

LIHEAP APPLICATION INSTRUCTIONS

Due to the high volume of applications, it could take up to several months to process your application.

Drop off or Mail back to: CAPK Energy Program 300 19th St. Bakersfield, CA 93301

Open: Monday – Friday, from 8:00 a.m. to 4:00 p.m. (Except holidays)

Fax your application to: (661) 336-5263

For additional forms or to email your application look on our website: energy.capk.org

Completing an application is not a guarantee for assistance. You do not have to be past due to be eligible for services. However, you must continue paying on your utility bill or contact your utility service provider to set up payment arrangements to prevent disconnection. Utility Assistance can be paid once in a twelve-month period.

ENERGY BILL

Check only what applies to your entire household.

All energy bills must have at least 22 billing days. If you have separate natural gas and electric companies, you must provide BOTH utility bills.

ELECTRIC AND/OR NATURAL GAS BILL: PG&E, SoCal Gas, or SoCal Edison

- Current bill (all pages) and if applicable include 15 Day Notice, 48-hour Notice, or Shut Off

PROPANE: Must get estimate or provide current receipt from propane, wood, or oil provider.

HOUSEHOLD INCOME

Check only what applies to your entire household.

ALL HOUSEHOLD INCOME MUST BE CURRENT (within the last 30 days) AND CONSECUTIVE:

Cash Aid/Cal Fresh – Verification of Benefits

SSI/SSP/SSA/SSDI–Current Year Award letter

Employment - Check stubs (Weekly= 4; Bi-weekly= 2)

Veterans Benefits – Current Monthly Benefit Letter

Child Support – Printout

Workers' Compensation - Check stubs

Pension/Retirement - Monthly statement showing gross income or current year lifetime award letter (Bank Statement not acceptable)

Financial Aid (college student) - Current award letter

EDD Income (*Name MUST be on ALL Documents*)

- (Unemployment Insurance) – Check Stubs with Award Letter or Online Documents MUST include Profile Page, Payment Activity, and 4 weeks of Transaction Details
- (SDI) Income (Paid Family Leave, Temporary Disability Insurance) – Check stubs or Claim Activity with the Activity Record

Self-Employed – Signed and dated current 1040 tax form with all pages of Schedule 1 and Schedule C/C-EZ or E (Profit/Loss Statement) or ledger within the last 30 days

Other or No Income: “Certification of Income and Expenses” (CSD 43B) with supporting documents (Household claiming “Zero Income” must provide a completed form for each individual 18 years and older)

Weatherization Assistance: (One form is required with each application)

Proof of Home Ownership and Energy agreement signed by property owner

Rental Agreement and Energy agreement signed by tenant and Property owner

****Attention: Other documents not listed may be required****

IDENTIFICATION REQUIREMENTS

SOCIAL SECURITY CARD: Social Security card for applicant must be provided (**valid with no restrictions**).

IDENTIFICATION: California State I.D. or a valid US I.D. must be provided per applicant.

- **You will be notified by U.S. Mail if your application was approved, denied, or incomplete. Please be aware once your application is complete the process can take 8-10 weeks for the state to credit your utility account.**
- **Applications missing documents are considered incomplete and will be denied.**

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

Agency: **CAPK** Intake Initials: Intake Date:

First name	Middle Initial	Last Name	Date of Birth MM/DD/YYYY
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SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address	Unit Number
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Service City	Service County KERN	Service State CA	Service Zip Code
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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
 Move in Date (Month/Year)? _____/_____
 Do you own or rent your home?..... Own Rent
 Total amount paid for rent or mortgage? _____
 Do you receive housing assistance (HUD, Sec 8, etc)?..... Yes No
 How did you hear about the program? _____

Mailing Address	Unit Number
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Mailing City	Mailing County KERN	Mailing State CA	Mailing Zip Code
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Social Security Number (SSN):	Home Phone ()
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Mobile Phone ()	Do you agree to opt in to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
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E-mail Address:

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself	○	INCOME Enter the total number of people who receive income	○
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<i>Demographics: Enter the number of people in the household who are:</i>		Official Use Only Enter the total gross monthly income for all people living in the household:	
Ages 0 – 2 Years		TANF / CalWorks	\$
Ages 3 - 5 years		SSI / SSP	\$
Ages 6 - 18 years		SSA / SSDI	\$
Ages 19 - 59		Paycheck(s)	\$
Ages 60 and older		Interest	\$
Disabled		Pension	\$
Native American		Other	\$
Seasonal or Migrant Farmworker		Total Monthly Income	\$

<input type="checkbox"/> Please check box if you or any member of your household is a CAPK employee.	Non-countable	\$
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HOUSEHOLD MEMBERSENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS.

If you have more than 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Have you served or are you an immediate family member of someone who served in the United States military? <input type="checkbox"/> Yes, I have Served <input type="checkbox"/> Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military <input type="checkbox"/> No <input type="checkbox"/> Decline to State			I consent to this agency, and CSD, transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I or my family member may be eligible. I understand that this consent is valid for 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Gross Monthly Income (before taxes):			Source of Income:	

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

HOUSEHOLD MEMBER 5				
First Name	M.I.	Last Name	Relationship to Applicant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

HOUSEHOLD MEMBER 6				
First Name	M.I.	Last Name	Relationship to Applicant	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (MM/DD/YYYY)	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State				
Amount of Gross Monthly Income (before taxes):			Source of Income:	

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? Yes No

PAY BILL
To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (Attach complete copy of most recent bill or receipt)
 Natural Gas Electricity Wood Propane Fuel Oil Kerosene Manufactured log Pellets Other Fuel
Enter the energy company and account number:
 Company Name: _____ Account #: _____
 Is your utility service shut-off? Yes No
 Do you have a past due notice? Yes No

Are your utilities included in rent or submetered? Yes No

Are your utilities all electric? Yes No

Is your Natural Gas Company the same as your Electric Company? Yes No N/A all electric

WOOD, PROPANE or FUEL OIL SERVICE (WPO)
Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) Yes No N/A
List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).
 Number of Days: _____ N/A

ENERGY INFORMATION
 The questions below are **MANDATORY**. Please check all energy sources used to heat your home.
 A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided.
 NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

What is the main fuel used to HEAT your home? One main heating source **MUST** be checked.
 Natural Gas Electricity Wood Propane Fuel Oil Kerosene Manufactured log Pellets Other Fuel

In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):
 Natural Gas Electricity Wood Propane Fuel Oil Kerosene Manufactured log Pellets Other Fuel N/A

Are you the account holder: **Electric Bill** Yes No **Natural Gas Bill** Yes No N/A all electric

The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

X		
	*** APPLICANT'S SIGNATURE ***	Date

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

NOTE: For your application to be considered complete you MUST ALSO complete, sign, and attach the "Client Education Confirmation of Receipt" Form (CSD 321).

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

_____ (HEAP Fast Track) **Base Benefit \$** _____ **Supplement \$** _____ **Total Benefit \$** _____

_____ (HEAP Fast Track) **Base Benefit \$** _____ **Supplement \$** _____ **Total Benefit \$** _____

_____ (HEAP Fast Track) **Base Benefit \$** _____ **Supplement \$** _____ **Total Benefit \$** _____

Total Benefit Assistance \$ _____

Total Energy Cost \$ _____ **Energy Burden** _____

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

Home Referred for WX: Home Already Weatherized:

Application received without CSD 081 consent form for energy bill(s) _____ Intake initials: _____

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant

Address of Dwelling

Confirmation of Receipt

I have received the following information:

- Lead-Safe Education** – A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.
- Energy Education** – Information regarding changes I can make in order to reduce the energy consumption of my household.
- Mold and Moisture Education** - A copy of the pamphlet, *A Brief Guide to Mold and Moisture In Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.
- Budget Counseling** - Information regarding personal financial management.
- Radon Education** - A copy of the pamphlet, *A Citizen's Guide to Radon*, informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.
- Asbestos Education** - A copy of the pamphlet, *FAQs About Asbestos in the Home and Workplace*, informing me about identifying asbestos-containing materials in the home, exposure, and available resources.

Signature of Recipient

Date

Self-Certification Option

I certify that I attempted to deliver the following educational information to the dwelling listed above:

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

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

- Refusal to Sign** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.
- Unavailable for Signature** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door.

Attempted delivery dates and times

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)

Print name

Mailing Option:

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

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

Signature (Agency Representative)

Print name

Date mailed

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	\$		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 _____

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

UTILITY INFORMATION

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

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

AUTHORIZATION AND CONSENT

By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	Date	Name of CSD Contractor/Partner Organization
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REVOCATION OF AUTHORIZATION AND CONSENT

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

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

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



HOME ENERGY ASSISTANCE PROGRAM MAKING THE MOST OF YOUR MONEY

Following are three suggestions to help you better manage your finances:

1. **SET GOALS:**

All members of the family should have a chance to say what they think is important to spend money on. Then it must be decided which things are most important and should go at the top of the list. Things less important should go at the bottom. This is called setting priorities. It helps the family members to cut out spending money in wasteful ways to be able to get the things they really want.

2. **START PLANNING:**

Ask yourself.

- a) Where is the money coming from – (include all sources)
- b) How often does it come in (Weekly, monthly, yearly)?
- c) What do we have to spend it on? (Rent/mortgage, utilities, food, transportation, clothing, laundry, childcare, etc.)

3. **MAKE ADJUSTMENTS:**

If your monthly balance is short, changes should be made. Hold a family meeting and ask each one how they can help balance expenses against income. When you start having money left over each month, put it in a savings account until there is enough to do what everyone wanted to do when the goals were set. If you stick with it, your money will do more for you than you never dreamed!

FINALLY..... A broad rule of thumb concerning the use of income:

- No more than 70% of net income should be spent on living costs
- No more than 20% of net income should be spent on credit payments
- No more than 10% of net income should be spent on yourself (savings, recreation, etc.).

For example, in dollar terms that means:

With a \$2,500 monthly net income:

<i>\$1,750 for living expenses</i>
<i>500 for credit payment</i>
<i>250 for yourself</i>
<hr/>
<i>\$2,500 total net income</i>



CHECKLIST OF ENERGY EFFICIENT PRACTICES

1. TO KEEP WARM DURING THE WINTER AND TO MAKE SURE YOUR FURNACE OPERATES EFFICIENTLY:

- Put on extra layers of clothing
- Keep furnace thermostat set to 68 degrees or lower during the day
- Turn the furnace pilot off during the summer
- Never use your oven or range to heat your home

2. TO AVOID WASTING HOT WATER:

- Take short showers rather than baths
- Use cold or warm water rather than hot water, whenever possible
- Set the hot water heater at 120 degrees or medium
- Turn the gas hot water heater to pilot or the electric water heater to off whenever you are not home or will be vacant for more than two days

3. TO SAVE ON THE COST OF COOKING:

- Do not preheat your oven because ovens reach the right temperature quickly
- Never open your oven while cooking is in progress
- Cover pots and pans when cooking. It helps keep the heat in and allows food to cook faster.

4. TO KEEP COOL DURING THE SUMMER:

- Keep inside shades and draperies closed during the day to keep the sun out.
- Set air conditioner temperature at 78 degrees or medium

5. TO SAVE MONEY EVERY DAY OF THE YEAR:

- Turn off all lights when not in use
- If you leave a room for more than 5 minutes, turn off the lights
- Do not leave the refrigerator door open any longer than absolutely necessary
- Keep refrigerator defrosted so it will work more efficiently
- Put full loads in washer and dryer, using cold water to wash and rinse most of the time
- When using a dishwasher, only wash full loads and let the dishes air dry
- Turn off appliances when not in use.

PLEASE NOTE: If you have any problems with your gas heating appliances, call the gas company or PG&E; they will check your appliances at no charge.

WEATHERIZATION MEASURES AND BENEFITS

ATTIC INSULATION

Cellulose insulation is installed in the attic. The insulation has been treated to be flame retardant, resistant to vermin, and it is not harmful to your health. It helps keep the heat inside in the winter and outside in the summer.

BLANKET HOT WATER HEATER

A fiberglass blanket wrapped securely around your water heater tank helps reduce the amount of heat loss, reducing your water heating bill.

LOW FLOW SHOWERHEAD

When installed, this showerhead gives you a good hot shower while using only half the water and energy needed to heat the water.

CAULKING

Caulking installed around door frames, windows, and small cracks helps keep air, dirt, and moisture out. Caulking helps reduce the amount of energy lost in these areas of infiltration.

DOOR WEATHERSTRIPPING

The weatherstripping is installed to give the door a perfect fit. It stops air leaks and keeps unwanted dirt, noise and moisture out of the home, thereby reducing energy use. Weatherstripping may require adjustments depending on changes in weather.

SWITCH AND OUTLET GASKET COVERS

Foam gasket covers are installed under the electrical outlet and switch covers on all exterior walls. Gasket covers help reduce the amount of infiltration and energy loss.

MINOR HOME REPAIRS

Various home repairs are made when feasible. They may include replacing doors, windows, broken glass, patch holes, door stops and frames, etc.

FURNACE FILTER REPLACEMENT

The furnace filters are replaced with a reusable filter. A clean filter helps our heating and cooling system run more efficiently, saving you money.

CALL 211 FOR MORE INFORMATION!



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	
CAPK		300 19th Street	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
607456	Bakersfield	93301	661-336-5203
Contractor/Agency Email Address			Contractor/Agency FAX Number
energy.capk.org			661-336-5263

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

CSD DWELLING ASSESSMENT FORM

Additional Assessor Notes

Section 16: Acceptance of Services

Homeowner/Landlord Acceptance of Work Scope

I, (print name) _____, the undersigned, understand and agree to the following work scope:

- a. These services are free of charge to the property owner/landlord (and tenant, if a rental). Installation of any measure—requires removal from the premises and proper disposal of the old appliances/materials that are replaced.
- b. The actual work scope performed may vary slightly from the original assessment after work commences, due to discovery of unforeseen circumstances, such as the following: a measure turns out to be unfeasible, safety issues arise, funding changes occur, or other pertinent factors evolve. Should this happen, the Weatherization Contractor representative will explain why changes are necessary and what my options are before work is continued.
- c. I acknowledge that, if installed, the mechanical ventilation measure does not account for high polluting sources nor does the system guarantee good indoor air quality. During times of high air pollution (e.g., wildfires, etc.), I will instruct the dwelling occupants to temporarily shut-off the system to prevent intrusion of unhealthy air. The weatherization program and the Weatherization Contractor shall be held harmless if the homeowner/occupants neglect to follow this recommendation.
- d. The measures listed below would require installation in areas of the home where there are presumed asbestos-containing materials (a determination based on the dwelling age or material appearance, not as determined by testing). Therefore, the following measures are excluded from the final work scope:

1.	2.
3.	4.

e. I recognize that refusal of certain program measures may require this dwelling to be deferred from weatherization. This process has been explained to me by the Weatherization Contractor.

I, the undersigned, hereby agree to allow all work described herein to be performed, or I decline installation of the following measure(s):

1.	2.
3.	4.

f. I further agree to allow all installed measures to be inspected and checked by the Agency and a State third party inspection entity upon request. _____ (Initial)

I am the Owner, Landlord • Signature: _____ Date: _____

Tenant Acceptance of Work Scope

Not applicable

By signing below, I, _____, the tenant of the dwelling/property:

- Agree** to accept all of the work scope as described in the Homeowner/Landlord Acceptance of Work Scope above, or
- Decline** installation of the following measure(s):

1.	2.
3.	4.

- a. If the dwelling is a rental, I agree that any of the following items *owned by the Landlord and qualifying for installation*, shall remain in the dwelling when I move out. Check all that apply: Refrigerator, Microwave Oven, Dishwasher, Clothes Washer, Clothes Dryer, Cooktop/Range/Built-in Oven (as present), LED Torchiere Lamps, CO Alarms, Thermostats, Ceiling Fans, Wood-burning Stove, Window-mount Air Conditioner, and/or Evaporative Cooler.
- b. I further agree to allow all installed measures to be inspected and checked by the Agency and a State third party inspection entity upon request.

Signature(s) _____ Date: _____