



Energy Education & Environmental Services Department

CHECKLIST OF MANDATORY DOCUMENTATION

All documents MUST be submitted along with your application packet

☐ **Current** (most recent) **GAS/ PROPANE bill (I/A)**

Entire bill (all pages) showing 22+ days of usage

☐ **Current** (most recent) **ELECTRIC bill**

Entire bill (all pages). Showing 22+ days of usage
(Include any disconnection/ urgent notices)

☐ **Rental Agreement OR Mortgage statement**

☐ **Household Income**

****Must be CURRENT (last 4-weeks) for ALL household members****

☐ **Signed Consent form by utility account holder** (form provided by agency)

****Not required for applicants whose name is on the utility bill where the benefit will be applied****

☐ **Current Water bill (I/A)**

Entire bill (all pages), (Include any disconnection/ urgent notices)

☐ **Current Photo ID**



Complete the forms below **ONLY** if you are interested in **WEATHERIZATION SERVICES**

- **Form 515** Energy Service Agreement
- **Form 515A** For Renter/ Tenant to complete
- **Form 515B** For Property **Owner/ Agent to complete**
- **Form Proposition 65**

696 South Tippecanoe Avenue, San Bernardino, CA 92408

Main 909.723.1500

Fax 909.723-1609 / 909.723.1629

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: CAPSBC

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 San Bernardino	Service State CA	Service Zip Code

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

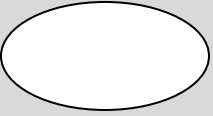
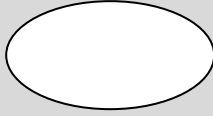
Is your service address the same as mailing address?..... ☐ Yes ☐ No

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

Mailing Address			Unit Number
Mailing City	Mailing County San Bernardino	Mailing State CA	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 <u>gross</u> monthly income for <u>all</u> 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

Do Not Complete This Section

information on a separate piece of paper.

(see Intake Assessment Form)

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant Self
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:	

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: ☐

<input type="checkbox"/> Unknown/Decline to State	<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	<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
Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or someone in your household received LIHEAP assistance in the past 120 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PAY BILL
To which bill, includes property tax statements, (CHOOSE ONLY ONE) do you want the LIHWAP benefit to be applied? (Attach complete copy of most recent bill or receipt)
☐ Water Bill ☐ Wastewater Bill ☐ Water and Wastewater is Combined in One Bill
Enter the water/wastewater company and account number:
 Company Name: _____ Account #: _____
 Is your utility service shut-off? ☐ Yes ☐ No
 Do you have a past due notice or past due balance on your bill? ☐ Yes ☐ No
 Are your utilities included in rent or submetered? ☐ Yes ☐ No

The information on this application will be used to determine and verify my eligibility for assistance. 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 and/or other information needed to provide services and benefits to me as described at the end of the form. I understand that if my application for LIHWAP 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. 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 water or wastewater costs.

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

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Low Income Household Water Assistance Program (LIHWAP). AUTHORITY: Government Code Section 12087.2 (b) Names CSD as the agency responsible for administering LIHWAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHWAP benefit. 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. 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.
Total LIHWAP Benefit \$ _____
Total Water or Wastewater Cost (for water burden only) \$ _____ Water Burden _____
Water Services Restored after disconnection: <input type="checkbox"/> Yes <input type="checkbox"/> No Disconnection of Water Services prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No



Community Action Partnership of San Bernardino County INTAKE ASSESSMENT FORM

Property Address: _____

Phone #: _____ Client ID #: _____

Housing Type: ☐ Apartment ☐ House ☐ Mobile home ☐ Other
☐ Rent ☐ Own ☐ Homeless ☐ Other Permanent Housing ☐ Other

Family Type: ☐ Single parent /female ☐ Single parent /male
☐ Two-parent household ☐ Single person ☐ 2 Adults - no children ☐ Other

of Disconnected Youth: ____ Youth ages 14-24 who are neither working or in school

Language: ☐ English ☐ Spanish ☐ Other:

***Applicant: Do Not Complete. This section is for official use only**

Service(s) Requested: ☐ Utilities ☐ Weatherization ☐ Temporary Housing ☐ Food
☐ Secondary Education ☐ Workforce Development ☐ Permanent Housing
☐ Public Transportation ☐ Clothing / Shoes ☐ Gas Card
☐ California ID ☐ Personal Hygiene / Household Items
☐ Other:

Email Address:					Use the KEY below to complete the section below for each household member (Insert <u>numbers</u> only)											
Household Members	Date of Birth (xx/xx/xx)	Social Security Number (xxx-xx-xxxx)	Gender (Female, Male, Other, Unknown/ Decline to State)	Disabled (Yes, No)	Race	Ethnicity	Health Insurance Type	Highest Level of Education	Residency Status	Relation to Applicant	Income Source(s)	Non- Cash Benefits	Monthly Income	Military Status	Work Status	
(Applicant)			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N									\$			
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N									\$			
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N									\$			
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N									\$			
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N									\$			
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N									\$			

Race	Ethnicity	Health Insurance	Education	Residency Status	Relation to Applicant	*Income Source	*Non-Cash Benefits	Military Status	*Work Status
1. White	1. Hispanic	1. None	1. 0-8 grade	1. U.S. Citizen	1. Self	1. None	1. None	1. None	1. None
2. African-American	2. Non-Hispanic	2. Medicaid	2. 9-12 th grade	2. Permanent - Resident	2. Spouse	2. Employment	2. SNAP	2. Active	2. Employed full-time
3. Asian	3. Unknown/ Decline to State	3. Medicare	3. High School Grad / GED	3. Temporary - Resident	3. Daughter	3. TANF / CALWORKS	3. WIC	3. Military	4. Employed part-time
4. Native American/ Alaskan Native		4. Employment-based	4. Some College	4. Other	4. Son	4. SSA/ SSDI	4. *LIHEAP		5. Farm Worker
5. Hawaiian/Pacific Islander		5. Military	5. 2-Year College Grad		5. Grandchild	5. SSI / SSP	5. Housing Choice Voucher		6. Unemployed < 6mos.
6. Multi-Race		6. State Children's Health Insur.	6. 4-year College Grad		6. Mother	6. VA Service / Non-Service	6. Public Housing		7. Unemployed > 6mos.
7. Other		7. State health Insur. for adults	7. Other/ Post-Secondary Graduate		7. Father	7. Private Disability Insurance	7. Permanent Supportive Housing		8. Unemployed (not in labor force/ not looking)
8. Unknown/Decline to State		8. Direct Purchase			8. Sister	8. Workers Compensation	8. HUD-VASH		9. Retired
		9. Other			9. Brother	9. Pension / Retirement	9. Childcare Voucher		10. Not Applicable < 18yrs old
					10. Foster Child	10. Child Support	10. Affordable Care Act Subsidy		
					11. Other	11. Alimony/ Spousal Support	11. Other		
						12. EITC			
						13. Unemployment			
						14. Other			

**** Please note:** Social Security numbers are not required; A "filler" number will be assigned by the State Department of Community Services & Development instead, which may cause delays in processing your application

By signing below, I agree that all the above information is accurate and complete.

Applicant's Signature: _____ Date: _____ Intake Staff Printed Name: _____

Department of Community Services and Development

CSD 43B (rev.12/2013)

CERTIFICATION OF INCOME AND EXPENSES

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

Name and Address	
Name:	
Address:	

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

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

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

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____ Phone: _____ Address: _____
Utility Bills	\$		Name: _____ Phone: _____ Address: _____
Food	\$		Name: _____ Phone: _____ Address: _____
Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:			

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

Signature

Date

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 Community Action Partnership of San Bernardino County
-----------------------------	------	--

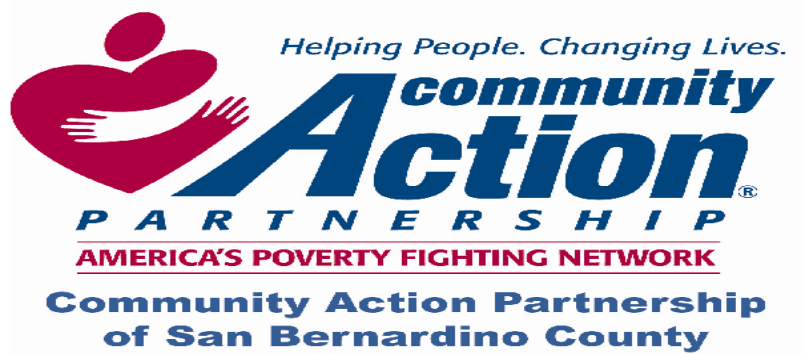
REVOCATION OF AUTHORIZATION AND CONSENT

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



CERTIFICATE OF PARTICIPATION

I certify that I (***Print full name***) _____ have received and reviewed the following educational materials: lead-safe education, energy education, mold and moisture education, radon education, budget counseling and a budget worksheet that were provided by Community Action Partnership of San Bernardino County.

Client signature _____ ***Date*** _____

Note: These are instructions on where to locate the educational materials on our website.

- Type the following link into your web browser: www.capsbc.org/home-energy-assistance-program-heap
- Scroll to the bottom of the page.
- There are blue buttons, click the one that says "Educational material"
- Download the PDF document to your computer/device.



Community Action Partnership of San Bernardino County (CAPSBC)

Child Support Eligibility Assessment Form

Client indicated that they have custody of their child/children during the Intake screening process:

Are you the custodial parent/guardian of a child/children?

☐ Yes ☐ No

AND

Client did NOT indicate that they are receiving child support as a sources of income on the Income Verification Form

Client is provided with the following information about services provided by the San Bernardino County Child Support enforcement agency:

- Locating a parent
- Arranging for paternity testing
- Establishing a support order
- Enforcing a support order

I, _____ was given a copy of the Child Support application
Client Name

for such services to be submitted to the San Bernardino County Child Support Enforcement Agency.

=====

CAPSBC employee _____ provided the Instructions for
(CAPSBC Employee Name)

completing application for child support services. This form indicates whether a referral to the Child support enforcement agency was made and information regarding available services including a contact number for the agency and a copy of the application was provided to the client.

CAPSBC will indicate services rendered in the case notes completed in the enginuity data base tracking software. This form will remain in the client file.

CAPSBC Staff did not act in a manner to be interpreted as giving legal advice but provided a referral to the custodial parent in the single-parent family contact information to the state child support enforcement agency below:

Contact information provided 1 (866) 901-3212 and website address: www.childsup.ca.gov

Loma Linda- 10417 Mountain View Avenue- Loma Linda, CA 92354
Ontario – 191 N. Vineyard Avenue – Ontario, CA 91764
Victorville- 15400 Civic Center Drive –Victorville, CA 92392

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

This Page Intentionally Left Blank



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)

Community Action Partnership of San Bernardino

Address

696 South Tippecanoe Ave.

CSLB Number (if applicable)

City

San Bernardino

ZIP Code

92408-2607

Contractor/Agency Telephone Number

(909) 723-1500

Contractor/Agency Email Address

weatherizationservices@capsbc.org

Contractor/Agency FAX Number

(909) 723-1609

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

Tracy Johnson



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



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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 Partnership of San Bernardino County

696 South Tippecanoe Ave.

CSLB Number (if applicable)

City

ZIP Code

Contractor/Agency Telephone Number

San Bernardino

92408-2607

(909) 723-1500

Contractor/Agency Email Address

Contractor/Agency FAX Number

weatherizationservices@capsbc.org

(909) 723-1609

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

ARRYL JOHNSON

Required Documentation:

Rent schedule received from Property Owner, if applicable?

Y

N

If applicable, CSD 75 completed?

Y

N

PROPOSITION 65
SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986
ACKNOWLEDGEMENT OF RECEIPT

Dear Customer,

In 1986, the voters of California passed the Safe Drinking Water and Toxic Enforcement Act, known as Proposition 65. In compliance with this Act, the State of California requires that customers who have fiberglass insulation installed in their residence be informed that glass wool fiber, found in fiberglass installation, is a chemical known to the State of California to cause cancer.

By signing this form, you are acknowledging that the above information has been explained to you by the contractor installing the insulation in your home, and that you fully understand that fiberglass is listed as toxic chemical under Proposition 65.

Customer Name (Please Print): _____

Customer Signature: _____ Date: _____

Customer Address: _____

City/State: _____ Zip Code: _____