



621 Richmond Ave.
Oxnard CA 93030
Phone: (805) 436-4000
Fax: (805) 204-4887
www.ca-vc.org



LIHEAP APPLICATION

The Home Energy Assistance Program (HEAP/WX) assists income qualified households pay the costs of their Electric, Gas or propane bill, and minor home repairs. We would like to invite you to apply by returning the attached application by Fax (805) 204-4887 Mail or Email at heap@ca-vc.org.

The following information is required to complete the intake process for your application:

1. Completed and signed intake form (CSD-43)
2. Review Energy Education, complete, sign and date CSD-321 Education Verification (Top section only)
3. Copy of valid state identification (Applicant only)
4. Copy of Social Security card (Applicant only)
5. Copy of ALL the pages of the current SoCal Gas bill
6. Copy of ALL the pages of the current SoCal Edison bill
7. Current rent receipt or contract, Section 8 / Housing certificate or mortgage statement
(Must have current address)
8. CALFRESH recipient(s) must provide a copy of EBT card or current NOTICE OF ACTION indicating benefit amount.
9. Income documentation for ALL ADULTS (18+) is required. Cal-Works recipient must provide a current Notice of Action or Memo from worker showing amounts received for the current month. SSI/SSA recipients must have a current award letter from Social Security Administration or the most recent bank statement showing the direct deposit of funds. Proof of Unemployment Benefit (EDD), Disability, Child Support, Retirement Pension, Alimony, etc.

All income documentation MUST be dated within the last 30 days.

If you have questions, feel free to call 805-436-4021.

Service Hours: MTWF 8AM-12PM, 1PM-4PM (Closed 12PM - 1PM DAILY; Thursdays WEEKLY)

**SHUT-OFF CLIENTS MUST HAVE "COMPLETE APPLICATION"
IN THE OFFICE BY 3:00PM FOR SAME DAY PROCESSING**

Incomplete applications will be denied 30 days from the date of the application

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WX ☐
HEAP ☐

1. Name _____ 2. Social Security Number _____ - _____ - _____ 3. Date _____
4. Address _____ City _____ ZIP _____
5. Date of Birth ____/____/____ 6. Please indicate total number of people living in your house ____
7. Email _____ 8. Telephone _____ - _____ - _____
9. Opt out of email and text list [☐]

Applicant Demographic Worksheet

- | | | | |
|---|---|--|--|
| 1. Ethnicity
[<input type="checkbox"/>] Hispanic/Latino
[<input type="checkbox"/>] Not Hispanic/Latino | 4. Race
[<input type="checkbox"/>] American Indian
[<input type="checkbox"/>] Asian
[<input type="checkbox"/>] Multi-Racial
[<input type="checkbox"/>] Black/African American
[<input type="checkbox"/>] Native Pacific Islander
[<input type="checkbox"/>] Other
[<input type="checkbox"/>] Unspecified
[<input type="checkbox"/>] White | 5. Marital Status
[<input type="checkbox"/>] Divorced
[<input type="checkbox"/>] Domestic Partner
[<input type="checkbox"/>] Married
[<input type="checkbox"/>] Separated
[<input type="checkbox"/>] Single
[<input type="checkbox"/>] Widowed | 6. Family Type
[<input type="checkbox"/>] Multigenerational Household
[<input type="checkbox"/>] Nonrelated Adults w/children
[<input type="checkbox"/>] Other
[<input type="checkbox"/>] Single Parent/Female
[<input type="checkbox"/>] Single Parent/Male
[<input type="checkbox"/>] Single Person
[<input type="checkbox"/>] 2 or more adults
No children
[<input type="checkbox"/>] 2 Parent Household |
| 2. Gender
[<input type="checkbox"/>] Male [<input type="checkbox"/>] Female
[<input type="checkbox"/>] Other
[<input type="checkbox"/>] Unknown
Decline to State | | | |
| 3. Disabled
[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No | | | |
| 7. Health Insurance
[<input type="checkbox"/>] None
[<input type="checkbox"/>] Private
[<input type="checkbox"/>] VA
[<input type="checkbox"/>] Medi-Cal
[<input type="checkbox"/>] Medicaid
[<input type="checkbox"/>] Other | 8. Education
[<input type="checkbox"/>] 0-8th
[<input type="checkbox"/>] 9-12th
[<input type="checkbox"/>] HS Grad/GED
[<input type="checkbox"/>] 12+
[<input type="checkbox"/>] College Grad | 9. Characteristic
[<input type="checkbox"/>] Farmer
[<input type="checkbox"/>] Migrant Farmer
[<input type="checkbox"/>] Seasonal Farmer
[<input type="checkbox"/>] Veteran Family
[<input type="checkbox"/>] Military Family | 10. Housing
[<input type="checkbox"/>] Rent
[<input type="checkbox"/>] Own
11. Need Child Support Referral
[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No |

This Box is for Official use only

Notes: _____

Program Year: _____ HP / FT

[☐] Income: \$ _____

[☐] Household size: _____

[☐] Special needs

[☐] Verify ID

[☐] Verify SS Card

[☐] Current Gas Bill

[☐] Current Electric Bill

Bill of Choice: SCE / GAS / SUB

[☐] Weekly [☐] Bi-Weekly [☐] Monthly [☐] None

[☐] Copy of income

[☐] Proof of rental / Mtg Receipt / Section 8

[☐] CSD 81

[☐] Amount Eligible \$ _____

[☐] Pledge Amount \$ _____

[☐] 515 A/B

[☐] Transferred Date: _____

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Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2022)

Official Use Only:

Priority Points

A.C.C.

Eligibility Cert Date

Agency:

Intake Initials:

Intake Date:

First name

Middle Initial

Last Name

Date of Birth

MM/DD/YY

SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address

Unit Number

Service City

Service County

Service State

Service Zip Code

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

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

Do you own or rent your home?..... ☐ Own ☐ Rent

Mailing Address

Unit Number

Mailing City

Mailing County

Mailing State

Mailing Zip Code

Social Security Number (SSN):

Telephone Number ()

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 →

Demographics: Enter the number of people in the household who are:

*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

\$

HOUSEHOLD MEMBERS

ENTER 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
Self

Date of Birth:

Race: ☐ American Indian or Alaska Native ☐ Asian

Hispanic/ Latino/Spanish?

Gender: ☐ Female ☐ Male

☐ Black or African American

☐ Yes ☐ No

☐ Other

☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ Unknown/Decline to State

☐ Unknown/Decline to State

☐ Multi-Race ☐ Other ☐ Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):

Source of Income:

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HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <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
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <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
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <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
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <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
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Multi-Race <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

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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 ☐ NoDo 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**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

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.

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**Base Benefit \$** _____ **Supplement \$** _____ **Total Benefit \$** _____**Total Energy Cost \$** _____ **Energy Burden** _____Energy Services Restored after disconnection: ☐ Yes ☐ No Disconnection of Energy Services prevented: ☐ Yes ☐ NoHome Referred for WX: ☐ Home Already Weatherized: ☐

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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
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
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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

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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)	
<div> <div>WORKER'S COMP</div> <div>UNEMPLOYMENT</div> <div>GOVERNMENT SPONSORED BENEFITS</div> <div>CHILD SUPPORT</div> </div>	
YES	NO
Do you receive any of the following (circle any that apply)	
<div> <div>ANNUITY PAYMENT</div> <div>PENSION</div> <div>TRIBAL CASINO PAYMENTS</div> <div>RENTAL INCOME</div> <div>INSURANCE BENEFITS</div> </div>	

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	\$		<div>Name:</div> <div>Phone:</div> <div>Address:</div>
Utility Bills	\$		<div>Name:</div> <div>Phone:</div> <div>Address:</div>
Food	\$		<div>Name:</div> <div>Phone:</div> <div>Address:</div>

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.	

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ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information			
Select the Dwelling Type		I am the	
Single-Family <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Multi-Unit <input type="checkbox"/>	Owner-Occupant <input type="checkbox"/> 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	
Community Action of Ventura County		621 Richmond Ave	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
620718	Oxnard	93030	805-436-4011
Contractor/Agency Email Address			Contractor/Agency FAX Number
fazueta@ca-vc.org			805-200-3150

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
Fanni Azueta	Fanni Azueta	



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	
Community Action of Ventura County		621 Richmond Avenue	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
620718	Oxnard	93030	805-436-4011
Contractor/Agency Email Address			Contractor/Agency FAX Number
fazueta@ca-vc.org			805-200-3150

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
<i>Fanni Azueta</i>	Fanni Azueta	

Required Documentation:

Rent schedule received from Property Owner, if applicable?

Y

N

If applicable, CSD 75 completed?

Y

N

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621 Richmond Ave.
Oxnard CA 93030
Phone: (805) 436-4035
Fax: (805) 200-3150
www.ca-vc.org

NO-COST 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 - Carbon Monoxide Alarm
Inspect Furnaces and Water Heaters
Clothes Washers & Dryers
Low-Flow Showerheads - Faucet Aerators**

**Your application for the Energy Assistance will
automatically be applied to LIHEAP Programs.
Please follow the instructions listed on the
front page of this packet regarding
the needed documentation.**

**You will be contacted by our assessor within 4-6 weeks
following the approval of your application.
If you have any further questions about the documentation
needed for your application, please contact us at
805-436-4035.**

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INSTRUCTIONS:

- STEP 1. Add up your fixed expenses and subtract them from your total monthly income. This will leave you a balance.
- STEP 2. Add up your flexible expenses and subtract them from the balance from STEP 1. This will give you the total amount of money that you will have left over after bills each month. If your bills exceed your income or if you see that there isn't enough money set aside for your needs, proceed to STEP 3.
- STEP 3. Go down your list of flexible expenses and rank them in order of importance to you (#1 being the most important). Look through your list of flexible expenses and reduce as many of the #3 items as possible. If you're still over your monthly income, reduce as many #2 items as you can. Continue with this procedure until your flexible expenses total equals or is less than your balance from STEP 1. Keep your #1 items as generous as you can since these are the items that are most important to maintain your household.

PHONE BILL

- Apply for the phone company's reduced phone rate for low-income customers
- Write letters instead of making long distance phone calls
- Set a monthly phone budget and do your best to live within its limits

PG&E BILL

- WEATHERIZE YOUR HOME
- Practice energy conservation. Set a monthly energy conservation goal with added bonus of reducing your energy costs.
- Follow the tips in the enclosed "GUIDE for Home Energy Savings".

OTHER IDEAS

- Use your credit cards only when absolutely necessary. Make sure to set aside the money for the purchase as soon as you can. Pay the bill off as soon as you can to avoid high finance charges and a large monthly bill.
- Consult the library for more information on the money management techniques.

Please share this CASH MANAGEMENT WORKSHEET and ENERGY pamphlet with your family and friends.



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Community Action of Ventura County would like to offer you this Cash Management Worksheet. The worksheet is designated to help you better understand where your money goes each month and perhaps discover areas where your expenses can be reduced. Step by step instructions for completing the form are outlined on the back of the worksheet along with some helpful hints for reducing your monthly expenses.

**STEP 1: List all of your fixed expenses (those expenses that do not change)
under the appropriate heading below.**

Fixed Expenses		Monthly Income	\$ _____
Rent/ Mortgage	\$ _____	(-) Fixed Expenses	\$ _____
Other	\$ _____	(=) Balance	\$ _____
Other	\$ _____	(put this amount on the "Disposable Total Income" line below)	
	\$ _____		

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

Flexible Expenses			
Electricity	\$ _____	Disposable Income	\$ _____
Gas	\$ _____	(-) Flexible Expenses	\$ _____
Water	\$ _____	(=) Balance	\$ _____
Medical	\$ _____		
Charge Accounts	\$ _____		
Clothing	\$ _____		
Transportation	\$ _____		
Entertainment	\$ _____		
Entertainment	\$ _____		
Other	\$ _____		
Total	\$ _____		



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HELPFUL HINTS DURING ENERGY CONSERVATION

DURING COLD WINTER MONTHS

- Open Curtains and blinds every day to let the sunshine in.
- Close curtains and blinds at night to keep the warmth inside.
- Keep the furnace thermostat at 55 degrees while sleeping or when the home is unoccupied for longer than four hours.
- Close fireplace damper when it is not in use. Remember to reopen the damper before using the fireplace.

DURING THE SUMMER MONTHS

- Keep the shades, blinds and draperies closed during the day to keep the hot sun out.
- Shade your home from the sun with outside awnings, trees, and tall plants.
- Open the windows during the evening hours when it is cooler outside.
- Use an electric fan to keep the air moving.
- Make sure the fireplace damper is closed
- Make sure the attic opening is closed.
- Set the air conditioner to 78 (degrees) or at a medium setting.
- Plan meals that do not require cooking on stove or oven.
- Give your appliances the afternoon off (Example: Use your washer/dryer for laundry in the evening)

WATER CONSERVATION TIPS

- Take short showers instead of bath.
- Use cold or warm water rather than hot water whenever possible.
- Set the water heater at 120 (degrees) or at a medium setting.
- Fill the sink with water rather than let hot water run when washing or rinsing dishes.
- Fix all leaky faucets.

FURNACE TIPS

- Check furnace filters and replace them when they are dirty.
- Keep the burner compartment for your wall or floor furnace clean.
- Do NOT block the heating outlets with furniture.

COOKING TIPS

- Never open the oven door when food is cooking.
- Adjust the flame or electric element down after the cooking starts.
- Try to use microwave during the summer months.

TIPS TO SAVE ENERGY ALL YEAR LONG

- Turn off all unnecessary lights.
- Replace regular bulbs with compact Fluorescent bulbs.
- Use small wattage bulbs whenever possible.
- Don't leave the refrigerator door open any longer than absolutely necessary.
- Keep the refrigerator defrosted so it will work more efficiently.
- Put full loads of laundry in the washer and dryer and use cold water as much as possible.
- Put full loads in the dishwasher and use the "energy saver" for the drying cycle or let them air dry.
- Shut off the television set when no one is watching.
- Buy energy efficient appliances whenever possible.

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