

IMPORTANT PLEASE READ

Community Action Commission
of Santa Barbara County
5638 Hollister Ave Suite 230
Goleta CA 93117



A PRIVATE NONPROFIT

Community
Action
Commission

OF SANTA BARBARA COUNTY

Phone: 800-655-0617
805-964-8857
Fax: 805-964-6798
www.cacsb.com

HOME ENERGY ASSISTANCE PROGRAM

Last names A-L call Ms. Uribe, x.134 , M-Z call Ms. Alvarado x.197

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 Picture ID
2. Social Security Card
3. Verification of date of birth for all children in the household
4. Current GAS and ELECTRIC bill detailing terms and kilowatt usages
(yes, both are required, all pages)
5. Income documentation for all house members from ALL sources during the last 4 weeks
(paycheck stubs must show gross amounts received)
6. Rental or House payments receipts for the current month.
Housing Calculation Summary, Sec.8, Form HUD 52667
7. Proof of Disability
8. Please do not send originals!

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. YOU MUST MEET BOTH THE
INCOME AND SPECIAL NEEDS GUIDELINES TO QUALIFY**

Priority Points:		A.C.C.	
Job Control Code			

Agency:	Intake Initials:	Intake Date:	Eligibility Cert Date:
First Name	Middle Initial	Last Name	Date of Birth M M D D Y Y
Mailing Address <input type="checkbox"/> Check if same as service address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing ZIP Code
Service Address (Do not use P.O. Box)			Unit Number
Service City	Service County	Service State CA	Service ZIP Code
Social Security Number (SSN):		Telephone Number: ()	<input type="checkbox"/> Message Only?

PEOPLE LIVING IN HOUSEHOLD

Enter the **total number of people** living in the household, including the applicant -->

Enter the number of people who are:

2 years old or younger	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59 (Adult)	
Ages 60 or older (Elderly)	
Disabled	
Native American	
Limited-English Speaking	
Seasonal or Migrant Farmworker	

INCOME

Enter the **total number of household members** who receive income -->

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

TANF	\$
SSI/SSP	\$
SSA/SSDI	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
TOTAL INCOME	\$

UTILITY BILL DISCOUNT

You may be eligible for a discount on your monthly utility bill! Contact your local utility company and ask about reduced rate programs.

Which utility company do you want paid?

Account Number:

Name of customer on the utility bill:

Check here if your utilities are included in rent or sub-metered. Check here if utilities are all electric

* Questions 1-5 (below) are MANDATORY fields.

1. What is the main fuel you use to HEAT your home? (SELECT ONLY ONE)

Natural Gas Propane Wood Other Fuel
 Electricity Fuel Oil Kerosene Unknown

2. In addition to the main heating fuel you listed in Question 1, do you ever use any of the following to HEAT your home (you can check more than one):

Electricity (such as space heaters) Wood (in a fireplace or wood stove) N/A

3. If you chose NATURAL GAS or ELECTRICITY in Question 1:

Do you currently have a past due notice? YES NO N/A

Is your gas or electricity currently shut off / disconnected? YES NO N/A

4. If you chose PROPANE, FUEL OIL, WOOD, KEROSENE or OTHER FUEL in Question 1:

Approximately how many days until you run out of fuel completely(enter number of days) : N/A

Are you currently out of fuel? YES NO N/A

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

 Applicant's Signature

 Date

 Witness' 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.

Cash Assistance being provided under which program --> HEAP Fast Track Supplement \$ _____ Total Benefit \$ _____

HEAP WPO ECIP WPO Referral --> Home referred for weatherization Referred for ECIP HCS Home already weatherized

Weatherization being billed under which program --> DOE LIHEAP WX ECIP HCS

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 Energy Cost = \$ _____ Energy Burden = _____ %

Agency Defined Priorities: Medically Needy Frail Elderly Severe Financial Hardship Hard To Reach Priority Offsets

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: _____ Address: _____ Phone: _____
Utility Bills	\$		Name: _____ Address: _____ Phone: _____
Food	\$		Name: _____ Address: _____ Phone: _____

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 _____



Date of Application: _____

HEAP Verification of Education & Guidelines

1. I verify that I have received budget counseling and energy conservation education.
2. After I've applied for H.E.A.P I understand that it may take anywhere from 2-4 months for my utility account to be credited.
3. I understand that funding for this program is limited and in the event that funds are expended, I will not receive a credit, and I will be notified by mail.
4. I acknowledge that my eligibility for assistance also depends on my household status and the Community Action Commission Priority Plan and that I will be notified by mail if I am determined to be ineligible.
5. Community Action Commission of Santa Barbara County adopted a new policy for customers in January 2009. The policy states that customers (excluding seniors, disabled, and working poor with very young children five (5) and under), who have been assisted for three prior consecutive years, will not receive assistance in their fourth and fifth year in order to assist new customers. I agree to abide by this policy.

X _____
(Applicant's signature)

*** If a credit does not appear on your account after the four-month period is over, please **call the Sacramento H.E.A.P office at 1-866-675-6623** for more information regarding your credit.



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Community Action Commission

OF SANTA BARBARA COUNTY

CAC Central Data Collection Card

Date/Fecha ___/___/___

1. Telephone (805) ___-___-___
Teléfono (805) ___-___-___

2. Social Security Number ___-___-___
Numero de Seguro Social ___-___-___

3. Name _____
Nombre _____

4. Address _____ City _____ ZIP _____
Domicilio _____ Ciudad _____ Código Postal _____

5. Date of Birth ___/___/___
Fecha de Nacimiento ___/___/___

6. Please indicate total number of people living in your house ____
Numero de Personas que viven en la casa _____

Income/Support/Ingresos

- [] No income/No ingresos
[] Employment/Empleo
[] TANF
[] General relief/Asistencia General
[] Food Stamps/Estampillas de Comida
[] SSI
[] State Disability Insurance (SDI)
[] SSA
[] Pension
[] Unemployment/Desempleo
[] Workers comp/Compensación del Trabajador
[] Child Support/Manutención

Family Type/Tipo de Familia

- [] Single mother/ Madre soltera
[] Single father/ Padre soltero
[] Both parents/Hogar con dos padres
[] Single person/Persona Sola
[] Two Adults/Dos Adultos

Age and Sex of Everybody in the house

(The youngest first including your self)
Edad y Sexo de todas las personas que viven en la casa
(Empezando por el más joven, y también inclúyase usted)

Disabled/Deshabilitado

- [] Yes/Si [] No

Age/Edad

Sex/Sexo

- 1. _____ [] M [] F
2. _____ [] M [] F
3. _____ [] M [] F
4. _____ [] M [] F
5. _____ [] M [] F
6. _____ [] M [] F
7. _____ [] M [] F
8. _____ [] M [] F
9. _____ [] M [] F
10. _____ [] M [] F
11. _____ [] M [] F
12. _____ [] M [] F

Education/Educación

- (Grade completed/Años Terminados)
[] 0-8
[] 9-12
[] HS Graduate/GED/Preparatoria
[] 12+/Educación mas avanzada
[] College Graduate/Graduado del Colegio

Housing/Vivienda

- [] Rent/Renta
Rental Assistance/Asistencia de Housing, HUD, Sec.8
[] Own/Dueño

Ethnicity/Race/Grupo Étnico/Raza

- [] White/Caucasian
Blanco
[] Black/African American
Afroamericano
[] Hispanic/Latino
Hispano/Latino
[] Native American Indian
Indio Nativo Americano
[] Asian/Asiático
[] Other/Otro

Private Insurance/Seguro Medico

- Privado
[] Yes/Si [] No

WEATHERIZATION SERVICE AGREEMENT

Community Action Commission of Santa Barbara (Contractor) agrees to install certain weatherization and energy conservation measures at **no cost to the owner** for the following dwelling unit(s).

SECTION 1: MUST BE COMPLETED BY APPLICANT. IF YOU ARE THE OWNER OF THE DWELLING YOU MUST COMPLETE SECTION 2 (PLEASE PRINT).

Applicant Name: Nombre:	
Street Address: Dirección	Unit Number: Número de Unidad
City/Zip: Ciudad/Código Postal	
Home Phone: Teléfono	Work or Daytime Phone: Trabajo o numero durante el día
When is the best time to reach you? Morning _____ Afternoon _____ Evening _____ Cuándo es el mejor tiempo para llamarle? En la mañana _____ Tarde _____ Noche _____	
Applicant Signature: Firma	Date: Fecha

SECTION 2: MUST BE COMPLETED BY OWNER OR OWNER'S AUTHORIZED AGENT (PLEASE PRINT).

Was unit built before 1979? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is this a HUD assisted unit: YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of Owner or Owner's Authorized Agent:	
Name of Managing Company (if applicable):	
Mailing Address:	Unit Number:
City/Zip:	
Home Phone:	Work or Daytime Phone:
Signature:	Date:

By signing this form, the owner or owner's agent and the tenant grant the contractor permission to enter the dwelling unit and to perform or install weatherization measures, minor home repair, and/or rehabilitation including but not limited to repair or replacement of doors and windows, caulking, door thresholds, water heater blankets and pipe wrap, insulation, setback thermostat, carbon monoxide detectors, repair or replacement of inefficient or unsafe gas appliances (furnaces/stoves/water heaters), and additional measures to prevent the loss of heat and reduce the amount of energy consumption to the above-described unit, and agree to the following:

1. The owner or owner's agent shall not raise the rent of the unit or evict the unit's resident because of the increased value of the unit due solely to weatherization measures, minor home repair, and/or rehabilitation provided by the contractor.
2. The owner or owner's agent and the tenant shall retain all applied measures in the residence where installed.
3. The tenant authorizes the contractor access to utility company records to obtain only energy usage data for a period of one year before and one year after weatherization measures, minor home repair, and/or rehabilitation are completed.

The contractor agrees to the following:

1. Shall be responsible for the cost of weatherization measures, minor home repair, and/or rehabilitation performed.
2. Shall ensure that the agency is insured and shall be responsible for damage to unit premises, furnishing, and/or resident(s) that is caused by weatherization activities, minor home repair, and/or rehabilitation.
3. Shall schedule weatherization services, minor home repair, and/or rehabilitation at the convenience of all parties.
4. Shall provide weatherization services, minor home repair, and/or rehabilitation only to tenants eligible under program requirements.
5. 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.

For Office Use Only:

DJSN _____ AppSN _____ Recert Date _____ Notes _____



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.

- *Door Weatherization
- *Caulking
- *Carbon Monoxide Alarm
- *Smoke Alarm
- *Testing of gas appliances

- *Hot Water Heater Blankets
- *Water Heater and Furnace Repair
- *Low-flow showerheads
- *Faucet Aerators
- *Switch/Outlet Gaskets

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

Enclosed is a ***Weatherization Service Agreement***. Please fill out the appropriate section. The Owner, Property Manager, or Manager's Authorized Agent must fill out and sign Section 2. If you are an owner/applicant, you only need to fill out and sign Section 2. If you do not own the home, fill in Section 1 and have your property's owner, manager, or authorized agent sign Section 2.

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 before returning the enclosed materials.

A Budget Can Help



A Budget is a plan for spending money.

- ◆ It can help you get more for your money.
- ◆ It can help you meet your needs for living expenses.
- ◆ It can help you stay out of debt.

Setting Up A Budget

Whether you receive your income weekly, twice a month, or monthly, it is best to set up a budget on a monthly basis, since most bills are due and payable once a month. For budget purposes, use your net income (the amount you receive after taxes, social security, etc., have been deducted from your paycheck).

Net Monthly Income

Wife \$ _____
 Husband \$ _____
 Children \$ _____

Other (Social Security, pension, disability payments, TANF, etc.)

\$ _____ \$ _____
 \$ _____ \$ _____
 \$ _____ \$ _____
 \$ _____ \$ _____

Total Income \$ _____

Monthly Expenses

- Food _____
- Shelter _____
- Utilities _____
- Gas _____
- Electric _____
- Water _____
- Phone _____
- Sewer/Garbage _____
- Health _____
- Expenses _____
- Transportation _____
- Education _____
- Child Care _____
- Clothing _____
- Credit Payments _____
- Recreation _____
- Other _____

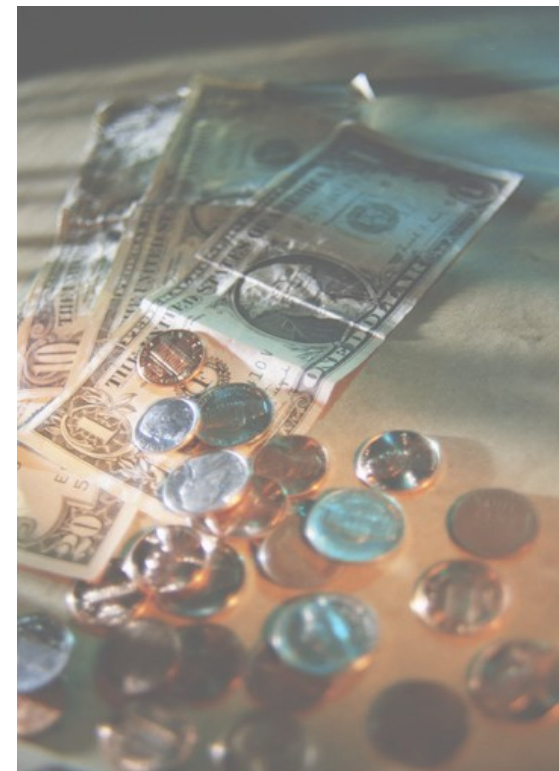
Total Expenses \$ _____

* Most utilities expenses change throughout the year. Allow for higher usage periods.

What Your Budget Tells You

Compare your total monthly expenses with your net monthly income. If your expenses are greater than your income, you need to take steps to cut down expenses.

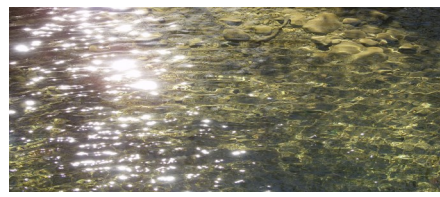
PLAN AHEAD



Community Action Commission
of Santa Barbara County

Energy Services
Department

South County
5638 Hollister Ave, Ste. 230
Goleta, CA 93117



If you find yourself letting bills sit unopened for days, you are not alone. There are many individuals who face the same problem that you do.

You will need to make some arrangement to make sure you will be able to handle utility bills, housing costs, and daily living expenses.

Here are some suggestions for follow-up:

Utilities...

Each company has its own procedure to follow before disconnecting service. The procedure generally includes notification by mail before service is turned off. If you are having problems paying your bills, call each company before you get behind on payments.

The Gas Company: The Gas Company will usually work with you to set up a payment plan. Before service is stopped for nonpayment of bills, The Gas Company will usually send you three notices and a representative will visit the residence.

Electric: The electric company may or may not be willing to make payment arrangements. Be sure to ask. If you do not pay your bill when due, a past due notice will usually be sent once the bill is two weeks old. Service is stopped if the bill is not paid on the date on the past due notice.

Water: The water company may allow you to adjust your payment schedule. However, if the payment is not followed, service will be discontinued.

If you have not paid your bill, the swiftness of cut off will depend on:

1. Your past record of payment
2. Your length of service, and
3. The average size of your bill.

You can expect quick action if...

1. You have a poor record of paying bills with your local company.
2. Your bill is much larger than usual.
3. You have lived in the area a short period of time.
4. And company efforts to reach you by mail or phone have failed.

These conditions mean you are considered a risk, and service may be disconnected— temporarily or permanently.

To get service again, you will probably have to pay...

1. Any past-due bill.
2. A deposit.
3. Reconnect charges after a permanent disconnect.
4. Service fees or other charges.

Housing...

Rent Payment — If your income has decreased, discuss the problem with your landlord. The landlord may be willing to negotiate a revised payment schedule or accept partial payment for 1-2 months. You might look for less expensive housing, but remember there will be moving expenses, deposits and other personal adjustments to make. The disadvantages might outweigh the advantages of moving to less expensive housing.

House Payment— Creditors usually do not want to foreclose on the mortgage. Foreclosure takes time and may or may not result in the creditor recouping their investment when this property is resold at auction.

What to do...

1. Try to work out a payment plan with your lender to cover you until you are better off financially. The lender may suggest interest only payments for a few months of skipped payments.
2. Before you start skipping payments, be sure this is agreeable with the lender.
3. You may want to consider selling if your decreased income is permanent or could continue for a long time. Seek sound advice first and find out if you will gain by selling and if you will be able to find suitable housing for less.

How to Read Your Electric and Gas Meters

A good way to get a handle on how much energy you're using is to record your electric and gas meter reading every two or three days.

Residential electric and gas meters have either four or five dials. The pointers on the dials move either clockwise or counterclockwise. (You can tell by the way the numbers are arranged on each dial.)

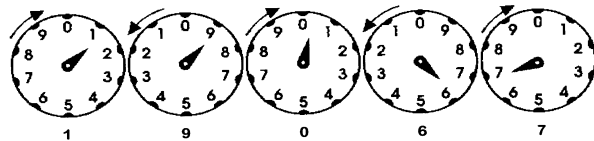
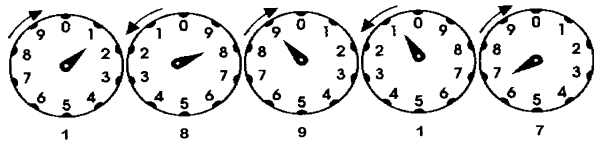
If the pointer on the dial you're reading falls between two numbers, read the smaller number. If the pointer falls directly on a number - say seven- read it as seven if the pointer on the dial to the immediate right has passed zero. But, read it as a six if the pointer on the dial to the immediate right is only approaching zero.

Practice reading numbers on the two illustrations below; then note how to figure your usage.

First Meter Reading Second Meter Reading
May 26 May 29

(Note the "0" is higher than "9" but lower than "1")

Second Meter Reading 19067
First Meter Reading -18917
Units of Energy Used: 150



Energy Used to Operate Some Typical Appliances

Appliance	Average Wattage	Monthly kWh	Frequency of Use (A family of four)
Clothes Washer	510	9	26 loads/mo.
Clothes Dryer	4850	79	26 loads/mo.
Heater (Portable)	1500	1.5	Per hr of operation*
Microwave Oven	1450	16	18 min per day
Refrigerator/Freezer 16 cu. Ft.		150	continuous
Room A/C (12,000 BTU)	1380	1.4	Per hr of operation*
Television (color) solid state	200	37	6 hours per day
Water Heater (Electric)	4475	400	continuous
Water Bed Heater	450	105	continuous
Electric Blanket	150	25	8 hours per day, winter months
Clock	2	1	continuous
Coffeemaker	600	8	Brew 50 pots / mo.
Curling Iron	40	Less than 1	25 times/mo.
Hair Dryer (hand held)	1000	2.4	5 times/week
Iron	1100	5	2 hours/week
Mixer (hand)	80	Less than 1	15 minutes/week
Radio	70	7	3 hours/day
Radio/CD/Tape player	110	9	3 hours/day
Toaster	1100	3	6 minutes/week
Vacuum Cleaner	630	4	6 hours/mo.

* The time of use varied widely for these appliances. To figure the cost for your household, estimate the number of hours used per month and multiply by the cost per watt hour. The cost per hour is printed on your monthly billing statement.



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Conserve Energy



Energy Services

5638 Hollister Ave, Ste. 230

Goleta, CA 93117

(800) 655-0617

(805) 964-8857



This brochure has been designed to help you take a look at your household's energy usage, so that you can design an energy-saving plan that works for you.

The energy usage tips provided here can be put into action right away at no-cost; others may take some time.

We hope you will find this information useful and encourage you to share it with a friend or neighbor.

Start Saving Right Now

➤ Microwave ovens may reduce your overall cooking energy requirements by about 15% to 20%. For items particularly suited to microwave cooking, savings may be greater. Microwave ovens can keep your kitchen cooler in the summer, too.

➤ Fluorescent lighting is more economical, watt for watt, than incandescent bulbs. Fluorescents give twice as much light for the same wattage as incandescent and last up to 10 times as long as ordinary bulbs. They're cooler, too. Use deluxe warm white fluorescent lamps for home use. They blend with incandescent and create a warm, pleasant atmosphere of good color fidelity. Adapters are now available to convert lamp tables to use fluorescent lamps.

➤ The wattage of a bulb does not measure the amount of light it gives but simply the amount of power it uses. Light is measured in lumens, which are marked on each bulb's package. Read bulb packages carefully to get the most light for the same wattage.

➤ Leaking faucets are annoying and wasteful.

Always turn spigots off and replace worn washers quickly. Ninety drops of water per minute add up to 212 gallons of water down the drain in one month.

➤ Sweep driveways and sidewalks, don't hose them - water is valuable to use in this manner.

Efficiency Check-up

Start saving right now! Give your home an efficiency check-up.

A Comfortable home

➤ Set air conditioning thermostat at 78° .

➤ Set heater thermostat at 55° during the night.

➤ Heat or cool only the rooms you use.

➤ Keep drapes closed during the day in the summer—open in winter.

➤ Keep doors and windows closed when heating or cooling.

➤ Clean (or replace) heater and air conditioner filters monthly.

➤ Dress for comfort. Wear warm clothes in winter and cool clothes in summer.

➤ Weatherize your home. (Call us today.)

In the Kitchen

➤ Cover pots and pans when cooking.

➤ Preheat oven only when necessary.

➤ Keep oven door closed—repeated "peeking" wastes heat.

➤ Reduce heat after cooking starts.

➤ Turn off small appliances when not in use.

➤ Use small cooking appliances.

➤ Plan one-dish meals, or prepare several meals at one time.

Laundry Tips

➤ Organize laundry for full loads.

➤ Don't over wash, a 5-10 minute cycle is sufficient.

➤ Wash in warm water.

➤ Clean washer and dryer lint filters after each use.

➤ Dry laundry outdoors when possible—it's free!

➤ Don't preheat iron- press light garments as iron warms.

➤ Turn iron off as soon as you've finished pressing garments.

Energy Conscious Living

➤ Lower water heater thermostat to 100° (between Med-Low).

➤ Insulate exposed hot water pipe.

➤ Install water saving restrictors on all showers and faucets.

➤ Fix leaky faucets.

➤ Use Low wattage light bulbs.

➤ Turn off unnecessary lights.

➤ Don't let hot water run when washing or shaving.

➤ Turn furnace "pilot" off in warm weather.

Let's All Do Our Share

There are countless ways to save energy and saving energy means saving money! Follow these simple tips to conserve - it's easier than you think to do your share.