IMPORTANT
PLEASE READ

CommUnify
5638 Hollister Ave Ste 230
Goleta, CA 93117
805-964-8857
Fax:805-964-6798

CommUnify
A Community Action Agency.
www.CommUnifySb.org

CommUnify
120 West Chestnut Ave
Lompoc, CA 93436
805-740-4555
Fax: 805-740-4558

Goleta: Last Names A-L call Ext #1134
Last Names M-Z #1197

Lompoc: Last Names A-Z Ext 105

HOME ENERGY ASSISTANCE PROGRAM

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 submit COPIES of the following documents:

DOCUMENT CHECKLIST

1. Valid California ID
2. Valid Social Security Card
3. Current Gas and Electric bill (both are needed and all pages)
4. Income documentation for all adults 18 and over from ALL sources of income for last 30 days(must show gross amounts) and CARES EDD payments if applicable
5. Proof of ownership ***Recreational Mobile Homes are NOT eligible for any services***

Cal Works/TANF recipients as well as **Food Stamps** recipients must bring/send **CURRENT** Notice of Action or Memo from your case worker showing **amounts received for the month. SSI/SSA** recipients must have **CURRENT** benefit letter from the **Social Security Office** or **Bank Statement showing direct deposit of funds. Proof of Unemployment Benefits, Disability, Child Support, Retirement, Alimony, etc. MUST BE dated within the last 30 days.**

APPLICATIONS CANNOT BE PROCESSED WITHOUT ALL THE PROPER CURRENT DOCUMENTATION.
INFORMATION FROM PREVIOUS APPLICATIONS CAN NOT BE USED

SHUT OFF CLIENTS MUST HAVE APPLICATION IN OFFICE BY 3:00 PM FOR SAME DAY PROCESSING

WALK IN HOURS 8:30 AM-11:30 AM AND 1PM-3:00PM

Drop off only applications 8am-5pm (Drop box located in front of building)

Email Application: Energyinfo@communifysb.com

Mail In: 5638 Hollister Ave Ste 230 Goleta, CA 93117

CommUnify

A Community Action Agency.

FREE HOME WEATHERIZATION

Our energy efficiency services are **FREE** to qualified income eligible households.

Make your home more energy efficient. Conserve energy and reduce your utility bills.

* Home Energy Assessment
* Caulking
* Carbon Monoxide Alarm
* Smoke Alarm
* Water Heater and Furnace Repair
* Low-flow shower heads
* Faucet Aerators

Your application for utility bill assistance (HEAP) will automatically be applied for the weath-erization program by our office. Please follow the instructions listed on page one of this packet regarding the needed documentation.

Enclosed are two ***Energy Services Agreement****s.* Please fill out the appropriate one:

- If you are an ***owner-occupant*** or just a ***tenant*** that is applying you only need to 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.***

You will be contacted by our installer crew within 4-6 weeks following the approval of your application. If you have any further questions, particularly about the documentation needed for your application, please contact us at **805-617-2897** or **Energyinfo@communifysb.com**

Data Collection Form

Household Members/Miembros del Hogar

3. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance: Seguro Médico: ☐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

4. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐No

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Household Members/Miembros del Hogar

5. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance: Seguro Médico: ☐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

6. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

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

Data Collection Form

- ☐ **Services requested/Servicios Solicitados**
- ☐ **Utility Assistance/Asistencia de Utilidad**
- ☐ **Weatherization/Climatazión**
- ☐ **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: *Domicilio:* _____ City: *Cuidad:* _____ Zip: *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: Seguro Médico: ☐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: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐ No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐ No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐ No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance: Seguro Médico: ☐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

2. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐ No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐ No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐ No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

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

Data Collection Form

Household Members/Miembros del Hogar

7. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐ No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐ No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐ No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance: Seguro Médico: ☐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

8. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐ No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐ No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐ No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance: Seguro Médico: ☐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

9. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐ No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐ No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐ No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

Health Insurance: Seguro Médico: ☐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

10. Name: Nombre: _____ Date of Birth: Fecha de Nacimiento: _____

Sex: Sexo: ☐M ☐F Education: *Educación:* _____ Disabled? *¿Deshabilitado?* ☐Yes ☐ No Veteran/Active Military? *¿Veterano/Militar?* ☐Yes ☐ No

*Race: *Raza:* ☐W ☐B ☐O ☐H ☐A ☐N Ethnicity: *Grupo Étnico:* ☐Hispanic ☐Non-Hispanic **Disconnected Youth: *Jóvenes Desconectados:* ☐Yes ☐ No

** Youth 14-21 unemployed or not in school.
Jóvenes de 14 a 21 años desempleados o no en la escuela.

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

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 *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

Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code

Social Security Number (SSN): | | | | | | | | | | | Telephone Number ( )

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 MEMBERS

ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.
If you have more than 7 people in your household, please list the information on a separate piece of paper.

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			
			Household Total Monthly Gross Income	$ 0	

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 ☐ 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: ☐

Department of Community Services and Development
CSD 43B (rev.12/2013)

CERTIFICATION OF INCOME AND EXPENSES

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

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?		
YES	NO	During the previous month have you been employed part time?
YES	NO	During the previous month have you been self-employed?
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:
YES	NO	During the previous month did you receive any of the following: (circle any that apply) WORKER'S COMP UNEMPLOYMENT GOVERNMENT SPONSORED BENEFITS CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply) ANNUITY PAYMENT PENSION TRIBAL CASINO PAYMENTS RENTAL INCOME INSURANCE BENEFITS

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

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

Section 3: Please tell us how you paid these monthly expenses during the previous months:				
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:	
Rent or Mortgage	$		Name:	Phone:
			Address:	
Utility Bills	$		Name:	Phone:
			Address:	
Food	$		Name:	Phone:
			Address:	

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

Signature:

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

Signature _____ Date _____

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 321 (Rev. 12/05/11)

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling

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.

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**

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

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

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

Attempted delivery dates and times

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)	Print name

Mailing Option:

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

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

Signature (Agency Representative)	Print name	Date mailed

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? ☐ 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 mange those energy needs for the purposes stated in this Authorization.

Signature of Account older	**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

STATE OF CALIFORINA
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 515A (Rev. 2/12/16)

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. 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

STATE OF CALIFORINA
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 515B (Rev. 2/12/16)

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

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

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

ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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

I agree to accept all of the following TERMS required for my rental property to receive services from the Department of Community Services and Development (CSD) weatherization program(s):

1. I certify that I am the Owner (or Owner's Agent) of the above-listed rental property.
2. I grant the Contractor/Agency permission to enter my property to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization measures and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed rental property.
3. I acknowledge that an assessment of my property is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my property. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I shall not remove any energy conservation measures unless they are damaged or no longer functional in the rental property from where they were installed. If the replaced item (i.e. refrigerator or other appliance) was the personal property of my tenant, the tenant shall retain the replacement energy conservation measure installed by the CSD weatherization program(s).
5. Mobile home units only: I acknowledge that my property may not receive services that require a permit if the registration is not up-to-date.
6. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with any work identified on a summarized list except as a consequence of gross negligence or willful and wanton misconduct.
7. I authorize the Contractor/Agency to access my complex's utility company master-metered records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
8. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
9. I certify that I, as the Owner or Owner's Agent, shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall be charged at the utilities' costs in accordance with California Public Utilities Commission Code Section 739.5 or other applicable government regulations.
10. I certify that I, as the Owner or Owner's Agent, shall not raise the rent of any weatherized unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
11. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
12. I certify that I shall provide a copy of this Agreement explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

13. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
14. I shall submit to the Contractor/Agency a schedule of rents prior to commencement of work.
15. Federal, State or Local Government Rehabilitation Projects only: I certify that if a vacant unit is counted as being an eligible household for purposes of meeting the minimum threshold for whole building weatherization (66% rule), then the unit will become occupied by an eligible family within 180 days after the completion of weatherization (CFR 440.22(b)(2)(ii)).

STATE OF CALIFORINA
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 515B (Rev. 2/12/16)

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:

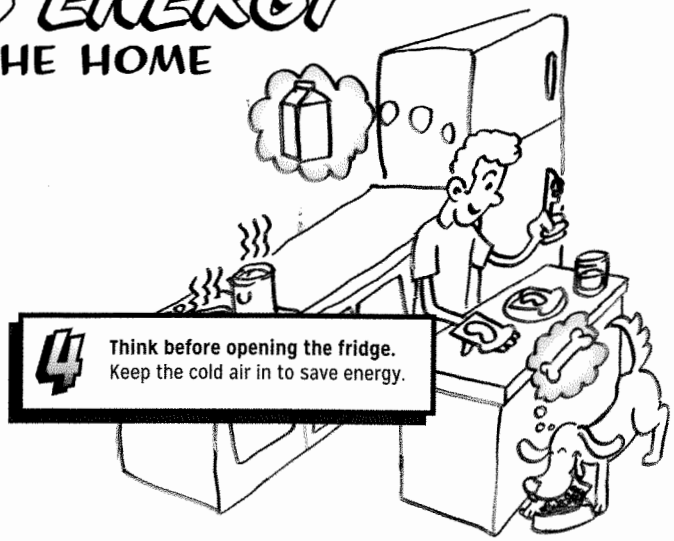
Rent schedule received from Property Owner, if applicable?	Y	N	If applicable, CSD 75 completed?	Y	N

10 TIPS For SAVING ENERGY IN THE HOME

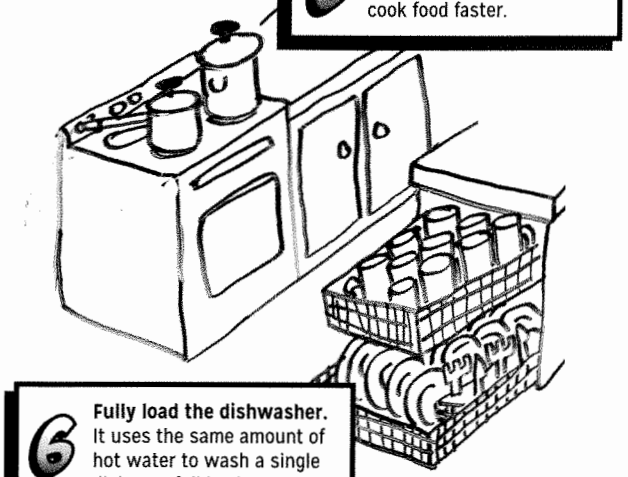
1 **Switch to compact fluorescent or LED lightbulbs.** They use less energy and last longer.

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.

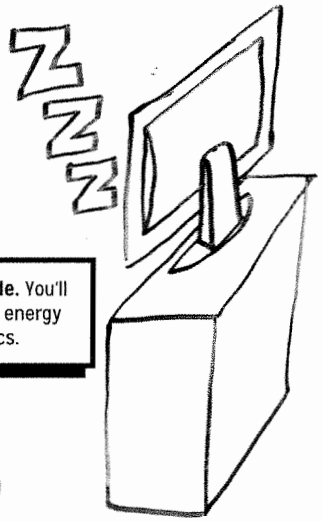


5 **Cover pots when cooking.** Covers keep in steam and cook food faster.

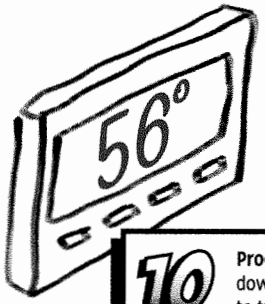
6 **Fully load the dishwasher.** It uses the same amount of hot water to wash a single dish as a full load.

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.

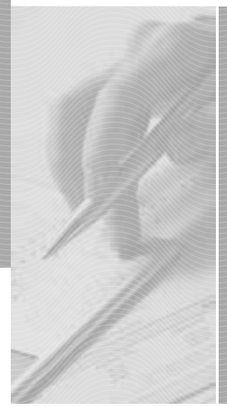
Practical Money Skills for Life™

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



PRACTICAL MONEY GUIDES

BUDGET BASICS

Learn to create and stick to a budget

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

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

PRACTICAL MONEY 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.**

Practical Money Skills for Life™

VISA

For more information, visit
www.practicalmoneyskills.com

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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	$

(add flexible and fixed expenses)

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