



# COUNTY OF GLENN

## HEALTH & HUMAN SERVICES AGENCY

420 E Laurel Street, Willows CA 95988 – Phone: (530) 865-6129 or 1-800-287-8711 ext 6129 – Fax: (530) 934-6650

### LiHEAP Application Instructions

*(LiHEAP provides one payment per program year for Electricity, Gas, Propane, Wood or Oil)*

You may qualify for utility assistance through the LiHEAP program and/or weatherization (WX) services. To apply you must complete the attached application and submit required verifications (see list below) but not limited too. Print clearly utilizing an ink pen, **no pencil or white out is allowed. An incomplete application will delay the process.**

### IT IS YOUR RESPONSIBILITY TO PREVENT YOUR SERVICES FROM BEING SHUT OFF.

#### ☐ **ENERGY BILL** (Current bill, must have current charges)

- **Please include ALL energy bills**
  - ✓ PG& E or PUD bill (any of the following)
    - Regular Bill
    - 48 Hour Notice
    - Shut-Off Notice
    - 15 Day Notice
  - ✓ Propane or Oil Invoice
- **NOT Acceptable:**
  - Detached/incomplete bills are not accepted
  - Closing Bills are not accepted
- If utilities are sub-metered: landlord must complete the Sub-metered form (Page 5)

#### ☐ **Proof of Legal Status**

- US Birth certificate
- Copy of Residence Card I-551 known as "green card"
- "valid" US passport
- Tribal Registration Card
- Naturalization Certificate – "original" must be viewed and verified by HEAP intake staff
- DD214 – Military Separation – This document must show a U.S. place of birth

#### ☐ **HOUSEHOLD INCOME** (one month, within last 6 weeks)

- Current check stubs (within last 6 weeks)
- TANF/CalWORKS passport to services printout
- Social Security Benefits (award letter, current year or bank statement printout)
- SSI – (current year or bank statement printout)
- Pension (current, monthly)
- EDD Unemployment stubs (within last 6 weeks) or Current printout
- Disability check stubs (within last 6 weeks)
- Child Support printout (within last 6 weeks)
- Self-employed: (attach a copy of ledger for 3 months must be signed and dated)

#### ☐ **The following must be included if applicable:**

- ✓ Low Income Housing (current Utility Allowance form HUD 52667)

**Certification of Income & Expenses** form **must be completed** by each household member that is over the age of 18 that confirms that they have had no income within the last 6 weeks. (page 8 & 9)

**For Weatherization services: Rental units:** both tenant and owner must complete energy services agreement (page 10 & 11) and

**Owner occupied** must also complete energy services agreement (page 10 & 11) and provide proof of ownership

**For assistance, please call (530) 865-6129 or 1-800-287-8711 ext 6129**

<b>Mail application to:</b>	<b>ONLY fax you application if it contains a Shut Off Notice, 15 day Notice or 48 Hour Notice</b>
Glenn County HHSA attn: HEAP Program 420 E Laurel Street Willows CA 95988	Fax to (530) 934-6650

Auxiliary aids and services available upon request to individuals with disabilities

# Department of Community Services and Development

Energy Intake Form

CSD 43 (11/2015)

Agency: Intake Initials: Intake Date:

## Official Use Only:

Priority Points

A.C.C.

Eligibility Cert Date

Job Control Code

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 *cannot* be a P.O. Box)

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

Have you lived at this residence during each of the past 12 months? ☐ Yes ☐ No

Service Address

Unit Number

Service City

Service County

Service State

Service Zip Code

Social Security Number (SSN):

Telephone Number ( )

☐ Message Only?

E-mail Address:

## PEOPLE LIVING IN HOUSEHOLD

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

## INCOME

Enter the number of household members who receive income →

Demographics - Enter the number of people who are:

Ages 0 – 2 Years

Ages 3 - 5 years

Ages 6 - 18 years

Ages 19 - 59

Ages 60 and older

Disabled

Native American

Seasonal or Migrant Farmworker

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

TANF / CalWorks

\$

SSI / SSP

\$

SSA / SSDI

\$

Paycheck(s)

\$

Interest

\$

Pension

\$

Other

\$

Total Monthly Income

\$

## HOUSEHOLD MEMBERS

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			

Household Total Monthly Gross Income

\$

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?

☐ Yes

☐ 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 Natural Gas Company the same as your electric Company? <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
Is your electricity shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Natural Gas shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).
Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	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)

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

Supplement \$ \_\_\_\_\_ Total Benefit \$ \_\_\_\_\_ ☐ Home referred for WX ☐ Home already weatherized

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

Type of Dwelling: ☐ MFD - Owner, 2 - 4 units ☐ Mobile Home - Owner ☐ Shelter: # of units \_\_\_\_\_ ☐ Unoccupied MFD: 2 - 4 units

☐ SFD - Owner, 1 unit ☐ MFD - Rental, 2 - 4 units ☐ Mobile Home - Rental Total # of residents: \_\_\_\_\_ ☐ Unoccupied MFD: > 5 units

☐ SFD - Rental, 1 unit ☐ MFD - Owner, 5 or more units ☐ MFD - Rental, 5 or more units

Total Energy Cost: \$ \_\_\_\_\_ Energy Burden: \_\_\_\_\_ %

Agency Defined Priorities: ☐ Medically Needy ☐ Frail Elderly ☐ Severe Financial Hardship ☐ Hard to Reach ☐ Priority Offsets ☐ N/A

Please list below the name and age of ALL persons in your household and return this page with your application.

Name	Age	Gender Male/Female	Disabled
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No

Please check what type of assistance you are applying for (only one):

☐ PG&E ☐ PUD ☐ PROPANE ☐ OIL ☐ Kerosene ☐ Wood

If you are requesting wood assistance, please complete below:

Wood Provider: \_\_\_\_\_

Wood Providers Mailing Address: \_\_\_\_\_

Wood Providers phone #: \_\_\_\_\_

Are you also applying for Weatherization (WX) services?: ☐ Yes ☐ No

**If yes, and you are a renter** - complete the attached "Energy Service Agreement for Occupant". (page 10&11) Once its determined that "dwelling/unit" has not been weatherized the property owner will have to complete an other form.

**If you are the owner** – complete the attached "Energy Service Agreement for Occupant" (page 10&11). You must submit proof of ownership (e.i. current Property Tax Bill or Mortgage Statement or Grant Deed)

**Please understand that for WX services you will be placed on a waiting list based on enegy burden point**

How did you hear about the program?

☐ Received assistance in the past ☐ Mailer ☐ Service Provider/Agency ☐ Other: \_\_\_\_\_

Additional Questions	
1. Are you enrolled in the CARE program or on a discount program with your energy Provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you have Medical Baseline with PG&E for a medical condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you receive Section 8 (HCVP), HUD or other low income housing? If yes, provide a copy of the most current Utility Allowance form (HUD 52667)	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has your residence been weatherized ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you <input type="checkbox"/> Rent or <input type="checkbox"/> Own your home?	
6. Is someone in your household a: <input type="checkbox"/> Farmer <input type="checkbox"/> Seasonal Farmwork <input type="checkbox"/> Migrant Farmworker	
Family Type ( Select one) & Demographics Questionnaire	
<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Two Parent Household
<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Two Adults – No Children
	<input type="checkbox"/> Single Person
	<input type="checkbox"/> Other
<b>RACE:</b> (account for all persons in the household) _____ White _____ Black/Afr. American _____ American Indian/Alaskan Native _____ Asian _____ Native Hawaiian & Other Pacific Island _____ Other _____ Multi-Race (any 2 or more)	
<b>ETHNICITY:</b> (account for all persona in the household) _____ Hispanic, Latino or Spanish Orgin _____ NOT Hispanic, Latino or Spanish Orgin	
<b>Education Level:</b> (adults over the age of 24+ only) _____ 0-8 grade _____ 9-12/Non graduate _____ High school graduate/GED _____ 12+ some post secondary _____ 2 – 4 yr college graduate	

Confirmation of Receipt		
<b>I have recived the following information:</b>		
<input checked="" type="checkbox"/> <b>Energy Education</b> – Information regarding changes I can make in order to reduce the energy consumption of my household.		
<input checked="" type="checkbox"/> <b>Budget Counseling</b> – Information regarding personal financial management.		
Signature of Recipient		Date
For Official Use Only		Mailing Option:
I certify tht I have mailed the following information to the address listed above.		
<input type="checkbox"/> <b>Energy Education</b>	<input type="checkbox"/> <b>Budget Counseling</b>	
Signature (LIHEAP Representative)	Print Name	Date mailed

**LANDLORD /PROPERTY MANAGEMENT FORM**  
**ONLY COMPLETE IF IT APPLIES**

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

are included in the rent at: \_\_\_\_\_  
(physical address of tenant)

energy cost for \_\_\_\_\_ are as follows:  
(Name of Renter/Tenant)

**PLEASE NOTE:**

**IF CLIENT IS NOT BILLED A  
CERTAIN AMOUNT FOR  
UTILITIES, THEN USE 15% FOR  
RENT AMOUNT FOR UTILITY  
CHARGES**

RENT

\$ \_\_\_\_\_

GAS

\$ \_\_\_\_\_

ELECTRIC

\$ \_\_\_\_\_

TOTAL

\$ \_\_\_\_\_

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

Signature: \_\_\_\_\_

Landlord/Manager

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

**STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS**

Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant

**Public Benefits To Citizens And Non-Citizens**

**Citizens and Nationals of the United States** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out **Sections A and D**.

**Non-Citizens** who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete **Sections A, B or C, and D**.

**Section A: Citizenship/Non-Citizen Status Declaration**

1. Is the applicant a citizen or national of the United States? ☐ Yes ☐ No  
 If the answer to the above question is yes, where was he/she born? City/State
2. To establish citizenship or naturalization, please submit one of the documents on **List A** (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to **Section D**.

If you are a **Non-Citizen**, please complete **Section B, or, if applicable, Section C**.

**Section B: Non-Citizen Status Declaration**

**Important:** Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
  - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
- ☐ 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
  - INS Form I-766 (Employment Authorization Document) annotated "A5";
  - Grant letter from the Asylum Office of INS; or
  - Order of an immigration judge granting asylum.
- ☐ 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
  - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
  - INS Form I-571 (Refugee Travel Document)
- ☐ 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.
- (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

- ☐ 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
  - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
  - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- ☐ 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
  - INS Form I-766 (Employment Authorization Document) annotated "A3."
- ☐ 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
  - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
  - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- ☐ 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- ☐ 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
- ☐ 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

#### Section C: Declaration for Certain Battered Aliens

**Important:** Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- ☐ 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
- ☐ 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

#### Section D: Certification

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicant's Signature	Date
Signature of Person Acting for Applicant	Date

Attachments: Lists A and B

**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)					
	<table border="1"> <tr> <td>WORKER'S COMP</td> <td>UNEMPLOYMENT</td> <td>GOVERNMENT SPONSORED BENEFITS</td> <td>CHILD SUPPORT</td> </tr> </table>	WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT			
YES	NO					
	Do you receive any of the following (circle any that apply)					
	<table border="1"> <tr> <td>ANNUITY PAYMENT</td> <td>PENSION</td> <td>TRIBAL CASINO PAYMENTS</td> <td>RENTAL INCOME</td> <td>INSURANCE BENEFITS</td> </tr> </table>	ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS
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	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
Name:	Phone:						
Address:							
Utility Bills	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
Name:	Phone:						
Address:							
Food	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
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

**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)					
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YES	NO					
	Do you receive any of the following (circle any that apply)					
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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	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
Name:	Phone:						
Address:							
Utility Bills	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
Name:	Phone:						
Address:							
Food	\$		<table border="1"> <tr> <td>Name:</td> <td>Phone:</td> </tr> <tr> <td colspan="2">Address:</td> </tr> </table>	Name:	Phone:	Address:	
Name:	Phone:						
Address:							

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

Signature:
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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



## ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information			
Select the Dwelling Type		I am the	
Single-Family <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Multi-Unit <input type="checkbox"/>	Owner-Occupant <input type="checkbox"/> Tenant <input type="checkbox"/>
Owner-Occupant or Tenant Information			
Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Telephone Number
Owner-Occupant or Tenant Email Address			Owner-Occupant or Tenant FAX Number
Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner-Occupant or Tenant)			
<p>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):</p> <ol style="list-style-type: none"><li>1. I certify that the above-listed property is my primary residence.</li><li>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.</li><li>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.</li><li>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.</li><li>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.</li><li>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.</li><li>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.</li></ol> <p><b>Additional Certifications For Owner-Occupants ONLY:</b></p> <ol style="list-style-type: none"><li>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.</li><li>9. <u>Mobile home units only:</u> I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.</li></ol> <p><b>Additional Certifications For Tenants ONLY:</b></p> <ol style="list-style-type: none"><li>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.</li></ol>			



## 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