

IMPORTANT PLEASE READ

Community Action Commission
of Santa Barbara County
5638 Hollister Ave Ste 230
805-964-8857
800-655-0617
FAX: 805-964-6798



Community
Action
Commission
OF SANTA BARBARA COUNTY

Community Action Commission
of Santa Barbara County
120 West Chestnut Ave
Lompoc CA 93436
805-740-4555
FAX: 805-740-4558

Last names A-L call Ext 134
Last names M-Z call Ext 197

www.cacsb.com

All names call Ext 105

HOME ENERGY ASSISTANCE PROGRAM

Special Needs Guidelines: Federal Law requires that priority be given to households with low-income, high energy cost, and taking the following households into consideration: families with children under 5, elderly, and disabled.

In order to apply for assistance, please submit **COPIES** of the following documents:

DOCUMENT CHECKLIST

1. Valid California Picture ID
2. Social Security Card
3. Current GAS and ELECTRIC bill detailing terms and kilowatt usages
(both bills are required, all pages)
4. Income documentation for all house members from ALL sources during the last 4 weeks
(paycheck stubs must show gross amounts received)
5. Rental or House payments receipts for the current month
Housing Calculation Summary, Sec.8, Form "HUD-52667"
6. 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.**

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>PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including the applicant →</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin-left: 100px;"></div>	<p>INCOME Enter the number of household members who receive income →</p> <div style="border: 1px solid black; width: 100px; height: 40px; margin-left: 100px;"></div>																
<p>Demographics - Enter the number of people who are:</p> <table border="1" style="width: 100%;"> <tr><td>Ages 0 – 2 Years</td><td></td></tr> <tr><td>Ages 3 - 5 years</td><td></td></tr> <tr><td>Ages 6 - 18 years</td><td></td></tr> <tr><td>Ages 19 - 59</td><td></td></tr> <tr><td>Ages 60 and older</td><td></td></tr> <tr><td>Disabled</td><td></td></tr> <tr><td>Native American</td><td></td></tr> <tr><td>Seasonal or Migrant Farmworker</td><td></td></tr> </table>		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	
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																	
<p>Enter total gross monthly income for all people living in the household:</p> <table border="1" style="width: 100%;"> <tr><td>TANF / CalWorks</td><td>\$</td></tr> <tr><td>SSI / SSP</td><td>\$</td></tr> <tr><td>SSA / SSDI</td><td>\$</td></tr> <tr><td>Paycheck(s)</td><td>\$</td></tr> <tr><td>Interest</td><td>\$</td></tr> <tr><td>Pension</td><td>\$</td></tr> <tr><td>Other</td><td>\$</td></tr> <tr><td>Total Income</td><td>\$</td></tr> </table>		TANF / CalWorks	\$	SSI / SSP	\$	SSA / SSDI	\$	Paycheck(s)	\$	Interest	\$	Pension	\$	Other	\$	Total Income	\$
TANF / CalWorks	\$																
SSI / SSP	\$																
SSA / SSDI	\$																
Paycheck(s)	\$																
Interest	\$																
Pension	\$																
Other	\$																
Total Income	\$																

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			

Household Total Monthly Gross Income	\$
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	<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.

X	*** 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.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.			
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
Type of Dwelling:	<input type="checkbox"/> MFD – Owner, 2 - 4 units	<input type="checkbox"/> Mobile Home – Owner	Shelter: # of units _____ <input type="checkbox"/> Unoccupied MFD: 2 – 4 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"/> Unoccupied MFD: > 5 units
<input type="checkbox"/> SFD – Rental, 1 unit	<input type="checkbox"/> MFD – Owner, 5 or more units	Total Energy Cost: _____	
	<input type="checkbox"/> MFD – Rental, 5 or more units	Energy Burden: _____ %	
Agency Defined Priorities: <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			

Department of Community Services and Development

CSD 43B (rev.12/2013)

CERTIFICATION OF INCOME AND EXPENSES

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

Name and Address	
Name:	
Address:	

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

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

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

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

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

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

Signature _____ Date _____



HEAP Verification of Education & Guidelines

Date of Application: _____

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.



A PRIVATE NONPROFIT

Community Action Commission

OF SANTA BARBARA COUNTY

CAC Central Data Collection Card

Date/Fecha ____/____/____

1. Telephone (805) _____ - _____
Teléfono

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

Total Gross Household Income/Ingreso bruto total
\$ _____

Housing/Vivienda

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

Private Insurance/Seguro Medico Privado

- Yes/Si No

Utility Name and Account Number/Nombre de utilidad y numero de cuenta

Electric/Electricidad

Gas _____

Family Type/Tipo de Familia

- Single mother/ Madre soltera
- Single father/ Padre soltero
- Both parents/Hogar con dos padres
- Single person/Persona Sola 123456
- Two Adults/Dos Adultos

Disabled/Deshabilitado

- Yes/Si No

Education/Educación

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

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

Referral/Referencia

- ___ CAC Employee/
Empleado de CAC
- ___ Event/Evento
- ___ Facebook
- ___ Friend/Amigo
- ___ Letter/Carta

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)

Age/Edad

Sex/Sexo

- | | |
|-----------|---|
| 1. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 2. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 3. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 4. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 5. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 6. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 7. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 8. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 9. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 10. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 11. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| 12. _____ | <input type="checkbox"/> M <input type="checkbox"/> F |



FREE HOME WEATHERIZATION

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

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

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

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 are two *Energy Services Agreements*. Please fill out the appropriate one:

- ♦ If you are an *owner-occupant* or just a *tenant* that is applying you only need to fill out and sign the *Energy Service Agreement for Occupant*.
- ♦ If you *are not* the Owner, then the Owner, Property Manager, or Manager's Authorized Agent must fill out and sign the *Energy Service Agreement for Rental Property Owner*.

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



CLIENT/CUSTOMER CONSENT FORM AND AUTHORIZATION

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

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

By signing this form, you give your consent (permission) **to CSD**, its contractors, consultants, other federal or state agencies (CSD Partners) **and to your utility company** and its contractors, to share information about your household's utility account, energy usage and/or other information needed to provide the services and benefits to you described on the back of this form.

1. NAME(S) AND MAILING ADDRESS

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

2. UTILITY SERVICE ADDRESS

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

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

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

3. UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

AUTHORIZATION

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

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

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

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

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

Name of CSD Contractor/Partner Organization

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

WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED

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

1. Determine your eligibility for CSD and utility company low-income programs
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills; weatherization services; energy efficiency services; emergency energy services; health and safety measures; solar energy services; consumer information and energy tips
4. Evaluate your home's energy usage so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California.

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

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

REVOCAION OF CONSENT

You agree that your consent shall remain in effect for **36 months** from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program



ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information			
Select the Dwelling Type		I am the	
Single-Family <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Multi-Unit <input type="checkbox"/>	Owner-Occupant <input type="checkbox"/> Tenant <input type="checkbox"/>

Owner-Occupant or Tenant Information			
Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Telephone Number
Owner-Occupant or Tenant Email Address			Owner-Occupant or Tenant FAX Number

Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner-Occupant or Tenant)

I agree to accept the following TERMS required for my primary residence to receive services from the Department of Community Services and Development (CSD) weatherization programs(s):

1. I certify that the above-listed property is my primary residence.
2. I (the Owner-Occupant or Tenant), grant the Contractor/Agency permission to enter my dwelling to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization services and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed dwelling.
3. I acknowledge that an assessment of my dwelling is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my residence. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
5. I authorize the Contractor/Agency to access my utility company records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
6. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
7. I shall not remove any permanently installed energy conservation measures unless they are damaged or no longer functional in the residence from where they were installed.

Additional Certifications For Owner-Occupants ONLY:

8. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
9. Mobile home units only: I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.

Additional Certifications For Tenants ONLY:

10. I acknowledge that the Rental Property Owner must grant the Contractor/Agency the same permissions by signing CSD 515B Energy Service Agreement for Rental Property Owner before any services are rendered.



ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."
13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property .

I CERTIFY THAT I am the Owner-Occupant or Tenant residing in the dwelling listed above that serves as my primary residence and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order to receive weatherization services under the CSD weatherization program(s).

Owner-Occupant or Tenant's Signature	Date

Contractor/Agency Assurance

Contractor/Agency (Print name)		Address	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
Contractor/Agency Email Address			Contractor/Agency FAX Number

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Agency Program Manager's Signature	Agency Program Manager's Name (Print name)	Date



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Single-Family/Mobile Home Dwelling Information				
Tenant Name		Dwelling Address		
City		Zip Code	Type Single <input type="checkbox"/> Mobile <input type="checkbox"/>	
Multi-Family Dwelling/Complex Information				
Number of Eligible Buildings in Complex:		Use additional pages, if necessary.		
Building #1				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #2				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #3				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Owner and Owner's Agent Information				
Owner (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Owner Telephone Number	
Owner Email Address			Owner FAX Number	
<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	



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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

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

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

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

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



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

I CERTIFY THAT I am the Owner or Owner's Agent of the Dwelling or Complex listed above, and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order for my property to receive weatherization services under the CSD weatherization program(s).

Owner's (or Owner's Agent's) Signature	Date

Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
Contractor/Agency Email Address		Contractor/Agency FAX Number	

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the rental unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor/Agency Program Manager's Signature	Contractor/Agency Program Manager's Name (Print name)	Date

Required Documentation:

Rent schedule received from Property Owner, if applicable?	<input type="checkbox"/> Y	<input type="checkbox"/> N	If applicable, CSD 75 completed?	<input type="checkbox"/> Y	<input type="checkbox"/> N
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