HEAP Application Checklist

PLEASE READ BOTH SIDES of this instruction sheet.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!!!

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

NOTE: Please submit the documents listed below. PLEASE COMPLETE THE APPLICATION NEATLY. ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

1. **Department of Community Services and Development (CSD) Energy Intake Form** (CSD 43 – 5/2025
   Fill out this form completely, then sign and date. The name, social security number and signature on the application must belong to the person who is applying for assistance.
2. **Government-issued Photo Identification** – Need a valid U.S. Government issued ID card with photo from the applicant (only one):
   - State Identification Card
   - Driver's License
   - U.S Military Card (front and back)
   - Permanent Resident Card
   - Certificate of Naturalization
   - Tribal Identification Card
   - U.S. Passport or Passport Card
   - Military Dependent's ID Card (front and back)
   - Certificate of Citizenship
   - Employment Authorization Document
3. **Income Verification** – Provide income from *every adult* aged 18 and older in the home covering the past 30 days. *(**See back for acceptable forms of verification.**)*
4. **Utility Bill(s)** – We need your current electric and gas bills, to include propane/kerosene/firewood costs, if used. *(See back for more information)*
5. **Household Members** – You **must** list all household members' information that live in your home (including yourself).
6. **Client Education Confirmation of Receipt** – Must be signed and dated. The items checked are included in this packet.
7. **Client/Customer Consent Form & Authorization** – This form is needed for CSD to obtain energy usage information for your household after utility assistance is provided and/or weatherization measures are installed in your home and should be filled out and signed by the person whose name is on the PG&E account.
8. **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. **Certification of Income and Expenses (CSD 43B form)** – Must be **completely** filled out, signed and dated by any person who is **18 or over and claims that they have no income**. You will need a separate form for each person.
B. **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***).

NORTH COAST ENERGY SERVICES, INC.
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 or www.caliheapapply.com
General Contractor's License #455152

Income Guidelines for 2026: (amount shown is the gross income allowed for one month)

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
$3,331.66	$4,356.83	$5,382.00	$6,407.16	$7,432.25	$8,457.41

(please call if more than 6 members in household)

Lake, Mendocino & Napa Counties	Lake County (electric only)	Sonoma County	Solano County	Yolo County
P.O. Box 413 Ukiah CA 95482 (707) 463-0303 (707) 463-0637 Fax	815 Bevins St. Lakeport CA 95453 (707) 463-0303 Fax (707) 463-0637	P.O. Box 6111 Santa Rosa CA 95406 (707) 495-4417 Fax (707) 497-3010	190 S. Orchard Ave, Suite C-120D Vacaville CA 95688 (707) 422-3200 Fax (707) 422-3227	950 Riverside Parkway, Suite 30 W. Sacramento CA 95605 (530) 669-5700 Fax (530) 669-5800

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** a 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/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 12th of the current year).***

★ **PUBLIC ASSISTANCE/GENERAL ASSISTANCE** – current "Passport to Services" printout **OR** current Notice of Action **OR** verification from worker with the amount of payment & date **OR** Food Stamp verification with current income amount listed **OR** a copy of your 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** 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 12th of the current year).***

★ **INTEREST/DIVIDENDS/ROYALTIES** – 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 12th of the current year)***

★ **WORKERS COMP/DISABILITY/UNEMPLOYMENT** – copy of current check stub(s) **OR** current printout **OR** current award letter.

★ **CHILD/SPOUSE/INDIVIDUAL SUPPORT** – court document **OR** a copy of the check **OR** a signed statement from the person providing the support **OR** a Notice of Action showing the 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** – Need current Tax Form 1040 (2 pages), Schedule 1 and Schedule C / Schedule E (for rental properties), signed and dated. **(i.e. 2024 tax forms are good until April 15, 2026)**.

★ **SURVIVOR'S BENEFITS** – Copy of current check or check stub **OR** current printout **OR** current award letter **OR** current bank statement showing direct deposit.

★ **OTHER INCOME / NO INCOME**– current receipts for recycled materials; a signed and dated CSD 43B form – Survey of Income and Expenses, filled out completely (see attached) if claiming no income – one form for each person; 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 / Natural Gas** – Copy of all pages of the current bill and/or current shut-off notice.
★ **Fuel Bill (Propane/Kerosene/Diesel Oil)** – Copy of all pages of the current bill and/or current shut-off notice showing last delivery information (gallons, cost per gallon, total cost; current month's meter reading; print-out from propane/kerosene/oil account showing your last delivery of fuel or a letter from the 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.

North Coast Energy Services, Inc.
Home Energy Assistance Program
(HEAP)
P.O. Box 413
Ukiah CA 95482
CSD 43 (05/2025)

Phone (707) 463-0303
Fax (707) 463-0637
HEAP Line 1-800-233-4480
Toll Free Fax 1-844-742-6925
www.nces.org
www.caliheapapply.com

DJSN #_____

Job # _____

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

Agency: **NCES** Intake Initials: Intake Date:

First name	Middle Initial	Last Name	Date of Birth *MM/DD/YY*

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

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

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

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

Social Security Number (SSN): | | | | | | | | | | | | Home Phone ( )

Mobile Phone ( ) Do you agree to opt in to receive text messages? ☐ Yes ☐ No

E-mail Address:

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself →		**INCOME** Enter the total number of people who receive income →	
Demographics: Enter the number of people in the household who are:		*Enter the total **gross** monthly income for **all** people living in the household:*	
Ages 0 – 2 Years		TANF / CalWORKs	$
Ages 3 - 5 years		SSI / SSP	$
Ages 6 - 18 years		SSA / SSDI	$
Ages 19 - 59		Paycheck(s)	$
Ages 60 and older		Interest	$
Disabled		Pension	$
Native American		Other	$
Seasonal or Migrant Farmworker		**Total Monthly Income**	**$**

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? If yes, please provide verification covering the past 30 days. ☐ Yes ☐ No

Official Use Only:

Notified client by:

Email / Mail / Phone / Text on _____ that the application was incomplete. Client to respond by _____ (10 working days)

Received remaining information on _____ NOTIFICATION LETTER TO BE SENT BY _____ (15 working days from receipt)

*****Warning: Do not pay anyone offering to help you fill out this application. All official support is completely free, and anyone requesting payment is not affiliated with North Coast Energy Services, Inc. or the Low-Income Home Energy Assistance Program.*****

HOUSEHOLD MEMBERS

ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.

If you have **more than 4 people** in your household, please list the information on a **separate piece of paper**.

APPLICANT (HOUSEHOLD MEMBER 1)

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

Date of Birth: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

Have you served or are you an immediate family member of someone who served in the United States military?

☐ Yes, I have Served

☐ Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military

☐ No

☐ Decline to State

I consent to this agency, and CSD, transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I or my family member may be eligible. I understand that this consent is valid for 12 months. ☐ Yes ☐ No

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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐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 ☐ 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 ☐ N/A

WOOD, PROPANE or FUEL OIL SERVICE (WPO) **(Attach complete copy of most recent bill or receipt)**

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: _____

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 to include wood/pellets costs.

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? *(ONLY 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 ☐ N/A

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 Program Year: _____

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: ☐

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 321 (Rev. 12/05/11)

MUST BE SIGNED, DATED & RETURNED

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling
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.

X **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.

X **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***

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 Ihave 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 (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

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? ☐ Yes ☐ 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 mange those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	**Date**

Name of CSD Contractor/Partner Organization

REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program

STATE OF CALIFORINA
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 515A (Rev. 2/12/16)

ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information

Select the Dwelling Type			I am the	
Single-Family ☐	Mobile Home ☐	Multi-Unit ☐	Owner-Occupant ☐	Tenant ☐

Owner-Occupant or Tenant Information

Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	**City**	**ZIP Code**	**Telephone Number**
Owner-Occupant or Tenant Email Address			**Owner-Occupant or Tenant FAX Number**

Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services

(to be completed by the Owner-Occupant or Tenant)

I agree to accept the following TERMS required for my primary residence to receive services from the Department of Community Services and Development (CSD) weatherization programs(s):

1. I certify that the above-listed property is my primary residence.
2. I (the Owner-Occupant or Tenant), grant the Contractor/Agency permission to enter my dwelling to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization services and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed dwelling.
3. I acknowledge that an assessment of my dwelling is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my residence. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
5. I authorize the Contractor/Agency to access my utility company records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
6. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
7. I shall not remove any permanently installed energy conservation measures unless they are damaged or no longer functional in the residence from where they were installed.

Additional Certifications For Owner-Occupants ONLY:

8. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
9. Mobile home units only: I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.

Additional Certifications For Tenants ONLY:

10. I acknowledge that the Rental Property Owner must grant the Contractor/Agency the same permissions by signing CSD 515B Energy Service Agreement for Rental Property Owner before any services are rendered.

ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).

12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property .

I CERTIFY THAT I am the Owner-Occupant or Tenant residing in the dwelling listed above that serves as my primary residence and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order to receive weatherization services under the CSD weatherization program(s).

Owner-Occupant or Tenant's Signature	Date

Contractor/Agency Assurance

Contractor/Agency (Print name)	Address		
NORTH COAST ENERGY SERVICES, INC.	966 MAZZONI ST, STE 3B / P.O. BOX 413		
CSLB Number (if applicable)	**City**	**ZIP Code**	**Contractor/Agency Telephone Number**
455152	UKIAH	95482	(707) 463-0303
Contractor/Agency Email Address			**Contractor/Agency FAX Number**
outreach@nces.org			(707) 463-0637

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

STATE OF CALIFORINA
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 515B (Rev. 2/12/16)

ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Single-Family/Mobile Home Dwelling Information

Tenant Name	Dwelling Address	
City	Zip Code	Type
		Single ☐ Mobile ☐

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

If the Owner uses an agent for the above-referenced property, complete <u>both</u> Owner and Agent information.

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)).

STATE OF CALIFORINA
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 515B (Rev. 2/12/16)

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	
NORTH COAST ENERGY SERVICES, INC.		966 MAZZONI ST, STE 3B / P.O. BOX 413	
CSLB Number (if applicable)	**City**	**ZIP Code**	**Contractor/Agency Telephone Number**
455152	UKIAH	95482	(707) 463-0303
Contractor/Agency Email Address			**Contractor/Agency FAX Number**
outreach@nces.org			(707) 463-0637

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the rental unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor/Agency Program Manager's Signature	Contractor/Agency Program Manager's Name (Print name)	Date

Required Documentation:

Rent schedule received from Property Owner, if applicable?	Y	N	If applicable, CSD 75 completed?	Y	N

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:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income your 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? **(you have your own business)**				
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/ Mortgage/ Prop. Taxes	$		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 & current financial situation:

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

North Coast Energy Services HEAP Program
P.O. Box 413, Ukiah CA 95482
1-800-233-4480 HEAP Line

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 included in the rent at:
(Name of Landlord/Property Manager)

_____
(Physical Address of Tenant)

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

PLEASE LIST THE PORTION OF THE RENT THAT GOES TOWARDS THE FOLLOWING UTILITIES:

GAS: $ _____

ELECTRIC: $ _____

TOTAL RENT PAID: $ _____

Total energy fees are for the month of: _____

Signature: _____ Date: _____
Landlord/Manager

Need owner/manager contact information:
(Name, address & phone number or company stamp)

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.

Fixed Expenses

Rent/Mortgage $_____
(if mortgage, include taxes and insurance)

Other $_____
Other $_____
Other $_____
Other $_____
TOTAL $_____

Monthly Income $_____

(-) Fixed Expenses $_____

(=) Balance $_____
(Put this amount on the "Disposable Income" line below)

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

Flexible Expenses

PG&E $_____
Phone $_____
Water $_____
Medical $_____
Charge Accounts $_____
Clothing $_____
Transportation $_____
Entertainment $_____
Other $_____

TOTAL $_____

Disposable Income $_____

(-) Flexible Expenses $_____

(=) Balance $_____

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INSTRUCTIONS:

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

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

STEP 3. Go down your list of flexible expenses and rank them in order of importance to you (#1 being 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.

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.

Call 1-800-233-4480 ***Toll Free Fax 1-844-742-6925***

Se habla español

FREE

Se habla español

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

Visit our website at 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. You can also apply online by visiting www.caliheapapply.com.

Income guidelines: (amount listed is the *gross* income allowed for one month for 2026):

1 person	2 persons	3 persons	4 persons	5 persons	6 persons
$3,331.66	$4,356.83	$5,382.00	$6,407.16	$7,432.25	$8,457.41

(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:

Lake, Mendocino & Napa Counties:	*Lake County (electric only)*:	*Solano County*:	*Sonoma County*:	*Yolo County*:
North Coast Energy Services, Inc. P.O. Box 413 Ukiah CA 95482 (707) 463-0303 (707) 463-0637 Fax	North Coast Energy Services, Inc. 815 Bevins St. Lakeport CA 95453 (707) 463-0303 (707) 463-0637 Fax	North Coast Energy Services, Inc. 190 S. Orchard Ave, Suite C-120D Vacaville CA 95688 (707) 422-3200 (707) 422-3227 Fax	North Coast Energy Services, Inc. P.O. Box 6111 Santa Rosa CA 95406 (707) 495-4417 (707) 497-3010 Fax	North Coast Energy Services, Inc. 950 Riverside Pkwy, Ste 30 W. Sacramento CA 95605 (530) 669-5700 (530) 669-5800 Fax

CARE/FERA PROGRAM APPLICATION

Residential Customers

Form 01-9077

1. Fill out **Section 1**.
2. Fill out **Section 2A** OR **Section 2B**. **Only one section (A or B) is required** to qualify for this program. However, if you complete Section 2B, **you may qualify for additional discounts** as new programs become available.
3. Sign and date this form and mail to PG&E.

If you qualify, your CARE or FERA discount will appear on the first page of your next PG&E bill.

1 You and your household

Your PG&E account number (Find yours on page 1 of your PG&E bill.)

Account holder's name (Use the name as it appears on your PG&E bill, which must be in your name.)

Your home address (Address must be your primary residence. Do **NOT** use a P.O. Box.) Unit #

City/State/Zip Code

Email address
(By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.)

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Alternative phone number ☐ Home ☐ Work ☐ Mobile

What language do you prefer for future CARE and FERA communications? (Choose one)

☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese
☐ Russian ☐ Korean ☐ Tagalog ☐ Hmong

What is your preferred method of communication? (Choose one)

☐ Mail ☐ Email ☐ Phone ☐ Text (Message and data rates may apply.)

Number of people in your household at this address:

Adults ☐ **+ Children** (under 18) ☐ **=** ☐

2 Household qualification

Fill out Section 2A **OR** Section 2B.

2A Public assistance programs

Check all the programs in which you, or someone in your household, participate.

☐ Low Income Home Energy Assistance Program (LIHEAP)
☐ Women, Infants, and Children (WIC)
☐ CalFresh/SNAP (Food stamps)
☐ CalWORKs (TANF) or Tribal TANF
☐ Head Start Income Eligible (Tribal only)
☐ Supplemental Security Income (SSI)
☐ Medi-Cal for Families (Healthy Families A&B)
☐ National School Lunch Program (NSLP)
☐ Bureau of Indian Affairs General Assistance
☐ Medicaid/Medi-Cal (under age 65)
☐ Medicaid/Medi-Cal (age 65 and over)

OR

2B Household income

☐ I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

My household income is:

Total gross annual household income **$** ☐ **.00**
(please account for all income from every household member)

3 Your declaration

By signing this declaration, I certify that the information I have provided in this application is true and correct.

I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or the FERA program, including the following:

1. I am not claimed as a dependent on another person's income tax return other than my spouse.
2. I am not knowingly sharing an energy meter with another home.
3. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
4. I understand I may be required to provide proof of household income.
5. I understand I may be required to participate in the Energy Savings Assistance Program.
6. I understand I may be removed from the CARE program if my monthly electric usage exceeds six times the Tier 1 allowance.
7. I understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. I will pay back the discount I have received if I provided false information to support my application for the CARE or the FERA program.

X
Customer signature ○ Fill in circle if you are a guardian or you have power of attorney.

Date

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Information collected on this application is handled in accordance with PG&E's Privacy Policy. The Privacy Policy is available at **pge.com/privacy**.

Automated Document, Preliminary Statement, Part A

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These offerings are funded by California utility customers and administered by PG&E under the auspices of the California Public Utilities Commission.

CARE/FERA PROGRAM APPLICATION

Sub-Metered Residential Customers

Form 01-9285

1. Have your landlord or facility manager fill out Section 1A.
2. Fill out Section 1B.
3. Fill out Section 2A **OR** Section 2B. **Only one section (A or B) is required** to qualify for this program. However, if you complete Section 2B, **you may qualify for additional discounts** as new programs become available.
4. Sign and date this form and return to PG&E as soon as possible. **By signing this application you agree to make available to your landlord or facility manager PG&E's determination of your eligibility to participate in CARE or FERA for them to pass along the discount if you qualify.**

1 1A Your landlord and facility

Applicant status: ○ ADD NEW ○ DROP ○ RENEW ○ MOVE TO DIFFERENT SPACE

PG&E account numbers:

Electricity ☐☐☐☐☐☐☐☐☐☐–☐☐

Gas ☐☐☐☐☐☐☐☐☐☐–☐☐

Your mobile home park/facility name

Your mobile home park/facility address (City/State/Zip Code)

Your landlord or manager's name

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Your landlord or manager's mailing address (City/State/Zip Code)

Email

1B You and your household

Your name (Use the name as it appears on the energy bill from your landlord, which must be in your name.)

Email (By entering your email address, you are authorizing PG&E to send you information from time to time regarding your PG&E utility service and PG&E programs and services that may be available to you.)

Your home address (Address must be your primary residence. Do **NOT** use a P.O. Box.)

Unit #/City/State/Zip Code

Mailing address Unit #/City/State/Zip Code

Preferred phone number ☐ Home ☐ Work ☐ Mobile

Alternative phone number ☐ Home ☐ Work ☐ Mobile

What language do you prefer for future CARE and FERA communications? (Choose one)

☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Vietnamese
☐ Russian ☐ Korean ☐ Tagalog ☐ Hmong

What is your preferred method of communication? (Choose one)

☐ Mail ☐ Email ☐ Phone ☐ Text (Message and data rates may apply.)

Number of people in your household at this address:

Adults ☐ **+ Children** (under 18) ☐ **=** ☐

2 Household qualification

Fill out Section 2A **OR** Section 2B.

2A Public assistance programs

Check all the programs in which you, or someone in your household, participate.

- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Women, Infants, and Children (WIC)
- ☐ CalFresh/SNAP (Food stamps)
- ☐ CalWORKs (TANF) or Tribal TANF
- ☐ Head Start Income Eligible (Tribal only)
- ☐ Supplemental Security Income (SSI)
- ☐ Medi-Cal for Families (Healthy Families A&B)
- ☐ National School Lunch Program (NSLP)
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Medicaid/Medi-Cal (under age 65)
- ☐ Medicaid/Medi-Cal (age 65 and over)

OR

2B Household income

☐ I am currently on a fixed income and receive income or benefits from one or more of the following: pensions, Social Security, SSP or SSDI, interest/dividends from retirement accounts, Medicaid/Medi-Cal (age 65 and over) or SSI.

My household income is:

Total gross annual household income $ ☐ **.00**

(please account for all income from every household member)

3 Your declaration

By signing this declaration, I certify that the information I have provided in this application is true and correct.

I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the CARE or the FERA program, including the following:

1. I am not claimed as a dependent on another person's income tax return other than my spouse.
2. I am not knowingly sharing an energy meter with another home.
3. I will notify PG&E if my household is no longer eligible for the CARE or FERA discount.
4. I understand I may be required to provide proof of household income.
5. I understand I may be required to participate in the Energy Savings Assistance Program.
6. I understand I may be removed from the CARE program if my monthly electric usage exceeds six times the Tier 1 allowance.
7. I understand that I may be switched or dropped from the CARE or FERA program if I submit information or PG&E receives information from other programs which deem me ineligible.
8. I authorize PG&E to share my information in order to remain eligible for available energy management assistance, and price reduction and residential rate programs with other utilities, state agencies and entities designated by the CPUC.
9. I will pay back the discount I have received if I provided false information to support my application for the CARE or the FERA program.

SIGN HERE _____

Customer signature

○ Fill in circle if you are a guardian or you have power of attorney.

Date _____

FOR INTERNAL USE ONLY
508

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Automated Document, Preliminary Statement, Part A

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