

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2017)

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

Agency: **PACE** 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 LOS ANGELES	Service State CA	Service Zip Code
--------------	--------------------------------------	----------------------------	------------------

Have you lived at this residence during each of the past 12 months? Yes No
 Is your service address the same as mailing address?..... Yes No

Mailing Address	Unit Number
-----------------	-------------

Mailing City	Mailing County LOS ANGELES	Mailing State CA	Mailing Zip Code
--------------	--------------------------------------	----------------------------	------------------

Social Security Number (SSN):	Telephone Number ()
-------------------------------	----------------------

E-mail Address:

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself →		INCOME Enter the total number of people who receive income →	
---	--	--	--

Demographics: Enter the number of people in the household who are: *Enter the total **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 GR	\$
Seasonal or Migrant Farmworker		Total Monthly Income	\$

HOUSEHOLD MEMBERS

ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.
 If you have more than 7 people in your household, please list the information on a separate piece of paper.

First Name	Last Name	Relation to Applicant	Age	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self				
Household Total Monthly Gross 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?**
 Natural Gas
 Electricity
 Wood
 Propane
 Fuel Oil
 Kerosene
 Other Fuel
Enter the energy company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? Yes NoDo you have a past due notice? Yes No**Are your utilities included in rent or submetered?** Yes No**Are your utilities all electric?** Yes No**Is your Natural Gas Company the same as your Electric Company?** Yes No**WOOD, PROPANE or FUEL OIL SERVICE (WPO)****Are you currently out of fuel?** (Wood, Propane, Oil, Kerosene, Other Fuels) Yes No N/A**List the approximate number of days until you run out of fuel** (Wood, Propane, Oil, Kerosene, Other Fuels).Number of Days: _____ N/A**ENERGY INFORMATION**The questions below are **MANDATORY**. Please check all energy sources used to heat your home.A copy of **all** recent energy bills 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. **CHOOSE ONE ONLY**
 Natural Gas
 Electricity
 Wood
 Propane
 Fuel Oil
 Kerosene
 Other Fuel
In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):
 Natural Gas
 Electricity
 Wood
 Propane
 Fuel Oil
 Kerosene
 Other Fuel
 N/A
Are you the account holder: **Electric Bill** Yes No **Natural Gas Bill** Yes No

The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

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

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.Utility Assistance being provided under which program → HEAP Fast Track HEAP WPO ECIP WPO**Base Benefit \$** _____ **Supplement \$** _____ **Total Benefit \$** _____**Total Energy Cost \$** _____ **Energy Burden** _____Energy Services Restored after disconnection: Yes No Disconnection of Energy Services prevented: Yes NoHome Referred for WX: Home Already Weatherized:

Home Energy Assistance Program Survey Form

In accordance with federally funded program requirements, please provide the following demographic survey information. Please check all that apply.

Income and/or Other Support

1. AFDC/TANF/CalWorks
 2. SSI/SSP
 3. SSA/Social Security
 4. Pension/Retirement/Annuity
 5. Employment, IHSS, Crystal Stairs
 6. Self-employment
 7. CAPI
 8. EDD/SDI (State Disability)
 9. Workers Compensation
 10. GR
 11. Adoption/Foster Care
 12. Investment/Interest
 13. VA Benefits
 14. Child/Spousal Support
 15. Family Support
 16. Rental Income
 17. Savings
 18. CalFresh (Food Stamps)
 19. Other: (list below)
- _____
- _____

I consider myself to be:

20. African American
21. Armenian
22. Caucasian
23. Chinese
24. Filipino
25. Korean
26. Latino
27. Native American Indian
28. Vietnamese
29. Other: (list here) _____

Housing

30. I have **SECTION 8** or **HUD**
My monthly portion is \$ _____
31. I **RENT** an apartment.
My monthly rent is \$ _____
How many units are in your complex? _____
32. I **RENT** a house.
My monthly rent is \$ _____
33. I **OWN** my house.
My monthly mortgage payment is \$ _____



FREE Weatherization Program - Energy Savings for Your Home

34. Check to receive a free weatherization eligibility application.

You may be eligible to receive at no cost to up to \$3055 worth of energy saving and weatherization work done to your home (low income, other eligibility & assessment requirements apply). This program is funded by Health & Human Services, administered by the Department of Community Services & Development.

35. I RENT A HOUSE
36. I OWN A HOUSE

37. I RENT AN APARTMENT
38. I OWN AN APARTMENT

Home Energy Assistance Program (HEAP) Procedures

Please read and acknowledge by signing below:

- 1) The HEAP program is a once a year utility bill assistance program (only 1 bill per year, per household).
- 2) The HEAP program is not an entitlement program.
- 3) All can apply, but not all may qualify.
- 4) If your application qualifies, a credit will be posted to your utility account that you specified on this application.
- 5) If your application does not qualify, you will be notified by mail.
- 6) **PACE does not call the utility company** on your behalf for any reason.
- 7) PACE does not make any payments.
- 8) All payments/credits are made and/or applied to the utility company by the California State Department of Community Services and Development.
- 9) No utility bill is paid immediately and it may take up to **5 months**. **You will need to make your own arrangements directly with the utility companies to avoid service disconnection.**

I, _____, have read and understand the HEAP Program Procedures.
(Print Name)

Signature: _____ **Date:** _____

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant

Address of Dwelling

Confirmation of Receipt

I have received the following information:

- Lead-Safe Education** – A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.
- Energy Education** – Information regarding changes I can make in order to reduce the energy consumption of my household.
- Mold and Moisture Education** - A copy of the pamphlet, *A Brief Guide to Mold and Moisture In Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.
- Budget Counseling** - Information regarding personal financial management.
- Radon Education** - A copy of the pamphlet, *A Citizen's Guide to Radon*, informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.
- Asbestos Education** - A copy of the pamphlet, *FAQs About Asbestos in the Home and Workplace*, informing me about identifying asbestos-containing materials in the home, exposure, and available resources.

Signature of Recipient

Date

Self-Certification Option

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

- Lead-Safe** **Energy** **Mold/Moisture** **Budget Counseling** **Radon** **Asbestos**

If the information was delivered but a signature was not obtainable, you may check the appropriate box below.

- Refusal to Sign** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.
- Unavailable for Signature** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door.

Attempted delivery dates and times

Date	Time	Date	Time	Date	Time
Signature (Agency Representative)			Print name		

Mailing Option:

I certify that I have mailed the following educational information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only):

- Lead-Safe** **Energy** **Mold/Moisture** **Budget Counseling** **Radon** **Asbestos**

Signature (Agency Representative)	Print name	Date mailed
-----------------------------------	------------	-------------



Energy & Environmental Services

HEAP

1055 Wilshire Blvd.

Suite 900E

Los Angeles, CA 90017

web: www.pacela.org

The Pacific Asian Consortium in Employment (PACE) and the Home Energy Assistance Program (HEAP) Help Pay Gas or Electric Bills

The PACE Home Energy Assistance Program (HEAP) is funded by the Federal Low Income Home Energy Assistance Program through the State of California's Department of Community Services & Development. Our mission is to help low-income eligible and qualified households offset their heating and cooling costs by providing a once a year payment to either their gas or electric bill.

The PACE HEAP program only serves the following Los Angeles County zip codes:

90001	90002	90003	90006	90007	90008	90009	90011	90012	90013	90014	90015	90017	90020	90021
90024	90025	90027	90028	90029	90030	90036	90037	90038	90039	90043	90044	90045	90046	90047
90048	90049	90050	90051	90052	90053	90054	90055	90057	90059	90060	90061	90062	90064	90066
90067	90068	90069	90071	90077	90079	90094	90210	90211	90212	90220	90221	90222	90223	90224
90231	90245	90247	90248	90249	90250	90251	90254	90260	90261	90266	90267	90272	90277	90278
90291	90292	90294	90295	90296	90301	90302	90303	90304	90305	90306	90307	90308	90309	90310
90311	90312	90401	90402	90403	90404	90405	90406	90407	90408	90409	90410	90411	90501	90502
90503	90504	90505	90506	90507	90508	90509	90510	90723	90745	90746	90747	90749	91201	91202
91203	91204	91205	91206	91207	91208	91209	91210	91502	91503	91505	91506	91521	91522	91523
91603	91608													

*****HEAP DOES NOT PROVIDE PARKING OR VALIDATE*****

To Determine Eligibility You Must Provide Copies of:

- Your California Picture I.D.
- Your Social Security Card
- Your Current Electric Bill **AND** Current Gas Bill
Complete with all pages covering at least 22 service days with meter reading.
- The recent Final Call or Shut-Off Notice from the electric or gas company.
- Provide Proof of Current Monthly Incomes for all family members
This must show gross benefit amounts covering the past 30 days.
 - TANF (AFDC), GR, Child Support, and others. Must be for current month.
 - SSI, SSA, VA – Yearly award letter or printout dated within the last 30 days.
 - Wages, EDD, SDI, Pension/Retirement, Workers Compensation.
 All stubs must cover the past 30 days. Cash payment or contributions must include date, name, and address of person providing cash.
- Your Current Section 8/HUD contract showing your current monthly rent portion, Rent Receipt and Lease Agreement, or Mortgage Statement.

NOTE: Additional documents may be required.

You Must Also Complete and Sign these Three Forms:

- Energy Intake Form CSD 43
- Home Energy Assistance Program Survey Form
- Client Education Confirmation of Receipt Form CSD 321 (*see back*)

IMPORTANT

1. Send copies only.
No documents will be returned.
2. Due to the popularity of this program, applications may take up to 5 months to process.
3. It is your responsibility to contact the utility company for payment arrangements to avoid disconnection.
4. There is no guarantee that you will receive assistance until your application is approved.
5. If your application qualifies, a payment will be sent directly to the utility company you selected and credited to your utility account.
6. If your application does not qualify, you will be notified by mail.
7. Priority is given to the elderly, disabled, families with young children, and households with the lowest income and highest energy costs.

Applications cannot be processed if they are not completely filled out, missing a signature, or missing any documents.

For more information and to check your application status:

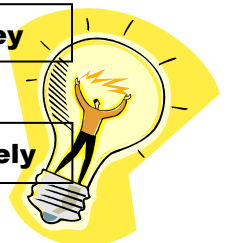
213-989-3236	English/Spanish	213-989-3294	English/Spanish
213-989-3173	English/Spanish	213-989-3152	English/Spanish
213-989-3233	English/Armenian/Russian	213-989-3177	English/Spanish

213-353-1228 24 hour recorded message information line (do not leave a message)

Office Hours: Monday to Friday - 8:00 a.m. to 3:00 p.m.

Energy is Money

Use it Wisely



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 PACE - Pacific Asian Consortium in Employment
-----------------------------	------	--

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



ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information			
Select the Dwelling Type		I am the	
Single-Family	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
		Multi-Unit	<input type="checkbox"/>
		Owner-Occupant	<input type="checkbox"/>
		Tenant	<input type="checkbox"/>
Owner-Occupant or Tenant Information			
Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Telephone Number
Owner-Occupant or Tenant Email Address			Owner-Occupant or Tenant FAX Number

Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services
(to be completed by the Owner-Occupant or Tenant)

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

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

Additional Certifications For Owner-Occupants ONLY:

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

Additional Certifications For Tenants ONLY:

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



ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."
13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property .

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

Owner-Occupant or Tenant's Signature	Date
--------------------------------------	------

Contractor/Agency Assurance

Contractor/Agency (Print name) Pacific Asian Consortium in Employment (PACE)		Address 1055 Wilshire Blvd., Suite 900E	
CSLB Number (if applicable)	City Los Angeles	ZIP Code 90017	Contractor/Agency Telephone Number 213-989-3255
Contractor/Agency Email Address weatherization@pacela.org		Contractor/Agency FAX Number 213-989-3232	

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) Kerry Doi	Date
------------------------------------	--	------



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Single-Family/Mobile Home Dwelling Information				
Tenant Name		Dwelling Address		
City		Zip Code	Type Single <input type="checkbox"/> Mobile <input type="checkbox"/>	
Multi-Family Dwelling/Complex Information				
Number of Eligible Buildings in Complex:		Use additional pages, if necessary.		
Building #1				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #2				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #3				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Owner and Owner's Agent Information				
Owner (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Owner Telephone Number	
Owner Email Address		Owner FAX Number		
<i>If the Owner uses an agent for the above-referenced property, complete both Owner and Agent information.</i>				
Agent (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Agent Telephone Number	
Agent Email Address		Agent FAX Number		



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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

I agree to accept all of the following TERMS required for my rental property to receive services from the Department of Community Services and Development (CSD) weatherization program(s):

1. I certify that I am the Owner (or Owner's Agent) of the above-listed rental property.
2. I grant the Contractor/Agency permission to enter my property to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization measures and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed rental property.
3. I acknowledge that an assessment of my property is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my property. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I shall not remove any energy conservation measures unless they are damaged or no longer functional in the rental property from where they were installed. If the replaced item (i.e. refrigerator or other appliance) was the personal property of my tenant, the tenant shall retain the replacement energy conservation measure installed by the CSD weatherization program(s).
5. Mobile home units only: I acknowledge that my property may not receive services that require a permit if the registration is not up-to-date.
6. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with any work identified on a summarized list except as a consequence of gross negligence or willful and wanton misconduct.
7. I authorize the Contractor/Agency to access my complex's utility company master-metered records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
8. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
9. I certify that I, as the Owner or Owner's Agent, shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall be charged at the utilities' costs in accordance with California Public Utilities Commission Code Section 739.5 or other applicable government regulations.
10. I certify that I, as the Owner or Owner's Agent, shall not raise the rent of any weatherized unit for a period of two years from the date of weatherization-because of the increased value of the unit due solely to weatherization measures provided (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
11. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
12. I certify that I shall provide a copy of this Agreement explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

13. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
14. I shall submit to the Contractor/Agency a schedule of rents prior to commencement of work.
15. Federal, State or Local Government Rehabilitation Projects only: I certify that if a vacant unit is counted as being an eligible household for purposes of meeting the minimum threshold for whole building weatherization (66% rule), then the unit will become occupied by an eligible family within 180 days after the completion of weatherization (CFR 440.22(b)(2)(ii)).



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

I CERTIFY THAT I am the Owner or Owner's Agent of the Dwelling or Complex listed above, and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order for my property to receive weatherization services under the CSD weatherization program(s).

Owner's (or Owner's Agent's) Signature	Date
---	------

Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
Pacific Asian Consortium in Employment (PACE)		1055 Wilshire Blvd., Suite 900E	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
	Los Angeles	90017	213-989-3255
Contractor/Agency Email Address		Contractor/Agency FAX Number	
weatherization@pacela.org		213-989-3232	

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
	Kerry Doi	

Required Documentation:

Rent schedule received from Property Owner, if applicable?

Y

N

If applicable, CSD 75 completed?

Y

N