

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 apoyo 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

CalAIM Universal Prescreen / Preselección Universal CalAIM

1. Do you have MediCal or CenCal? / ¿Tiene MediCal o CenCal?

☐ Yes, CenCal / Sí, CenCal

☐ Yes, MediCal / Sí, Medi-Cal

☐ No

☐ No, I don't have any health insurance / No, no tengo ningún seguro médico

2. Check all that apply/Marque todas las que apliquen:

☐ You have 2 or more chronic health conditions / Tiene 2 o más condiciones de salud crónicas

☐ Have been in the ER or Hospitalized in the last 6 months / Ha estado en la sala de emergencias o ha sido hospitalizado en los últimos 6 meses

☐ Need help managing medications or medical appointments / Necesita ayuda para manejar sus medicamentos o citas médicas

☐ None of the above / Ninguna de las anteriores

3. Are you receiving mental health services currently OR do you feel you need mental health support?/¿Está recibiendo servicios de salud mental actualmente O siente que necesita apoyo de salud mental?

☐ Yes, I am receiving mental health services currently / Sí, actualmente estoy recibiendo servicios de salud mental

☐ Yes, I need mental health support / Sí, necesito apoyo de salud mental

☐ No, I am not receiving mental health services currently and do not need mental health support / No, actualmente no estoy recibiendo servicios de salud mental y no necesito apoyo de salud mental

4. Are you in substance use treatment currently?/¿Está actualmente en tratamiento por uso de sustancias?

☐ Yes / Sí

☐ No

5. Do you have difficulty with daily activities (bathing, dressing, eating, walking)?/¿Tiene dificultad con las actividades diarias (bañarse, vestirse, comer, caminar)?

☐ Yes / Sí

☐ No

6. Do you use medical equipment (oxygen, wheelchair, mobility aids)?/¿Usa equipo médico (oxígeno, silla de ruedas, ayudas para movilidad)?

☐ Yes / Sí

☐ No

7. Are you currently homeless or living in temporary housing?/¿Está actualmente sin hogar o viviendo en vivienda temporal?

☐ Yes / Sí

☐ No

8. Are you at risk of losing housing in the next 30 days?/¿Está en riesgo de perder su vivienda en los próximos 30 días?

☐ Yes / Sí

☐ No

9. In the past 12 months, have you worried about having enough food?/En los últimos 12 meses, ¿le ha preocupado no tener suficiente comida?

☐ Yes / Sí

☐ No

10. Do you have trouble getting to medical appointments or other essential services?/¿Tiene dificultades para llegar a citas médicas u otros servicios esenciales?

☐ Yes / Sí

☐ No

11. Have you been released from jail, prison, or detention in the last 12 months?/¿Ha sido liberado de la cárcel, prisión o detención en los últimos 12 meses?

☐ Yes / Sí

☐ No

12. Would you like help coordinating your healthcare and social needs?/¿Le gustaría recibir ayuda para coordinar su atención médica y necesidades sociales?

☐ Yes / Sí

☐ No

13. Are you currently located in a skilled nursing facility or other nursing facility environment or recently exited one of these environments?/¿Está actualmente en un centro de enfermería especializada u otro entorno de atención de enfermería, o salió recientemente de uno de estos entornos?

☐ Yes / Sí

☐ No

14. Have you utilized a skilled nursing facility or other nursing facility environment three or more times in the last six months?/¿Ha utilizado un centro de enfermería especializada u otro entorno de atención de enfermería tres o más veces en los últimos seis meses?

☐ Yes / Sí

☐ No

15. Are you currently pregnant or within 12-months Post-Partum?/¿Está actualmente embarazada o dentro de los 12 meses posteriores al parto?

☐ Yes / Sí

☐ No

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

Application Checklist	Supporting Document Checklist
☐ <u>Energy Intake Forms</u> (Please complete and sign all sections of forms that apply)	☐ <u>Valid California ID/or Proof of Residency</u> (Proof of legal residency in the State of California)
☐ <u>Data Collection Forms</u> (Please complete section for each household member)	☐ <u>Copy of Valid Social Security Card</u> (Used as a unique identifier to prevent fraud)
☐ <u>Certification of Income and Expenses</u> (Client only complete this form if there is no household income)	☐ <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)
☐ <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)	☐ <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)
☐ <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)	☐ <u>Pensions(Retirement)</u> (Current award letter must be dated within the last 30 days)
☐ <u>Energy Service Agreement for Occupant</u> (Completed by applicant giving permission to complete weatherization services)	☐ <u>CalWorks/CalFresh</u> (Must provide current verification benefits letter showing amount received per month/ current month)
☐ <u>Energy Service Agreement for Rental / Property Owner</u> (Management company gives permission for weatherization services)	☐ <u>Unemployment/Disability/Child Support</u> (Proof needs to include name, amount paid)
☐ <u>Client Agreement</u> <u>Only City of Lompoc Residents</u> (Applies payment to electric portion of bill only)	☐ <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

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
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:

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

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 Agreement s**. 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: _____ *Ciudad:* _____ *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: *Educación:* _____ 8. Disabled? *¿Deshabilitado?* ☐ Yes ☐ No 9. Veteran/Active Military? *¿Veterano/Militar?* ☐ Yes ☐ No
10. *Race: *Raza:* ☐ W ☐ B ☐ O ☐ H ☐ A ☐ N 11. Ethnicity: *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 *Pago directo* ☐ Employment based *Por empleo* ☐ Medicaid *Médico del estado* ☐ Medicare *Seguro médico del estado* ☐ 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 **Disconnected Youth: ☐ Yes ☐ No
Raza: ☐ W ☐ B ☐ O ☐ H ☐ A ☐ N Grupo Étnico: ☐ Hispánico ☐ No-Hispánico 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 ☐ Medicare ☐ CHIP
Seguro Médico: ☐ No ☐ Sí: ☐ Pago directo ☐ 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 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 **Disconnected Youth: ☐ Yes ☐ No
Raza: ☐ W ☐ B ☐ O ☐ H ☐ A ☐ N Grupo Étnico: ☐ Hispánico ☐ No-Hispánico 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 ☐ Medicare ☐ CHIP
Seguro Médico: ☐ No ☐ Sí: ☐ Pago directo ☐ Por empleo ☐ Médico del estado ☐ Seguro médico del estado ☐ 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 ☐ Medicare ☐ CHIP
Seguro Médico: _____ Pago directo Por empleo Médico del estado Seguro médico del estado

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 ☐ Medicare ☐ CHIP
Seguro Médico: _____ Pago directo Por empleo Médico del estado Seguro médico del estado

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 ☐ Medicare ☐ CHIP
Seguro Médico: _____ Pago directo Por empleo Médico del estado Seguro médico del estado

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 ☐ Medicare ☐ CHIP
Seguro Médico: _____ Pago directo Por empleo Médico del estado Seguro médico del estado

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? ☐ Yes ☐ No ¿Veterano/Militar? ☐ Yes ☐ 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: ☐ Hispánico ☐ No-Hispánico Jóvenes Desconectados: ☐ Yes ☐ No

Health Insurance: ☐ No ☐ Yes: ☐ Direct Pay ☐ Employment based ☐ Medicaid ☐ Medicare ☐ CHIP
Seguro Médico: ☐ No ☐ Yes: ☐ Pago directo ☐ Por empleo ☐ Médico del estado ☐ 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? ☐ Yes ☐ No ¿Veterano/Militar? ☐ Yes ☐ 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: ☐ Hispánico ☐ No-Hispánico Jóvenes Desconectados: ☐ Yes ☐ No

Health Insurance: ☐ No ☐ Yes: ☐ Direct Pay ☐ Employment based ☐ Medicaid ☐ Medicare ☐ CHIP
Seguro Médico: ☐ No ☐ Yes: ☐ Pago directo ☐ Por empleo ☐ Médico del estado ☐ 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? ☐ Yes ☐ No ¿Veterano/Militar? ☐ Yes ☐ 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: ☐ Hispánico ☐ No-Hispánico Jóvenes Desconectados: ☐ Yes ☐ No

Health Insurance: ☐ No ☐ Yes: ☐ Direct Pay ☐ Employment based ☐ Medicaid ☐ Medicare ☐ CHIP
Seguro Médico: ☐ No ☐ Yes: ☐ Pago directo ☐ Por empleo ☐ Médico del estado ☐ 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? ☐ Yes ☐ No ¿Veterano/Militar? ☐ Yes ☐ 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: ☐ Hispánico ☐ No-Hispánico Jóvenes Desconectados: ☐ Yes ☐ No

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



CommUnify
Empowering people. Transforming lives.

HEAP

(Home Energy Assistance Program)

Client Agreement

Aceptacion de Terminos y Condiciones

I agree and understand that the benefit amount for HEAP (Fast Track) will only be applied towards the electrical portion of my City of Lompoc utility bill. I will continue to pay for my water, sewer, trash and wi-fi. Otherwise, these services can or will be shut off.

Yo estoy de acuerdo y comprendo que los fondos de HEAP (Fast Track) seran utilizados solamente para la porción de electricidad con La Ciudad de Lompoc. Continuare pagando mi agua, alcantarillado, basura é internet . Si no, estos sevicios pueden ser ó serán descontinuados.

Name/Nombre: _____ Date/Fecha: _____

Address/Domicilio: _____

City/Ciudad: _____ State/Estado: _____ Zip Code/Zona Postal: _____

Phone/Telefono: _____ Date of Birth/Fecha de Nacimiento: _____

Name on Account/Nombre en la Cuenta: _____

Account Number/Numero de Cuenta: _____

Signature/Firma: _____

Payment Amount/Cantidad de Pago: _____

Intake Worker Initials/Iniciales de Trabajador(a): _____

If you suspect Fraud or Abuse in the Energy Program please call 1-800-HHS-TIPS or go to oig.hhs.gov/report-fraud

Department of Community Services and Development

Energy Intake Form

CSD 43 (05/2025)

Official Use Only:

Priority Points

A.C.C.

Eligibility Cert Date

Agency:

Intake Initials:

Intake Date:

First name

Middle Initial

Last Name

Date of Birth

MM/DD/YY

SERVICE ADDRESS – Address where you live (this *cannot* 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? ☐ Yes ☐ No

Is your service address the same as mailing address?..... ☐ Yes ☐ No

Do you own or rent your home?..... ☐ Own ☐ Rent

Mailing Address

Unit Number

Mailing City

Mailing County

Mailing State

Mailing Zip Code

Social Security Number
(SSN):

Home Phone ()

Mobile Phone ()

Do you agree to opt in to receive text messages? ☐ Yes ☐ No

E-mail Address:

PEOPLE LIVING IN HOUSEHOLD

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

INCOME

Enter the total number of people who receive income →

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

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

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

Total Monthly Income

\$

HOUSEHOLD MEMBERSENTER 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: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State
Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State			
Have you served or are you an immediate family member of someone who served in the United States military? ☐ Yes, I have Served ☐ Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military ☐ No ☐ Decline to State		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. ☐ Yes ☐ 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: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State
Sex: ☐ Female ☐ Male ☐ 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: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State
Sex: ☐ Female ☐ Male ☐ 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: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State
Sex: ☐ Female ☐ Male ☐ 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: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State
Sex: ☐ Female ☐ Male ☐ 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: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State
Sex: ☐ Female ☐ Male ☐ 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.

X		
*** 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: ☐	

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
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.

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
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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
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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 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

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 ☐	Mobile Home ☐	Multi-Unit ☐	Owner-Occupant ☐ Tenant ☐
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. <u>Mobile home units only:</u> 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

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.
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 ☐ Mobile ☐	
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	# of Vacant & Unqualified Units
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	# of Vacant & Unqualified Units
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	# of Vacant & Unqualified Units
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	
<i>If the Owner uses an agent for the above-referenced property, complete <u>both</u> Owner and Agent information.</i>				
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 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 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?

Y

N

If applicable, CSD 75
completed?

Y

N



ADDITIONAL RESOURCES

For more information on creating and maintaining a budget, visit
www.practicalmoneyskills.com/budgeting

For an online Budget Worksheet that calculates the figures for you, visit
www.practicalmoneyskills.com/budgetplanner

For additional online calculators, visit
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.



For more information, visit
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.

30%	HOUSING
18%	TRANSPORTATION
16%	FOOD
8%	MISCELLANEOUS
5%	CLOTHING
5%	MEDICAL
5%	RECREATION
5%	UTILITIES
4%	SAVINGS
4%	OTHER DEBTS

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	\$
TOTAL INCOME	\$

Monthly Flexible Expenses	
Food	\$
Entertainment	\$
Debt Payments	\$
Other	\$
TOTAL FLEXIBLE EXPENSES	\$

Monthly Fixed Expenses	
Housing	\$
Groceries	\$
Utilities	\$
Transportation	\$
Health	\$
Other	\$
TOTAL FIXED EXPENSES	\$

TOTAL EXPENSES	\$
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(add flexible and fixed expenses)

TOTAL MONTHLY INCOME	\$
TOTAL MONTHLY EXPENSES	\$
TOTAL FOR SAVING & INVESTING	\$

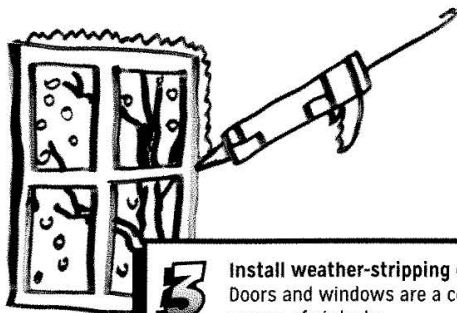
10 TIPS ^{For} SAVING ENERGY IN THE HOME



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



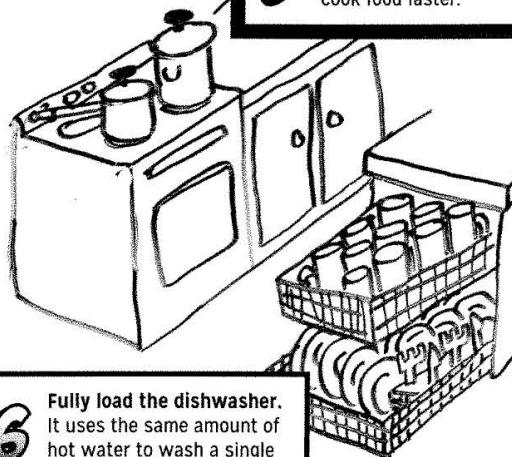
2 Put on a sweater. You'll warm up without turning up the heat.



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

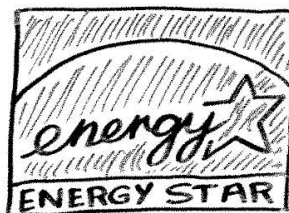


4 Think before opening the fridge. Keep the cold air in to save energy.



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

6 Fully load the dishwasher. It uses the same amount of hot water to wash a single dish as a full load.



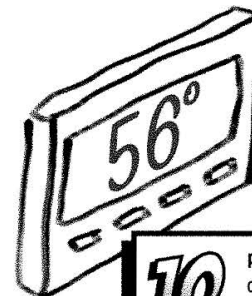
7 Choose Energy Star appliances. They're the most efficient ones you can buy.



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



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



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.