

# HEAP APPLICATION CHECKLIST

**PLEASE READ** BOTH SIDES of this instruction sheet.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!!!**

**\*\*\*\*\*THIS IS NOT A GUARANTEED PROGRAM!!!\*\*\*\*\***

**NOTE:** We need ALL PAGES of the application **and** proof of INCOME for all household members 18 years old and older **and** electric/gas/fuel bills. (See acceptable forms of income listed on the back of this page). The following items are **MANDATORY** regardless of what you are applying for. PLEASE COMPLETE THE APPLICATION NEATLY. ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

*You do not need to be shut-off, have a shut-off notice or a past due amount to apply for assistance!!!*

1. **Department of Community Services and Development (CSD) Energy Intake Form** (CSD 43 – 10/2022) – Fill out this form completely then sign and date. The name, social security number and the signature on the application must belong to the person who is applying for assistance. Only one name on the application please.
2. **Government-issued Photo Identification** – Need a valid government ID card from the applicant:
  - a. State Identification Card OR
  - b. Tribal Identification Card OR
  - c. Driver's License OR
  - d. U.S. Passport or passport Card OR
  - e. U.S Military Card (front and back) OR
  - f. Military Dependent's ID Card (front and back) OR
  - g. Permanent Resident Card OR
  - h. Certificate of Citizenship OR
  - i. Certificate of Naturalization OR
  - j. Employment Authorization Document
3. **Income Verification** – Provide income from every adult in the home for the past 30 days. **(See back)**
4. **Household Members** – You **must** list all household members information that live in your home (including yourself).
5. **Client/Customer Consent Form & Authorization** – This form is needed for CSD to obtain energy usage information for your household after utility assistance provided and/or weatherization measures installed in your home and should be filled out and signed by the person whose name is on the PG&E account.
6. **Client Education Confirmation of Receipt** – Must be signed and dated. Documentation checked is attached to this packet.
7. **Energy Service Agreement** – **Form 515A** – fill out and sign this form. **Form 515B** – If you rent your home, have the homeowner fill out and sign this form. These forms are required for the weatherization part of the program.

Please complete the following forms **if any apply to your household**, otherwise, you do not need to return them:

- A. **Survey of Income and Expenses (CSD 43B form)** – Must be completely filled out, signed and dated by any person that is **18 or over and claims that they have no income**. You will need a separate form for each person.
- B. **Profit and Loss Statement** – Complete this form if anyone in the household is self-employed. This statement needs to cover the past 3 full months from when you apply.
- C. **Landlord Form** – Have the landlord fill out and sign this form if your utilities are included in your rent (**only if you do not receive a monthly bill showing electric/gas charges**).

See verification of income and utility bills that are **required** on the backside of this page. Applications submitted without copies of income for all adult household members and/or copies of **all** utility bills will be denied. **(See reverse side)**

**1-800-233-4480 Toll Free HEAP Line / 1-844-742-6925 Toll Free Fax**

**You can apply online by visiting our website: [www.nces.org](http://www.nces.org)**

**General Contractor's License #455152**

Please note: All documents submitted with the application must be dated within the past 6 weeks and cover a 30 day period.

**YOU MUST PROVIDE CURRENT PROOF OF INCOME AND ENERGY COSTS WITH YOUR APPLICATION COVERING THE PAST 30 DAYS. IF NOT PROVIDED YOUR APPLICATION WILL BE DENIED!**  
**Proof of income and energy bills must be dated within the past 6 weeks!!!**

**INCOME – TYPES OF INCOME AND ACCEPTABLE FORMS OF VERIFICATION**

**\*Please note: Income verification *must* show the name of the person receiving the income and the dates/period covered – Documents CANNOT BE ALTERED OR CHANGED!**

- ★ **Wages/Earned Income** – Current copy of paystubs covering one full month showing gross amount before taxes **OR** letter from employer showing company name, address, phone number, the gross amount before taxes and period covered **OR** Notice of Action from Social Services showing earned income.
- ★ **Pensions and Annuities** – copy of check stub **OR** annual statement for current month/year **OR** letter or printout for current month/year **OR** Form 1099 (**Only acceptable until February 15<sup>th</sup> of the current year**).
- ★ **Public Assistance / General Assistance** – current “Passport to Services” printout **OR** current Notice of Action **OR** verification from worker with amount of payment & date **OR** Food Stamp verification with current income amount listed **OR** copy of bank statement showing direct deposit.
- ★ **SSA/SSI/SSDI/SSP** – copy of check within the last 30 days **OR** copy of bank statement (all pages) showing direct deposit **OR** dated annual benefit letter for current year **OR** computer printout from Social Security office **OR** payee letter showing income amount for current year **OR** Form 2458 from Social Security Office **OR** current HUD statement **OR** Notice of Planned Action (SSA-L8155-U2) **OR** Form 1099 (**Only acceptable until February 15<sup>th</sup> of the current program year**).
- ★ **Interest/Dividend/Royalties Income** – current statement from bank(s) **OR** current copy of financial statement(s) showing direct deposit **OR** copy of current check(s) **OR** Form 1099 (**Only acceptable until February 15<sup>th</sup> of the current program year**).
- ★ **Workers Comp/Disability/Unemployment Benefits** – copy of current check stub(s) **OR** current printout **OR** current award letter.
- ★ **Child/Spouse/Individual Support** – court document **OR** copy of check **OR** signed statement from person providing the support **OR** Notice of Action showing support amount.
- ★ **Veteran's Benefits** – copy of check or check stub **OR** benefit letter for the current year **OR** letter of verification from VA **OR** copy of current bank statement (all pages) showing direct deposit.
- ★ **Self-Employed / Rental Income** – copy of ledger, journal or profit & loss statement covering the past 3 full months, signed & dated, showing gross receipts and expenses (listed out) totals. Also need most recent Tax Form 1040 (2 pages), Schedule 1 and Schedule C / Schedule E (for rental properties), signed and dated. (**ie 2021 tax forms are good until April 15, 2022**).
- ★ **Survivors' Benefits** – Copy of current check or check stub **OR** current printout **OR** current award letter **OR** current bank statement showing direct deposit.
- ★ **Other Sources of Income / No income verification**– current receipts for recycled materials; a signed & dated CSD 43B form – Survey of Income and Expenses, filled out completely (see attached); or a hand-written, signed statement.

**UTILITY BILLS**

**(TYPES AND ACCEPTABLE FORMS OF VERIFICATION):**

**(DO NOT SEND CABLE, PHONE, CREDIT CARD, OR GARBAGE BILLS, UNLESS THEY ARE INCLUDED WITH YOUR ELECTRIC OR GAS CHARGES)**

- ★ **Electric Bill** – Copy of all pages of current bill and/or current shut-off notice.
- ★ **Gas Bill (Natural Gas/Propane/Kerosene/Oil)** – Copy of all pages of current bill and/or current shut-off notice; print-out from propane/kerosene/oil account showing your last delivery of fuel or a letter from company stating account number and the cost to fill your tank, and how long the fuel will last. If you self-fill propane or kerosene tanks, provide a copy of the receipts for the past 30 days.
- ★ **Wood/Pellets** – Please provide copies of receipts of wood costs.



# FREE



**Would you like assistance with your electric / gas bill?**  
 Would you like to have your home energy efficient?

☺ **WE CAN HELP!!!** ☺

North Coast Energy Services is a non-profit organization that receives federal funding for the **Low-Income Home Energy Assistance Program (HEAP)** through the State of California to assist low-income households with utility bill assistance and weatherization services.

**UTILITY ASSISTANCE:** We can provide assistance with electric, natural gas, propane, kerosene or heating oil bills. Your bill must cover at least 22 days of service. If approved, a pledge may be made on your account and the payment would be credited within 8 - 12 weeks.

**WEATHERIZATION:** Weatherization helps to make the home more air-tight and energy efficient and helps to reduce greenhouse gasses. Some of the measures that we may be able to do for a home is:

- |                              |                           |                          |
|------------------------------|---------------------------|--------------------------|
| LED Light Bulbs              | LED Night Lights          | Advanced Power Strips    |
| Thermostatic Shower Valves   | Occupancy Sensor Switches | Attic Insulation         |
| Door Weather-stripping       | Fix/Replace Windows       | Refrigerator / Microwave |
| Air Conditioner/Swamp Cooler | Door Repair/Replacement   | Solar Shade Screens      |
| Heater Repair / Replacement  |                           |                          |

**WATER PROGRAM:** We may be able to assist with past-due water bills.

Visit our website at [www.nces.org](http://www.nces.org) to apply online or download the application. You can also get more information regarding the HEAP program by visiting [www.csd.ca.gov](http://www.csd.ca.gov).

**Income guidelines:** (amount listed is the gross income allowed for one month for 2023):

1 person	2 persons	3 persons	4 persons	5 persons	6 persons
\$2,700.17	\$3,531.00	\$4,361.83	\$5,192.75	\$6,023.59	\$6,854.43

(Please call if there are more than 6 persons in the home)

For more information, or to request an application or to see if you qualify, please call:

<u>Lake, Mendocino, &amp; Napa Counties:</u>	<u>Lake County:</u>	<u>Solano County:</u>	<u>Sonoma County:</u>	<u>Yolo County:</u>
North Coast Energy Services, Inc. P.O. Box 413 Ukiah CA 95482 (707) 463-0303 (707) 463-0637 Fax	North Coast Energy Services, Inc. 5132 Hill Rd. E. Lakeport CA 95453 (707) 463-0303 (707) 463-0637 Fax	North Coast Energy Services, Inc. 190 S. Orchard Ave, Suite B-101 Vacaville CA 95688 (707) 422-3200 (707) 422-3227 Fax	North Coast Energy Services, Inc. 1100 Coddington Center, Suite 1 Santa Rosa CA 95401 (707) 495-4417 (707) 497-3010 Fax	North Coast Energy Services, Inc. 1250 Harter Ave, Suite F Woodland CA 95776 (530) 669-5700 (530) 669-5800 Fax

# Energy Saving Tips

Follow these tips to save on energy costs:

Install these energy-efficient measures:

- Replace & recycle your old refrigerator & purchase energy-efficient models. Units only 10 years old can use twice as much electricity as a new ENERGY STAR labeled model.
- Insulate ceilings to R-30 standards if your attic has less than R-19.
- Caulk windows, doors & anywhere air leaks in or out. Do not caulk around water-heater & furnace exhaust pipes.
- Weather-strip around windows & doors.
- Wrap heating & cooling ducts with duct wrap, or use mastic sealant.
- Install energy-saver showerheads.

When buying new appliances, be sure to purchase energy-efficient ENERGY STAR labeled models.

Set the furnace thermostat to 68 degrees or lower, and the air-conditioner thermostat at 78 degrees or higher, health permitting. 3 percent to 5 percent more energy is used for each degree the furnace is set above 68 degrees & for each degree the air conditioner is set below 78 degrees.

If your old air conditioner is on it ways out, replace it with an ENERGY STAR labeled energy-efficient model.

Use compact fluorescent lamps. You can lower your lighting bill by converting to energy-efficient low-wattage compact fluorescent lighting & fixtures.

Replace old windows with new high performance dual pane windows.

Clean or replace furnace & air-conditioner filters regularly, following manufacturer's instructions.

Set the water heater thermostat at 140 degrees or "normal." Otherwise, set it at 120 degrees or "low." Check your dishwasher to see if you can use 120 degree water. Follow the manufacturer's direction on yearly maintenance to extend the life of your unit.

Fix defective plumbing or dripping faucets. A single dripping hot water tap/pipe can waste 212 gallons of water a month. That not only increases water bills, but also increases the gas or electric bill for heating the water.

Wash only full loads in a dishwasher & use the shortest cycle that will get your dishes clean. If operating instructions allow, turn off the dishwasher before the drying cycle, open the door and let the dishes air dry.

Defrost refrigerators & freezers before ice build-up becomes 1/4-inch thick.

Install shades, awnings or sunscreens on windows facing south and/or west to block summer light. In winter, open shades on sunny days to help warm rooms.

Close the damper when the fireplace is not being used. Try not to use the fireplace & central heating system at the same time.

**Department of Community Services and Development**

Energy Intake Form

CSD 43 (10/2022)

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

Agency: \_\_\_\_\_ Intake Initials: \_\_\_\_\_ Intake Date: \_\_\_\_\_

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

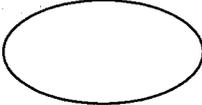
Service Address	Unit Number		
Service City	Service County	Service State	Service Zip Code

Have you lived at this residence during each of the past 12 months? .....  Yes  No  
 Is your service address the same as mailing address?.....  Yes  No  
 Do you own or rent your home?.....  Own  Rent

Mailing Address	Unit Number		
Mailing City	Mailing County	Mailing State	Mailing Zip Code

Social Security Number (SSN):	Telephone Number ( )
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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		Hispanic/ Latino/Spanish?
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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?
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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?
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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?
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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?
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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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:

**MUST BE SIGNED, DATED &  
 RETURNED**

**CLIENT EDUCATION CONFIRMATION OF RECEIPT**

Name of Occupant	Age of Dwelling
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Address of Dwelling

**Confirmation of Receipt (Applicant)**

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. *(See reverse side)*

**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. *(See attached)*

**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.

Signature of Recipient	Date
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**Self-Certification Option (Agency)**

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

Lead-Safe     Energy     Mold/Moisture     Budget Counseling     Radon

*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
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**Mailing Option (Agency Only)**

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

Signature (Agency Representative)	Print Name	Date Mailed
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**Department of Community Services and Development**

**Account Holder Authorization and Consent Form**

CSD Form 081 (Rev. 12/17)

**ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS**

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

**UTILITY INFORMATION**

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

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

**AUTHORIZATION AND CONSENT**

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

Signature of Account Holder	Date	Name of CSD Contractor/Partner Organization
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**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



## 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)			
<p>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):</p> <ol style="list-style-type: none"> <li>1. I certify that the above-listed property is my primary residence.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p><b>Additional Certifications For Owner-Occupants ONLY:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>9. <u>Mobile home units only:</u> I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.</li> </ol> <p><b>Additional Certifications For Tenants ONLY:</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol>			



### 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
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**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
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## 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
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**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
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Required Documentation:

Rent schedule received from Property Owner, if applicable?	Y	N	If applicable, CSD 75 completed?	Y	N
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**Department of Community Services and Development**

CSD 43B (rev. 12/2013)

*Anyone 18 & older with NO INCOME must fill out this form completely, then sign and date at the bottom. Also use this form for any further explanation of income situation.*

**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 your 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	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			

<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: _____

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

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**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

## PROFIT & LOSS STATEMENT ESTADATO de PERDIDAS y GANANCIAS

***This form is for self-employed applicants only***  
***Este formulario es solamente para solicitantes que trabajan por su cuenta propia***

Name: \_\_\_\_\_

Business Name / Type of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

City / Ciudad	State / Estado	Zip / Codigo Postal
_____	_____	_____

Telephone/Telefono: \_\_\_\_\_

Month-Year / Mes-Año:	Month-Year / Mes-Año:	Month-Year / Mes-Año:
Gross Receipts / Ingreso Bruto: \$ _____	Gross Receipts / Ingreso Bruto: \$ _____	Gross Receipts / Ingreso Bruto: \$ _____
Expenses / Gastos:	Expenses / Gastos:	Expenses / Gastos:
1. \$ _____	1. \$ _____	1. \$ _____
2. \$ _____	2. \$ _____	2. \$ _____
3. \$ _____	3. \$ _____	3. \$ _____
4. \$ _____	4. \$ _____	4. \$ _____
5. \$ _____	5. \$ _____	5. \$ _____
6. \$ _____	6. \$ _____	6. \$ _____
7. \$ _____	7. \$ _____	7. \$ _____
8. \$ _____	8. \$ _____	8. \$ _____
Total Expenses / Gastos Totales: \$ _____	Total Expenses / Gastos Totales: \$ _____	Total Expenses / Gastos Totales: \$ _____

**(PLEASE NOTE: For the Gross Receipts - this is the amount before taxes or expenses)**  
**(TENGA EN CUENTA: Para los ingresos brutos - esta es la cantidad de impuestos o gastos)**

**(PLEASE NOTE: Expenses listed above are for the business only - NOT the household you reside in)**  
**(TENGA EN CUENTA: Los gastos antes mencionados son para el único negocio - no el hogar que residen en)**

\_\_\_\_\_  
SIGNATURE / FIRMA

\_\_\_\_\_  
DATE / FECHA

Only return this form if your utilities are included in your rent (you do not receive a monthly statement)

### LANDLORD/PROPERTY MANAGER FORM

I, \_\_\_\_\_, certify that utilities are  
(Name of Landlord/Property Manager)

included in the rent at: \_\_\_\_\_  
(Physical Address of Tenant)

Energy costs for \_\_\_\_\_ are as follows:  
(Name of Renter/Tenant)

RENT \$ \_\_\_\_\_

GAS \$ \_\_\_\_\_

ELECTRIC \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Total energy fees for the Month of \_\_\_\_\_

Signature: \_\_\_\_\_  
Landlord/Manager

Please Stamp with Company Stamp  
(Name / address / phone number)

**THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.**

**CASH MANAGEMENT WORKSHEET**

North Coast Energy Services, Inc. and the State of California Community Services Department would like to offer you this Cash Management Worksheet. The worksheet is designed to help you better understand where your money goes each month and perhaps discover areas where your expenses can be reduced. Step by step instructions for completing the form are outlined on the back of the worksheet along with some helpful hints for reducing your monthly expenses.

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

<b><u>Fixed Expenses</u></b>		<b>Monthly Income</b>	\$ _____
Rent/Mortgage	\$ _____	<b>(-) Fixed Expenses</b>	\$ _____
(if mortgage, include taxes and insurance)		<b>(=) Balance</b>	\$ _____
Other	\$ _____	(Put this amount on the "Disposable Income" line below)	
Other	\$ _____		
Other	\$ _____		
Other	\$ _____		
<b>TOTAL</b>	\$ _____		

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

<b><u>Flexible Expenses</u></b>		<b>Disposable Income</b>	\$ _____
PG&E	\$ _____	<b>(-) Flexible Expenses</b>	\$ _____
Phone	\$ _____	<b>(=) Balance</b>	\$ _____
Water	\$ _____		
Medical	\$ _____		
Charge Accounts	\$ _____		
Clothing	\$ _____		
Transportation	\$ _____		
Entertainment	\$ _____		
Other	\$ _____		
<b>TOTAL</b>	\$ _____		

**THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.**

## **THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.**

### **INSTRUCTIONS:**

**STEP 1.** Add up your fixed expenses and subtract them from your total monthly income. This will leave you a balance.

**STEP 2.** Add up your flexible expenses and subtract them from the balance from **STEP 1**. This will give you the total amount of money that you will have left over after bills each month. If your bills exceed your income or if you see that there isn't enough money set aside for your needs, proceed to **STEP 3**.

**STEP 3.** Go down your list of flexible expenses and rank them in order of importance to you (#1 being most important and #3 being least important). Look through your list of flexible expenses and reduce as many of the #3 items as possible. If you're still over your monthly income, reduce as many #2 items as you can. Continue with this procedure until your "flexible expenses total" equals or is less than your balance from **STEP 1**. Keep your #1 items as generous as you can since these are the items that are most important to maintaining your household.

### **PHONE BILL**

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

### **PG&E BILL**

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

### **OTHER IDEAS**

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

***Please share this Cash Management Worksheet and Energy pamphlet with your family and friends***

**THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.**



