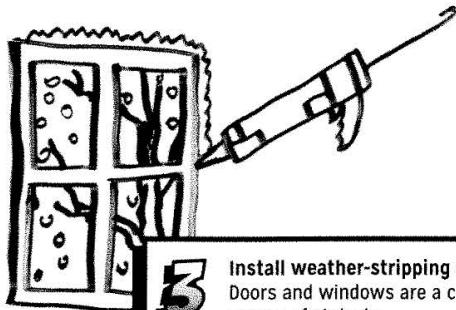
# 10 TIPS For *SAVING ENERGY* IN THE HOME



**1** Switch to compact fluorescent or LED lightbulbs. They use less energy and last longer.



**2** Put on a sweater. You'll warm up without turning up the heat.



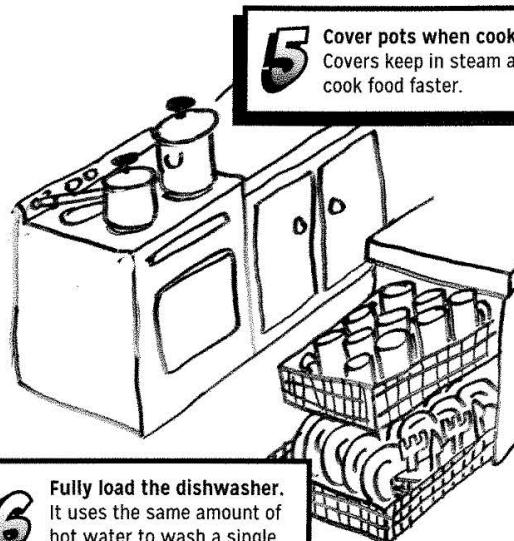
**3** Install weather-stripping or caulk. Doors and windows are a common source of air leaks.



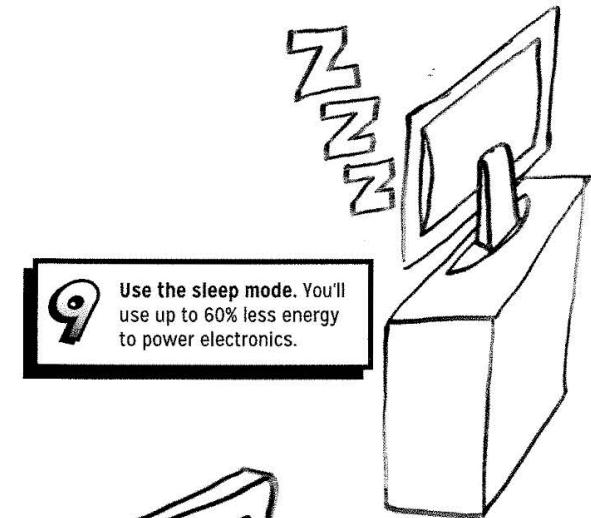
**4** Think before opening the fridge. Keep the cold air in to save energy.



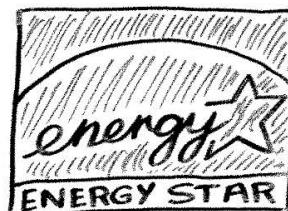
**8** Use a power strip. Plug in multiple devices and turn off the power strip at night.



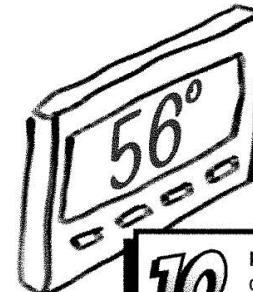
**5** Cover pots when cooking. Covers keep in steam and cook food faster.



**9** Use the sleep mode. You'll use up to 60% less energy to power electronics.



**7** Choose Energy Star appliances. They're the most efficient ones you can buy.



**10** Program your thermostat. Set it to turn down the heat before you go to bed, and to turn it back up in the morning.