

Return To:  
H.E.A.P. PROGRAM  
5729 E Union Pacific Ave  
Commerce CA 90022

(800) 906-4651  
(323) 721-4162

## Checklist of documents for LIHEAP Application

ONLY BLACK OR BLUE PEN ON APPLICATION  
WHITE OUT IS UNACCEPTABLE

Please ***DO NOT*** send incomplete applications. Failure to provide all supporting documents will result in the ***return of your application.***

If correction needs to be made, cross out with a line and initial next to correction

*Do not fill in Office Use Only section.*

**Must submit all documents including CSD 43b, CSD 081, CSD 321 and Benefit form (completed and signed)**

**Current California ID/California Driver's License** - FOR APPLICANT ONLY  
If ID shows "Federal Limits Apply" and was issued prior to January 22, 2018, you must provide a copy of your U.S. Passport or Birth Certificate

**Social Security Number** - FOR APPLICANT ONLY

**Current (most recent) ELECTRIC, GAS/PROPANE** \*SEND ALL PAGES OF UTILITY BILLS  
\*\*With a minimum usage of 22+ days \*\*  
BOTH BILLS ARE REQUIRED

**Mortgage Statement/Rent Receipt**

**Signed Consent Form by utility account holder** on both bills  
Not required if applicant's name is on the bill

**Current Household Income**  
*Everyone living in household 18 and over must present proof of income,*  
if household member does not have income **CSD 43B form** (see attached) needs to be filled out

### Types of Income

-TANF/AFDC/CALFRESH Current/Last Month  
-FINANCIAL AID Current Award letter  
-WAGES/PAYSTUBS Last 4 weeks  
-GENERAL RELIEF Current/Last Month  
-CHILD SUPPORT Last 4 weeks  
-SSI/SSA Current Award letter or Current Bank statement

-WORKERS COMPENSATION Current  
-PENSION Current/Last Month  
-LOANS Last 4 weeks (State & Sign Form 43B)  
-UNEMPLOYMENT Last 4 weeks of transaction  
details along with full given name (profile page)  
-STATE DISABILITY Last 4 weeks

Please call if help is needed or you are unsure about what is needed for special cases

(323) 869-4536 or (800) 906-4651

Self Employed, Cash Income, Cash/Loan Assistance  
MUST be explained in the CSD 43B Form

**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: Maravilla Foundation    Intake Initials:    Intake Date:

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

Service Address			Unit Number
Service City	Service County <b>Los Angeles</b>	Service State <b>Ca</b>	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
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Mailing City	Mailing County	Mailing State	Mailing Zip Code
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Social Security Number (SSN):	Telephone Number (    )
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E-mail Address:

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →		<b>INCOME</b> Enter the total number of people who receive income →	
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*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		<b>Total Monthly Income</b>	<b>\$</b>

**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 <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):	Source of Income:		

**HOUSEHOLD MEMBER 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 <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 3**

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

**HOUSEHOLD MEMBER 4**

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

**HOUSEHOLD MEMBER 5**

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

**HOUSEHOLD MEMBER 6**

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

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

**PAY BILL**

To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (Attach complete copy of most recent bill or receipt)

Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Manufactured log  Pellets  Other Fuel

Enter the energy company and account number:

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Is your utility service shut-off?  Yes  No

Do you have a past due notice?  Yes  No

Are your utilities included in rent or submetered?  Yes  No

Are your utilities all electric?  Yes  No

Is your Natural Gas Company the same as your Electric Company?  Yes  No

**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  No

Home Referred for WX:  Home Already Weatherized:

**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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**REVOCAION 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

## Department of Community Services and Development

### Formulario de autorización y consentimiento del titular de la cuenta

CSD Form 081 (Rev. 12/17)

#### NOMBRE Y DIRECCIÓN POSTAL DEL TITULAR DE LA CUENTA

Nombre completo del titular de la cuenta		
Dirección postal del titular de la cuenta (número y calle)		Número de unidad (si tiene)
(Ciudad)	Estado	Código postal
¿La dirección donde recibe servicios públicos es la misma que la dirección del titular de cuenta? <input type="checkbox"/> Sí <input type="checkbox"/> No		
Nombre completo del solicitante de beneficios (del formulario 43)		
Dirección donde recibe el servicio público (número y calle)		Número de unidad (si tiene)
(Ciudad)	Estado CA	Código postal

#### INFORMACIÓN DE LOS SERVICIOS PÚBLICOS

Escriba el nombre de la empresa de servicios públicos y su número de cuenta a continuación (puede encontrar el número de cuenta en la factura). Si diferentes empresas le proveen los servicios de gas y electricidad, escriba el nombre y número de cuenta de ambas empresas.

Nombre de la empresa de servicios públicos	Número de cuenta del servicio
Nombre de la empresa de servicios públicos (si tiene una segunda empresa que le provee servicios públicos)	Número de cuenta del servicio

#### AUTORIZACIÓN Y CONSENTIMIENTO

Al firmar este formulario, usted (el titular de la cuenta) da su autorización y consentimiento (permiso) a CSD, sus contratistas, consultores, otras agencias federales o estatales (asociados de CSD) y a su empresa de servicios públicos y sus contratistas, para que compartan la información sobre la cuenta de servicios públicos, información del medidor de uso y el consumo de energía y otra información según sea necesario de su propiedad durante el período que inicia 24 meses antes y finaliza 36 meses después de la fecha firmada abajo. La información que nos autoriza a obtener y compartir se usará para fines de evaluar el uso doméstico de energía de los beneficiarios del programa para que CSD pueda: a) medir la efectividad de los servicios que proporcionamos al determinar cuánto se reducen sus facturas de servicios públicos y cuánto nuestros servicios reducen las emisiones de carbono (contaminación atmosférica) y b) informar estos resultados a las autoridades federales y estatales que financian y supervisan los programas de asistencia de energía de California. CSD, sus contratistas, consultores, otras agencias estatales o federales y programas afiliados (asociados de CSD), en colaboración con su empresa de servicios públicos y sus contratistas, utilizan esta información para brindar servicios que ayudan a familias de bajos ingresos, como la del solicitante, a pagar sus facturas de energía de consumo doméstico y administrar estas necesidades energéticas para los fines indicados en esta autorización.

Firma del titular de la cuenta	Fecha	Nombre del contratista/organización asociada de CSD
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#### REVOCACIÓN DE LA AUTORIZACIÓN Y EL CONSENTIMIENTO

Usted acepta que su consentimiento permanecerá en vigencia por 36 meses a partir de la fecha en que firma esta autorización, a menos que lo revoque mediante una notificación escrita enviada a: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. La revocación entrará en vigor tras su recepción, pero no se aplicará a ninguna información que fue compartida mientras esta autorización estaba vigente.

#### PROGRAMAS APLICABLES

Algunos de los programas que CSD supervisa o con quienes está asociado incluyen a:

- 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

## 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:

<b>Name and Address</b>	
Name:	
Address:	

<b>Section 1: Do you have sources of income you forgot to report?</b>		
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    UNEMPLOYME    GOVERNMENT SPONSORED BENEFITS    CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)
		ANNUITY    PENSION    TRIBAL CASINO PAYMENTS    RENTAL INCOME    INSURANCE BENEFITS

<b>Section 2: Are you spending your savings or borrowing money to cover monthly expenses?</b>		
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

<b>Section 3: Please tell us how you paid these monthly expenses during the previous months:</b>			
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: _____

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

<b>Signature:</b>
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.
<b>Signature</b> _____
<b>Date</b> _____



**AFFIDAVIT**

NAME: \_\_\_\_\_

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I DECLARE UNDER THE PENALTIES OF PERJURY THAT THIS STATEMENT INCLUDING ANY ACCOMPANYING STATEMENTS HAVE BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF; IT IS A TRUE, CORRECT AND COMPLETE STATEMENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



### **Instructions for Account Holder Authorization & Consent Form CSD 081**

If you are NOT the ACCOUNT HOLDER for the utility bill (gas or electric), please make an attempt to obtain the account holder's consent and authorization.

- Make sure to complete Account Holder Name(s) and Mailing Address information (the person on the bill).
- Account holder must sign under Authorization and Consent.

If you are unable to obtain the signature(s) of the account holder, please complete the affidavit (attached).

- Please specify why you were unable to obtain the signature.

### **Instructions for Department of Community Services and Development CSD 43B Form**

This form should be completed by anyone in the home who is **18 years or older** that does NOT have any income. (Complete **Section 1** through **Section 4**).



## HEAP/ FAST TRACK BENEFIT FORM

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HEAP STAFF MEMBER

FULL NAME: \_\_\_\_\_ BENEFIT AMT: \$ \_\_\_\_\_

CREDIT APPLIED TO: ELECTRIC - GAS - SUB-METERED -INCLUDED IN RENT

CLIENT MUST CIRCLE UTILITY CHOICE & INITIAL: \_\_\_\_\_

Upon determining eligibility we will contact the utility company on your behalf to make a pledge in the amount shown above. Please note, not all utility companies accept H.E.A.P. pledges.

H.E.A.P. payments only cover the electric or gas portion of the bill. H.E.A.P. does not cover any other charges that may be included on your bill.

It is still your responsibility to continue to pay on your utility bill and/or make payment arrangements with the utility company until your payment has been applied to your account.

**It takes approximately 10-12 weeks to complete the process of an application.**

**WE ASSIST WITH ONE UTILITY BILL PER PROGRAM YEAR**

\_\_\_\_ I acknowledge that I have received Energy & Water Conservation Education Information. I have read and understand my responsibility as listed above.

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Entiendo que el programa de H.E.A.P. me puede asistir una vez al año.

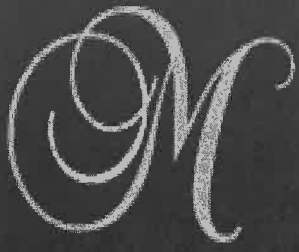
Al determinar la elegibilidad nos comunicaremos con la compañía de utilidad. Usted será responsable de seguir pagando los nuevos cargos de la cuenta de luz o gas cada mes. El proceso de la aplicación toma de 10-12 semanas.

Usted es responsable de cualquier saldo para evitar desconexión de servicios.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CLIENT EDUCATION CONFIRMATION OF RECEIPT**

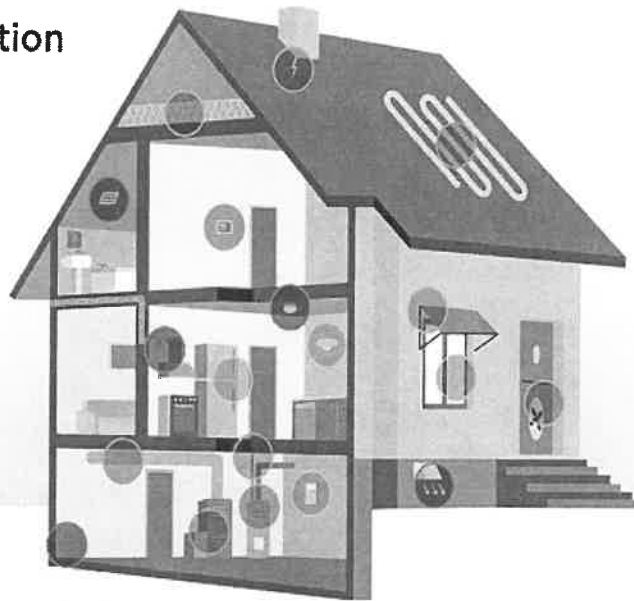
Name of Occupant		Age of Dwelling	
Address of Dwelling			
<b>Confirmation of Receipt</b>			
I have received the following information:			
<input checked="" type="checkbox"/> <b>Lead-Safe Education</b> – A copy of the pamphlet, <i>Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools</i> , informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.			
<input checked="" type="checkbox"/> <b>Energy Education</b> – Information regarding changes I can make in order to reduce the energy consumption of my household.			
<input checked="" type="checkbox"/> <b>Mold and Moisture Education</b> - A copy of the pamphlet, <i>A Brief Guide to Mold and Moisture In Your Home</i> , informing me of how to clean up residential mold problems and how to prevent mold growth.			
<input checked="" type="checkbox"/> <b>Budget Counseling</b> - Information regarding personal financial management.			
<input checked="" type="checkbox"/> <b>Radon Education</b> - A copy of the pamphlet, <i>A Citizen's Guide to Radon</i> , informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.			
Signature of Recipient		Date	
X			
<b>Self-Certification Option</b>			
I certify that I attempted to deliver the following educational information to the dwelling listed above:			
<input type="checkbox"/> <b>Lead-Safe</b> <input type="checkbox"/> <b>Energy</b> <input type="checkbox"/> <b>Mold/Moisture</b> <input type="checkbox"/> <b>Budget Counseling</b> <input type="checkbox"/> <b>Radon</b>			
<i>If the information was delivered but a signature was not obtainable, you may check the appropriate box below.</i>			
<input type="checkbox"/> <b>Refusal to Sign</b> — 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.			
<input type="checkbox"/> <b>Unavailable for Signature</b> — 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	
<b>Mailing Option:</b>			
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):			
<input type="checkbox"/> <b>Lead-Safe</b> <input type="checkbox"/> <b>Energy</b> <input type="checkbox"/> <b>Mold/Moisture</b> <input type="checkbox"/> <b>Budget Counseling</b> <input type="checkbox"/> <b>Radon</b>			
Signature (Agency Representative)		Print name	Date mailed



## WEATHERIZATION BASICS

WEATHERIZATION has numerous benefits for you and your community.

### Typical Weatherization Measures Installed



#### MECHANICAL MEASURES

- Clean, tune, repair, or replace heating and/or cooling systems.
- Install duct and heating pipe insulation.
- Install programmable thermostats and other HVAC controls.
- Repair/replace water heaters.
- Install water heater tank insulation.
- Insulate water heating pipes.



#### HEALTH & SAFETY MEASURES

- Complete combustion appliance safety testing.
- Repair/replace vent systems to ensure combustion gas draft safely outside.
- Install mechanical ventilation to ensure adequate indoor air quality.
- Assess fire hazards. Install smoke and carbon monoxide alarms when needed.
- Evaluate mold/moisture hazards.
- Perform incidental safety repairs when needed.



#### BUILDING SHELL MEASURES

- Install wall, floor, and attic insulation.
- Complete Blower Door Testing.
- Perform air sealing.
- Repair/replace primary windows/doors when needed.
- Repair minor roof and wall leaks prior to attic or wall insulation.



#### ELECTRIC BASELOAD MEASURES

- Install efficient light sources.
- Replace refrigerators with energy efficient models.



**HEATING: \$662/year**  
average household cost



**REFRIGERATOR: \$95/year**  
average household cost



**COOLING: \$394/year**  
average household cost



**ELECTRIC OVEN: \$90/year**  
average household cost



**WATER HEATER: \$317/year**  
average household cost



**TV/DVD/CABLE BOX: \$57/year**  
average household cost



**LIGHTING: \$200+/year**  
average household cost



**DISHWASHER: \$49/year**  
average household cost



**WASHER & DRYER: \$143/year**  
average household cost



**COMPUTER: \$28/year**  
average household cost

Reference: [www.connect4climate.org/infographics/what-uses-most-energy-your-home](http://www.connect4climate.org/infographics/what-uses-most-energy-your-home)

## Weatherization can help minimize some of the above-named costs and more:

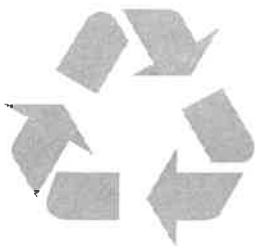


### Weatherization has health benefits!

After Weatherizing home, residents with ASTHMA reported fewer hospitalizations and ER visits.

Residents also experienced fewer "bad" physical and mental health day.

SOURCE: Oak Ridge National Laboratory



### Weatherization has environmental benefits!

Weatherization prioritizes energy efficiency, thus reducing greenhouse gases emissions!

SOURCE: Energy.gov

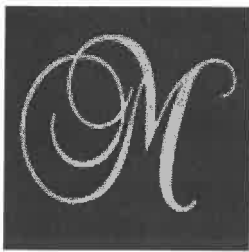
For more information visit these websites:

California Department of Community Services & Development

[www.csd.ca.gov](http://www.csd.ca.gov)

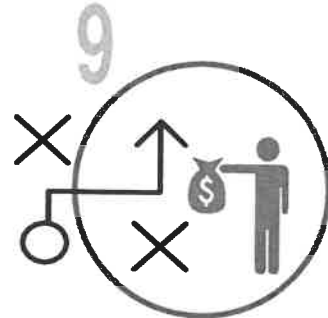
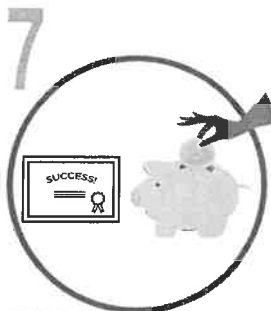
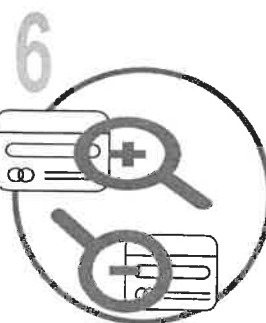
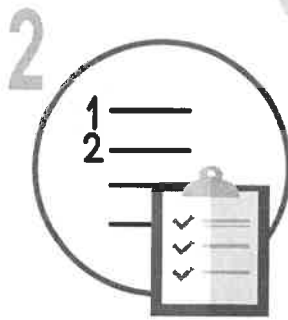
Maravilla Foundation

[www.maravilla.org](http://www.maravilla.org)



# Budgeting

What you should know about budgeting for you and your family!



## \*10 Basic Steps to help you get SMART with MONEY

1. What's behind your Financial Decisions?
2. Get organized!
3. Know where your money goes.
4. Shop Smarter.
5. Review and Reduce your debt.
6. Build a STRONG credit report.
7. Save for your future.
8. Set financial goals.
9. Create a spending plan.
10. Invest money to reach your goals.

\*SOURCE: National Endowment for Financial Education

Visit these sites for more family budgeting information:

Money Matters: Know More, Make More, from the Los Angeles Public Library: [www.lapl.org/money-matters](http://www.lapl.org/money-matters)

Learn how to start right, manage your finances, invest, attend finance-related events and more!

Smart about Money: [www.smartaboutmoney.org](http://www.smartaboutmoney.org)

Whip up your financial fitness by taking courses, and learning about wealth management through tools and topics in this site.

Los Angeles County Consumer and Business Affairs: [dcba.lacounty.gov/financial-empowerment/](http://dcba.lacounty.gov/financial-empowerment/)

Great resource on how to open checking account, free tax prep, financial services and event tax prep.

**BONUS:** Download the Resource Guide, an comprehensive booklet on everything Financial Empowerment!