

# HEAP APPLICATION CHECKLIST

**PLEASE READ BOTH SIDES of this instruction sheet.**

**ALL INCOMPLETE APPLICATIONS WILL BE DENIED!!!!**

**\*\*\*\*\*THIS IS NOT A GUARANTEED PROGRAM!!!\*\*\*\*\***

**NOTE:** We can only process applications that contain the first few pages of this packet **and proof of INCOME** for all household members 18 years old and older **and electric/gas/fuel bills.** (See acceptable forms of income listed on the back of this page). The following items are **MANDATORY** regardless of what you are applying for. PLEASE COMPLETE THE APPLICATION NEATLY. ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

1. **Department of Community Services and Development (CSD) Energy Intake Form** (Application consists of two pages) – Fill out this form completely then sign and date. The name on the application must belong to the social security number that is being used. Please fill in your **birthdate, social security number** and which utility bill you want assistance with. We can only assist with one utility company on your behalf. *Only one name on the application please.*
2. **Income Verification** – Provide income from every *adult* in the home for the past 30 days. (See back)
3. **List all members who live in your home** – You **must** list all household members (and their age) that live in your home (including yourself).
4. **Client/Customer Consent Form & Authorization** – This form is needed for CSD to obtain energy usage information for your household after utility assistance provided and/or weatherization measures installed in your home.
5. **Client Education Confirmation of Receipt** – Must be signed and dated. Documentation checked is attached.
6. **Energy Service Agreement – Form 515A** – fill out and sign this form. **Form 515B** – If you rent your home, have the homeowner fill out and sign this form.

Please complete the following forms **if any apply to your household, otherwise, you do not need to return them:**

- A. **Survey of Income and Expenses (CSD 43B form)** – Must be completely filled out, signed and dated by any person that is **18 or over and claims that they have no income.** You will need a separate form for each person.
- B. **Profit and Loss Statement** – Complete this form if anyone in the household is self-employed. This statement needs to cover the past 90-days from when you apply.
- C. **Landlord Form** – Have the landlord fill out and sign this form if your utilities are included in your rent (only if you do not receive a monthly bill showing electric/gas charges).

**Please do not return the budget counseling & energy education papers with your application. These are for you to keep!!**

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

**Please note: All documents submitted with the application must be dated within the past 6 weeks and cover a 30 day period.**

Please return your application to the address that applies to your county:

**1-800-233-4480 HEAP Line  
(844) 742-6925 Toll Free Fax**

**Lake, Mendocino, & Napa Counties:**

North Coast Energy Services, Inc.  
P.O. Box 413 Ukiah CA 95482  
1-800-233-4480 HEAP Line  
(707) 463-0637 Fax

**Solano County:**

North Coast Energy Services, Inc.  
1000 Texas St #G  
Fairfield CA 94533  
(707) 422-3200  
(707) 422-3227 Fax

**Sonoma County:**

North Coast Energy Services, Inc.  
1100 Coddington Center Ste 1  
Santa Rosa CA 95401  
(707) 495-4417  
(707) 497-3010 Fax  
(844) 742-6925 Toll Free Fax

**Yolo County:**

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

YOU MUST PROVIDE CURRENT PROOF OF INCOME AND ENERGY COSTS WITH YOUR APPLICATION COVERING THE PAST 30 DAYS. IF NOT PROVIDED YOUR APPLICATION WILL BE DENIED!  
*Proof of income and energy bills must be dated within the past 6 weeks!!!*

INCOME – TYPES OF INCOME AND ACCEPTABLE FORMS OF VERIFICATION

\*Please note: Income verification must show the name of the person receiving the income and the dates/period covered

- ★ **Wages/Earned Income** – Current copy of paystubs covering one full month showing gross amount before taxes **OR** letter from employer showing company name, address, phone number, the gross amount before taxes and period covered **OR** Notice of Action from Social Services showing earned income.
- ★ **Pensions and Annuities** – copy of check stub **OR** Form 1099 (*Only acceptable until February 15<sup>th</sup> of the current year*).
- ★ **Public Assistance / General Assistance** – current “Passport to Services” printout **OR** current Notice of Action **OR** verification from worker with amount of payment & date **OR** Food Stamp verification with current income amount listed **OR** copy of bank statement showing direct deposit.
- ★ **SSA/SSI/SSDI/SSP** – copy of check within the last 30 days **OR** copy of bank statement (all pages) showing direct deposit **OR** dated annual benefit letter for current year **OR** computer printout from Social Security office **OR** payee letter showing income amount for current year **OR** Form 2458 from Social Security Office **OR** current HUD statement **OR** Notice of Planned Action (SSA-L8155-U2) **OR** Form 1099 (*Only acceptable until February 15<sup>th</sup> of the current year*).
- ★ **Interest/Dividend/Royalties Income** – current statement from bank(s) **OR** current copy of financial statement(s) showing direct deposit **OR** copy of current check(s) **OR** Form 1099 (*Only acceptable until February 15<sup>th</sup> of the current year*)
- ★ **Workers Comp/Disability/Unemployment Benefits** – copy of current check stub(s) **OR** current printout **OR** current award letter.
- ★ **Child/Spouse/Individual Support** – court document **OR** copy of check **OR** signed statement from person providing the support **OR** Notice of Action showing support amount.
- ★ **Veteran’s Benefits** – copy of check or check stub **OR** benefit letter for the current year **OR** letter of verification from VA **OR** copy of current bank statement (all pages) showing direct deposit.
- ★ **Self-Employed / Rental Income** – copy of ledger/journal/profit & loss statement for the past 3 months, signed & dated, showing gross receipts, expenses (listed out) and net gross. Also need most recent Tax Form 1040 and Schedule C / Schedule E (for rental properties), signed and dated. (**2016 tax forms are good until April 15, 2018**).
- ★ **Survivors’ Benefits** – Copy of current check or check stub **OR** current printout **OR** current award letter **OR** current bank statement showing direct deposit.
- ★ **Other Sources of Income / No income verification**– current receipts for recycled materials; a signed & dated CSD 43B form – Survey of Income and Expenses, filled out completely (see attached).

UTILITY BILLS

(TYPES AND ACCEPTABLE FORMS OF VERIFICATION)

(DO NOT SEND CABLE, PHONE, CREDIT CARD, WATER OR GARBAGE BILLS, UNLESS THEY ARE INCLUDED WITH YOUR ELECTRIC OR GAS CHARGES)

- ★ **Electric Bill** – Copy of all pages of current bill and/or current shut-off notice.
- ★ **Gas Bill (Natural Gas/Propane/Kerosene/Oil)** – Copy of all pages of current bill and/or current shut-off notice; print-out from propane/kerosene/oil account showing your last delivery of fuel or a letter from company stating account number and the cost to fill your tank, and how long the fuel will last. If you self-fill propane or kerosene tanks, provide a copy of the receipts for the past 30 days.
- ★ **Wood/Pellets** – Please provide copies of receipts of wood costs.

**Department of Community Services and Development**

Energy Intake Form

CSD 43 (10/2017)

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 <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				
Mailing Address			Unit Number	
Mailing City	Mailing County	Mailing State	Mailing Zip Code	
Social Security Number (SSN):				Telephone Number ( )
E-mail Address:				

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →	○	<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>	<b>\$</b>

<b>HOUSEHOLD MEMBERS</b>					
ENTER THE INFORMATION BELOW FOR <b>ALL</b> HOUSEHOLD MEMBERS.					
If you have more than 7 people in your household, please list the information on a separate piece of paper.					
First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
<b>Household Total Monthly Gross Income</b>				<b>\$</b>	
<b>Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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  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  Other Fuel

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

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

Are you the account holder: Electric Bill  Yes  No Natural Gas Bill  Yes  No

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

X  
\*\*\* APPLICANT'S SIGNATURE \*\*\*  
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:



# CLIENT/CUSTOMER CONSENT FORM AND AUTHORIZATION

The California Department of Community Services and Development (CSD) is a state agency that oversees energy assistance programs for low-income families. Some of these services include helping families pay their utility bills or installing energy-efficient appliances and systems to reduce energy use and expenses. CSD also works with other organizations and programs that provide related services.

## CONSENT (What you are agreeing to when you sign this form)

By signing this form, you give your 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 household's utility account, energy usage and/or other information needed to provide the services and benefits to you described on the back of this form.

### 1. NAME(S) AND MAILING ADDRESS

Your Name		
If your utility bill is in someone else's name, enter that name here		
Your mailing address (Street)	Unit Number (if any)	
Your mailing address (City)	State	Zip Code

### 2. UTILITY SERVICE ADDRESS

Check here if your utility service address is different from your mailing address.

If you checked the box, please provide your utility service address information below:

Your Utility Service Address (Street)	Unit Number (if any)	
Your Utility Service Address (City)	State CA	Zip Code

### 3. 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

**(If client applying for services is not the person whose name is on the account (i.e., the utility customer of record), both persons must initial and sign this form)**

By initialing and signing below, I acknowledge and authorize my utility company, CSD, and CSD Partners to release upon request and/or to receive my information as described, exclusively for the purposes stated in this Authorization for up to **36 months** unless revoked as explained on the back of this form:

Client/Customer Initials	Utility company billing records: account name, service address, billing history and account balances, as needed for processing utility bill assistance and emergency payments.
Client/Customer Initials	1) Meter usage and energy consumption data, including up to 12 months of historical data prior to the date of my signature below; and 2) any information concerning prior weatherization of dwelling (if weatherized, date and measures installed).
Client/Customer Initials	Household income, composition and other information needed to determine my eligibility for energy assistance programs administered by CSD and/or CSD Partners.

Signature of Client/Utility Customer	Date
--------------------------------------	------

Signature of Utility Customer of Record (if different)	Date
--	------

Name of CSD Contractor/Partner Organization
---

Signature of 2nd Utility Customer of Record, if applicable	Date
--	------

## **WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED**

---

Your consent (permission) for us to obtain and share your utility information, including your energy usage data, is needed for the purposes listed and explained below. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, can provide you with services and benefits available under various programs administered by CSD and your utility companies. The information provided will be shared and retained in accordance with applicable law concerning data security and privacy protections. The information you authorize us to obtain and share will be used for the following purposes:

1. Determine your eligibility for CSD and utility company low-income programs
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills; weatherization services; energy efficiency services; emergency energy services; health and safety measures; solar energy services; consumer information and energy tips
4. Evaluate your home's energy usage 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.

You understand that some services may not be available to you unless you consent to share/release information as stated in this Authorization. You agree that this consent covers utility account, billing and usage information, including up to twelve months of historical data prior to the date of this Authorization, information about any prior weatherization services provided, and subsequent data throughout the period that this Authorization is in effect.

CSD and CSD Partners agree to access and share only the information and data necessary to provide energy assistance services for which you are determined eligible, and to fulfill state and federal requirements for operating these programs. If you are determined not to be eligible for services, no utility information will be accessed or exchanged. CSD and CSD Partners will safeguard your privacy and will store any information gathered in accordance with the security requirements set forth in state law.

## **REVOCAION OF 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.

## **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

**MUST BE SIGNED, DATED & RETURNED**

**CLIENT EDUCATION CONFIRMATION OF RECEIPT**

Name of Occupant	Age of Dwelling
------------------	-----------------

Address of Dwelling

**Confirmation of Receipt (Applicant)**

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. *(See attached)*

**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. *(See attached)*

**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.

Signature of Recipient	Date
------------------------	------

**Self-Certification Option (Agency)**

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

**Lead-Safe**       **Energy**       **Mold/Moisture**       **Budget Counseling**       **Radon**

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

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

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

Attempted delivery dates and times:

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)	Print Name
-----------------------------------	------------

**Mailing Option (Agency Only)**

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**

Signature (Agency Representative)	Print Name	Date Mailed
-----------------------------------	------------	-------------

# Energy Saving Tips

Follow these tips to save on energy costs:

Install these energy-efficient measures:

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

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

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

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

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

Replace old windows with new high performance dual pane windows.

Clean or replace furnace & air-conditioner filters regularly, following manufacturer's instructions.

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

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

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

Defrost refrigerators & freezers before ice build-up becomes 1/4-inch thick.

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

Close the damper when the fireplace is not being used. Try not to use the fireplace & central heating system at the same time.





## 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
--------------------------------------	------

### 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 <input type="checkbox"/> Mobile <input type="checkbox"/>

### 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

*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
---------------------	--	--	------------------

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



## ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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

**Department of Community Services and Development**

CSD 43B (rev. 12/2013)

*Anyone 18 & older with NO INCOME must fill out this form completely, then sign and date at the bottom. Also use this form for any further explanation of income situation.*

**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.

## PROFIT & LOSS STATEMENT ESTADATO de PERDIDAS y GANANCIAS

***This form is for self-employed applicants only***  
***Este formulario es solamente para solicitantes que trabajan por su cuenta propia***

Name: \_\_\_\_\_

Business Name / Type of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City / Ciudad \_\_\_\_\_ State / Estado \_\_\_\_\_ Zip / Codigo Postal \_\_\_\_\_

Telephone/Telefono: \_\_\_\_\_

Month-Year / Mes-Año: _____	Month-Year / Mes-Año: _____	Month-Year / Mes-Año: _____
Gross Receipts / Ingreso Bruto: \$ _____	Gross Receipts / Ingreso Bruto: \$ _____	Gross Receipts / Ingreso Bruto: \$ _____
Expenses / Gastos:	Expenses / Gastos:	Expenses / Gastos:
1. \$ _____	1. \$ _____	1. \$ _____
2. \$ _____	2. \$ _____	2. \$ _____
3. \$ _____	3. \$ _____	3. \$ _____
4. \$ _____	4. \$ _____	4. \$ _____
5. \$ _____	5. \$ _____	5. \$ _____
6. \$ _____	6. \$ _____	6. \$ _____
7. \$ _____	7. \$ _____	7. \$ _____
8. \$ _____	8. \$ _____	8. \$ _____
Total Expenses / Gastos Totales: \$ _____	Total Expenses / Gastos Totales: \$ _____	Total Expenses / Gastos Totales: \$ _____

**(PLEASE NOTE: For the Gross Receipts - this is the amount before taxes or expenses)**

**(TENGA EN CUENTA: Para los ingresos brutos - esta es la cantidad de impuestos o gastos)**

**(PLEASE NOTE: Expenses listed above are for the business only - NOT the household you reside in)**

**(TENGA EN CUENTA: Los gastos antes mencionados son para el único negocio - no el hogar que residen en)**

\_\_\_\_\_  
SIGNATURE / FIRMA

\_\_\_\_\_  
DATE / FECHA

Only return this form if your utilities are included in your rent (you do not receive a monthly statement)

HEAP Program/P.O. Box 413/Ukiah, CA 95482/1-800-233-4480

### LANDLORD/PROPERTY MANAGER FORM

I, \_\_\_\_\_ , certify that utilities are  
(Name of Landlord/Property Manager)

included in the rent at: \_\_\_\_\_  
(Physical Address of Tenant)

Energy costs for \_\_\_\_\_ are as follows:  
(Name of Renter/Tenant)

<b>*PLEASE NOTE: IF CLIENT IS NOT BILLED A CERTAIN AMOUNT FOR UTILITIES, THEN USE 15% OF RENT AMOUNT FOR UTILITY CHARGES</b>	RENT	\$ _____
	GAS	\$ _____
	ELECTRIC	\$ _____
	TOTAL	\$ _____

Total energy fees for the Month of \_\_\_\_\_

Signature: \_\_\_\_\_  
Landlord/Manager

Please Stamp with Company Stamp  
(Name / address / phone number)



**THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.**

**CASH MANAGEMENT WORKSHEET**

North Coast Energy Services, Inc. and the State of California Community Services Department would like to offer you this Cash Management Worksheet. The worksheet is designed to help you better understand where your money goes each month and perhaps discover areas where your expenses can be reduced. Step by step instructions for completing the form are outlined on the back of the worksheet along with some helpful hints for reducing your monthly expenses.

**STEP 1:** List all of your Fixed Expenses (those expenses that do not change) under the appropriate heading below.

**Fixed Expenses**

Rent/Mortgage           \$ \_\_\_\_\_  
(if mortgage, include  
taxes and insurance)

Other                     \$ \_\_\_\_\_  
Other                     \$ \_\_\_\_\_  
Other                     \$ \_\_\_\_\_  
Other                     \$ \_\_\_\_\_

**TOTAL**                 \$ \_\_\_\_\_

**Monthly Income**       \$ \_\_\_\_\_

**(-) Fixed Expenses**    \$ \_\_\_\_\_

**(=) Balance**            \$ \_\_\_\_\_

(Put this amount on the "Disposable  
Income" line below)

**STEP 2:** List all of your Flexible Expenses under the headings below.

**Flexible Expenses**

PG&E                    \$ \_\_\_\_\_  
Phone                    \$ \_\_\_\_\_  
Water                    \$ \_\_\_\_\_  
Medical                  \$ \_\_\_\_\_  
Charge Accounts        \$ \_\_\_\_\_  
Clothing                 \$ \_\_\_\_\_  
Transportation         \$ \_\_\_\_\_  
Entertainment          \$ \_\_\_\_\_  
Other                     \$ \_\_\_\_\_

**TOTAL**                 \$ \_\_\_\_\_

**Disposable Income**    \$ \_\_\_\_\_

**(-) Flexible Expenses** \$ \_\_\_\_\_

**(=) Balance**            \$ \_\_\_\_\_

**THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.**

## **THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.**

### **INSTRUCTIONS:**

**STEP 1.** Add up your fixed expenses and subtract them from your total monthly income. This will leave you a balance.

**STEP 2.** Add up your flexible expenses and subtract them from the balance from **STEP 1**. This will give you the total amount of money that you will have left over after bills each month. If your bills exceed your income or if you see that there isn't enough money set aside for your needs, proceed to **STEP 3**.

**STEP 3.** Go down your list of flexible expenses and rank them in order of importance to you (#1 being most important and #3 being least important). Look through your list of flexible expenses and reduce as many of the #3 items as possible. If you're still over your monthly income, reduce as many #2 items as you can. Continue with this procedure until your "flexible expenses total" equals or is less than your balance from **STEP 1**. Keep your #1 items as generous as you can since these are the items that are most important to maintaining your household.

### **PHONE BILL**

- ❖ Apply for the phone company's reduced phone rate for low-income customers
- ❖ Write letters instead of making long distance phone calls
- ❖ Set a monthly phone budget and do your best to live within its limits

### **PG&E BILL**

- ❖ ***WEATHERIZE YOUR HOME***
- ❖ Practice energy conservation. Set a monthly energy conservation goal with the added bonus of reducing your energy costs.
- ❖ Follow the tips in the enclosed "Guide for Home Energy Savings."

### **OTHER IDEAS**

- ❖ Use your credit cards only when absolutely necessary. Make sure to set aside the money for the purchase as soon as you can. Pay the bill off as soon as you can to avoid high finance charges and a large monthly bill.
- ❖ Consult the library for more information on money management techniques.

***Please share this Cash Management Worksheet and Energy pamphlet with your family and friends***

**THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.**



# FREE



**Would you like assistance with your electric / gas bill?**  
Would you like to have your home energy efficient?

☺ **WE CAN HELP!!!** ☺

North Coast Energy Services is a non-profit organization that receives federal funding for the **Low-Income Home Energy Assistance Program (HEAP)** through the State of California to assist low-income households with utility bill assistance and weatherization services.

**UTILITY ASSISTANCE:** We can provide assistance with electric, natural gas, propane, kerosene or heating oil bills. Your bill must cover at least 22 days of service. If approved, a pledge would be made on your account and payment would be credited within 8 weeks.

**WEATHERIZATION:** Weatherization helps to make the home more air-tight and energy efficient and helps to reduce greenhouse gasses. Some of the measures that we may be able to do for a home is:

LED Light Bulbs  
Thermostatic Shower Valves  
Door Weather-stripping  
Air Conditioner/Swamp Cooler  
Heater Repair / Replacement

LED Night Lights  
Occupancy Sensor Switches  
Fix/Replace Windows  
Door Repair/Replacement

Advanced Power Strips  
Attic Insulation  
Refrigerator / Microwave  
Solar Shade Screens

Visit our website at [www.northcoastenergyservices.com](http://www.northcoastenergyservices.com). You can also get more information regarding the HEAP program by visiting [www.csd.ca.gov](http://www.csd.ca.gov).

**Income guidelines:** (amount listed is the gross income allowed for one month for 2018):

1 person	2 persons	3 persons	4 persons	5 persons	6 persons
\$2,097.98	\$2,743.52	\$3,389.05	\$4,034.58	\$4,680.12	\$5325.65

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

For more information and to see if you qualify, please call:

Lake, Mendocino,  
& Napa Counties:

North Coast Energy Services, Inc.  
P.O. Box 413  
Ukiah CA 95482  
800-233-4480 / (707) 463-0303  
(707) 463-0637 Fax

Solano County:

North Coast Energy Services, Inc.  
1000 Texas St #G  
Fairfield CA 94533  
(707) 422-3200  
(707) 422-3227 Fax

Sonoma County:

North Coast Energy Services, Inc.  
1100 Coddington Center, Ste 1  
Santa Rosa CA 95401  
(707) 495-4417  
(707) 497-3010 Fax  
(844) 742-6925 Toll Free Fax

Yolo County:

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