

# 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 BE DENIED.**

1. **Department of Community Services and Development Energy Intake Form** (Application consists of two pages) – Fill out this form completely then sign and date. 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 of all household members** – You **must** list all household members (and their age) that live in your home (including yourself).
4. **Client Education Confirmation of Receipt** – Must be signed and dated. Documentation checked is attached.
5. **Energy Service Agreement – Form 515A** – fill out and sign this form. **Form 515B** – If you rent your home, then have the homeowner fill out and sign this form.

Please complete the following forms ***if any of them apply to your household:***

- 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. **Utility Bill Responsibility Statement** – Complete this form if the name on your utility bill is different than the name on the application.
- C. **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.
- D. **Landlord Form** – Have the landlord fill out and sign this form if your utilities are included in your rent.

***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.**

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

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

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

**Solano County ONLY:**

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

**Sonoma County ONLY:**

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

**Yolo County ONLY:**

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** copy of annual letter/statement for current year **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/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 **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. (**2014 tax forms are good until April 15, 2016**).
- ★ **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. If you self-fill propane or kerosene tanks, provide a statement of what was spent in the past 30 days.
- ★ **Wood/Pellets** – Please provide a signed statement of what was spent in the past 30 days.

**Department of Community Services and Development**

Energy Intake Form

CSD 43 (11/2015)



Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	
Job Control Code	

Agency: \_\_\_\_\_ Intake Initials: \_\_\_\_\_ Intake Date: \_\_\_\_\_

First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code
SERVICE ADDRESS – Address where applicant lives (this <i>cannot</i> be a P.O. Box)			
Is your service address the same as mailing address?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived at this residence during each of the past 12 months.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Address			Unit Number
Service City	Service County	Service State	Service Zip Code
Social Security Number (SSN):		Telephone Number ( )	<input type="checkbox"/> Message Only?
E-mail Address (Optional):			

<p><b>PEOPLE LIVING IN HOUSEHOLD</b></p> <p>Enter the total number of people living in the household, including the applicant →</p>		<p><b>INCOME</b></p> <p>Enter the number of household members who receive income →</p>	
<b>Demographics - Enter the number of people who are:</b>		<b>Enter total gross monthly income for all people living in the household:</b>	
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 Income</b>	<b>\$</b>

**HOUSEHOLD MEMBERS (Optional)**  
**FULL NAME:** Full name is First Name, Last Name.  
**RELATIONSHIP TO THE APPLICANT:** For example: husband, daughter, friend, aunt, grandfather, etc.  
**DATE OF BIRTH:** List the date of birth of each household member.  
**AMOUNT OF MONTHLY GROSS INCOME:** "gross" income means the amount of money received before taxes or anything else is taken out.  
 If you have more than 8 people in your household, you can write the information on a separate piece of paper.

First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Monthly Income	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

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

- Natural Gas    Electricity    Wood    Propane    Fuel Oil    Kerosene    Other Fuel

**List energy company and account number:** Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

**What is the main fuel used to HEAT your home?** A main heating source **MUST** be checked. (Attach copy of most recent bill or receipt)

- 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):**

- (Attach copy of most recent bill or receipt)  
 Natural Gas    Electricity    Wood    Propane    Fuel Oil    Kerosene    Other Fuel    N/A

**Energy Bill Information**

Check all that apply for each type of energy source for any home energy costs.

NOTE: The questions below are **MANDATORY** and require a response.

**Required:** Attach copies of all most recent energy bills and/or receipts. A copy of an **electric bill must be included.**

ELECTRIC SERVICE	NATURAL GAS SERVICE	WOOD, PROPANE or FUEL OIL SERVICE (WPO)
Are your utilities all electric? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your electricity shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Natural Gas Company the same as your electric Company? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your Natural Gas shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).  Number of Days: _____ <input type="checkbox"/> N/A

**Are your utilities included in rent or submetered?**  Yes    No

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

<b>X</b>	*** APPLICANT'S SIGNATURE ***	Today's Date	Witness's Signature (If signed with an X)
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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.

<b>APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.</b>			
Utility Assistance being provided under which program →	<input type="checkbox"/> HEAP	<input type="checkbox"/> Fast Track	<input type="checkbox"/> HEAP WPO
Supplement \$ _____	Total Benefit \$ _____	<input type="checkbox"/> Home referred for WX	<input type="checkbox"/> Home already weatherized
Energy Services Restored after disconnection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection of Energy Services prevented:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Type of Dwelling:</b>	<input type="checkbox"/> MFD – Owner, 2 - 4 units	<input type="checkbox"/> Mobile Home – Owner	Shelter: # of units _____
<input type="checkbox"/> SFD – Owner, 1 unit	<input type="checkbox"/> MFD – Rental, 2 - 4 units	<input type="checkbox"/> Mobile Home - Rental	Total # of residents: _____
<input type="checkbox"/> SFD – Rental, 1 unit	<input type="checkbox"/> MFD – Owner, 5 or more units	<input type="checkbox"/> Unoccupied MFD: 2 – 4 units	<input type="checkbox"/> Unoccupied MFD: > 5 units
<input type="checkbox"/> MFD – Rental, 5 or more units	Total Energy Cost: \$ _____	Energy Burden: _____ %	
<b>Agency Defined Priorities:</b> <input type="checkbox"/> Medically Needy <input type="checkbox"/> Frail Elderly <input type="checkbox"/> Severe Financial Hardship <input type="checkbox"/> Hard to Reach <input type="checkbox"/> Priority Offsets <input type="checkbox"/> N/A			



**MUST BE SIGNED, DATED & RETURNED**

**CLIENT EDUCATION CONFIRMATION OF RECEIPT**

Name of Occupant	Age of Dwelling
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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
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**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
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**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
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## 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"/> <span style="float: right;">Tenant <input type="checkbox"/></span>
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
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### 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
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## 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	
<i>If the Owner uses an agent for the above-referenced property, complete <u>both</u> Owner and Agent information.</i>				
Agent (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Agent Telephone Number	
Agent Email Address			Agent FAX Number	
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
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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)



# 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.

**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.

<b><u>Fixed Expenses</u></b>		<b>Monthly Income</b>	\$ _____
Rent/Mortgage (if mortgage, include taxes and insurance)	\$ _____	<b>(-) Fixed Expenses</b>	\$ _____
Other	\$ _____	<b>(=) Balance</b>	\$ _____
Other	\$ _____	(Put this amount on the "Disposable Income" line below)	
Other	\$ _____		
Other	\$ _____		
<b>TOTAL</b>	\$ _____		

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

<b><u>Flexible Expenses</u></b>		<b>Disposable Income</b>	\$ _____
PG&E	\$ _____	<b>(-) Flexible Expenses</b>	\$ _____
Phone	\$ _____	<b>(=) Balance</b>	\$ _____
Water	\$ _____		
Medical	\$ _____		
Charge Accounts	\$ _____		
Clothing	\$ _____		
Transportation	\$ _____		
Entertainment	\$ _____		
Other	\$ _____		
<b>TOTAL</b>	\$ _____		

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## **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.**