

**Plumas County Community Development Commission
& Housing Authority**

WEATHERIZATION APPLICATION INSTRUCTIONS

(Plumas and Sierra County)

The Weatherization Program is a low-income assistance program that can install energy efficient measures in your home at no cost to you. If you are a renter, you can still be eligible for services if your landlord signs the Weatherization Services Agreement. Please remember you are **NOT GUARANTEED** to be served, so please plan accordingly.

The 2023 income guidelines are as follows:

| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Monthly Gross | 2,700.27 | 3,531.13 | 4,361.98 | 5,192.83 | 6,023.69 | 6,854.54 | 7,010.33 | 7,166.11 | 7,321.90 | 7,477.68 |

- Fill out the attached Weatherization application. Please fill out entire application or it will not be accepted.
- You may drop off completed applications at 183 West Main Street in Quincy, CA or mail to:
PCCDC ATTN: Weatherization
P.O. Box 319
Quincy, CA 95971

Once we receive the completed application you will be placed on the waiting list. If and when you reach the top of the waiting list we will contact you by phone and/or mail. Please note that it is your responsibility to keep us current on your phone number and mailing address. If you cannot be reached you will not receive assistance.

- **NO DOCUMENTATION IS REQUIRED AT THIS TIME**

If you have questions please call 530-283-2466 EX. 123

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.

PO Box 319 ~ 183 West Main Street ~ Quincy, CA 95971
(530) 283-2466 ~ Fax (530) 283-2478
www.plumascdc.org

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2022)

| | |
|---------------------------|--|
| <i>Official Use Only:</i> | |
| 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

| | | | |
|-----------------|----------------|---------------|------------------|
| 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 | ○ |
| <i>Demographics: Enter the number of people in the household who are:</i> | | <i>Enter the total gross monthly income for all people living in the household:</i> | |
| 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 <i>Self</i> |
| Date of Birth: | Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian | | Hispanic/ Latino/Spanish? |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Black or African American | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <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"/> 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 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"/> Other <input type="checkbox"/> Unknown/Decline to State | <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 | | |
| 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"/> Other <input type="checkbox"/> Unknown/Decline to State | <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 | | |
| 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"/> Other <input type="checkbox"/> Unknown/Decline to State | <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 | | |
| 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"/> Other <input type="checkbox"/> Unknown/Decline to State | <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 | | |
| 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"/> Other <input type="checkbox"/> Unknown/Decline to State | <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 | | |
| Amount of Gross Monthly Income (before taxes): | | Source of Income: | |

| | | |
|--|------------------------------|-----------------------------|
| Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 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

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 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 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 No

Home Referred for WX: Home Already Weatherized:

WX APPLICATION PART 2

1. Does any individual in your household fall under PG&E's definition of who qualifies for Medical Baseline? **YES NO**
 More specifically, a licensed California Medical Doctor must have certified that a full-time resident in your home has one or more of the following conditions:
- Dependent on life-support equipment used in the home
 - A paraplegic, hemiplegic, quadriplegic, or multiple sclerosis patient with special heating and/or air-conditioning needs
 - A Scleroderma patient with special heating needs
 - Being treated for a life-threatening illness, compromised immune system, or other medical condition with heating and/or air-conditioning requirement necessary to sustain the patient's life or prevent deterioration of the patient's medical condition.
2. Do you receive any type of Housing Assistance? (Public Housing, Section 8, USDA Rural Development) **YES NO**
3. Please check the following that applies to your current housing situation: **OWN RENT HOMELESS OTHER_____**
4. Please check the following that applies to your current household situation:
- | | | |
|-----------------------------|-----------------------------|--------------------------------|
| Single Parent/Female | Two-parent Household | Two Adults- No children |
| Single Parent/Male | Single Person | Other |
5. Would you like an application for the HEAP Program? **YES NO**
 (You will be referred unless you check NO here)

PLEASE LIST YOUR MONTHLY EXPENSES: ENTER AN AMOUNT FOR EACH EXPENSE EVEN IF IT IS \$0.00

| | | | | | |
|----------------|--|--|--|-------------|--|
| Electricity | | Heating (Oil, propane and/or Firewood) | | Water | |
| Food | | Medical | | Child Care | |
| Transportation | | Insurance | | TV/Internet | |
| Phone | | Rent | | Other | |

I certify under penalty of perjury that the information provided on this form is true and complete to the best of my knowledge. I understand that I can be fined up to \$10,000, imprisoned up to five years and/or disqualified from any program administered by the Plumas County Community Development Commission for giving false information.

I understand that I can be granted utility services ONLY ONCE per calendar year.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to: PLUMAS COUNTY COMMUNITY DEVELOPMENT COMMISSION (PCCDC) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rent Rehabilitation, Low-Income Public or other assisted housing and/or other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture-Rural Development (USDA-RD), California State Department of Rental Housing & Construction Program (RHCP) and the Department of Community Services and Development (CSD) in administering and enforcing program rules and policies.

In the event I am no longer participating in program(s) administered or managed by this agency and the PCCDC needs to contact me regarding any aspect of my participation in any PCCDC program, I authorize the release of any information that may assist the PCCDC in locating me.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:
Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical and Child Care Allowance, Credit and Criminal Activity and Household Composition.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the continued participation in any program administered or managed by PCCDC.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: Groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

| | | |
|-------------------------------|---|-------------------------------|
| Previous/Current Landlords | Past/Present Employers | Veterans Administration |
| Public Housing Agencies | Social Service Agencies | Retirement Systems |
| Municipal/Justice Courts | Post Offices | Bank & Financial Institutions |
| Schools/Colleges/Universities | Social Security Administration | Credit Providers/Bureaus |
| Utility Companies | Medical Providers | Support/Alimony Providers |
| District Attorney's Offices | Local, State & Federal Law Enforcement Agencies | |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD, CSD, USDA-RD, RHCP, and/or the PCCDC may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and that I shall be given a chance to disprove the information. HUD, USDA-RD, CSD, RHCP, or PCCDC may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Development Department, Social Security offices, Department of Defense, Local, State and/or Federal Law Enforcement Agencies, Office of Personnel Management, the U.S. Postal Service, and the Department of Social Services.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and four months from the date signed below.

SIGNATURES:

| | | |
|------------------------------------|---------------------|---------------|
| _____ Head of Household | _____ Print Name | _____ Date |
| _____ Spouse/Other Adult Member | _____ Print Name | _____ Date |
| _____ Other Adult Member | _____ Print Name | _____ 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 |
|-----------------------------|------|---|

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

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.

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- 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 Single-Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> | I am the 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 both 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? | Y | N | If applicable, CSD 75 completed? | Y | N |
|--|---|---|----------------------------------|---|---|