

SAVE ENERGY! SAVE MONEY!

APPLY NOW FOR FREE WEATHERIZATION SERVICES!

PACE has been delivering NO-COST weatherization and energy-efficiency services to low-income households in Los Angeles County since 1979. The Weatherization program assists income-eligible renters and homeowners reduce their household energy costs and create a safer, healthier, and more energy efficient home.



Depending on qualifications and assessment, our installation crews may install/perform:

- Combustion Appliance Safety Testing
- Heater Repair or Replacement
- Water Heater Repair or Replacement
- AC Repair or Replacement
- Refrigerator Replacement
- Microwave Replacement
- LED Light Bulbs
- Low-Flow Shower Heads
- Wall and Attic Insulation
- Smoke Alarms
- Carbon Monoxide Detectors
- Caulking & Weatherstripping
- ...and much more!

NO COST TO PROPERTY OWNERS OR MANAGERS

SERVICE AREAS:

Carson, Compton, El Segundo, Gardena, Glendale, Hermosa Beach, Inglewood, Lawndale, Manhattan Beach, Paramount, Redondo Beach, Santa Monica, Torrance, Burbank (91502, 91503, 91505, 91506, 91521, 91512, and 91523 only), **Los Angeles** (90001-3, 90006-9, 90011-15, 90017, 90020-21, 90024-25, 90027-30, 90036-39 90043-55, 90057, 90059-62, 90064, 90066-69 90071, 90077, 90079, and 90094 only)

2023 Income Guidelines

HH Size	Monthly Income
1	\$2,430.00
2	\$3,286.67
3	\$4,143.33
4	\$5,000.00
5	\$5,856.67
6	\$6,713.33
7	\$7,570.00
8	\$8,426.67
9	\$9,283.33
10	\$10,140.00



Call: (213) 494-2189, (213) 256-6568, or (213) 989-3283
Visit: 1055 Wilshire Blvd. Suite 900E
 Los Angeles, CA 90017

Office Hours: Monday to Thursday, 8:00am to 3:00pm

Online: <https://pacela.org/our-work/energy/>

Programs are federally funded through the California Department of Community Services and Development (CSD) by the Department of Health and Human Services' Low Income Home Energy Assistance Program (LIHEAP) and the Department of Energy's (DOE) Weatherization Assistance Program (WAP).

¡AHORRE ENERGÍA! ¡AHORRE DINERO!

¡SOLICITE AHORA LOS SERVICIOS DE CLIMATIZACIÓN GRATUITOS!

PACE ha estado brindando servicios de climatización y eficiencia energética SIN COSTO a hogares de bajos ingresos en el condado de Los Ángeles desde 1979. El programa de climatización ayuda a los inquilinos y propietarios de viviendas con ingresos elegibles a reducir los costos de energía de su hogar y crear un hogar más seguro, más saludable y un hogar más energéticamente eficiente.



Dependiendo de las calificaciones y evaluación, nuestros equipos de instalación pueden instalar/realizar:

- Pruebas de seguridad de aparatos de combustión
- Reparación o reemplazo del calefactor
- Reparación o reemplazo del calentador de agua
- Reparación o reemplazo de aire acondicionado
- Reemplazo del refrigerador
- Reemplazo de microondas
- Bombillas LED
- Cabezales de ducha de bajo flujo
- Aislamiento de paredes y áticos
- Alarmas de humo
- Detectores de monóxido de carbono
- Calafateo y burletes
- ...¡y mucho más!

SIN COSTO PARA LOS PROPIETARIOS O GERENTES

AREAS DE SERVICIO:

Carson, Compton, El Segundo, Gardena, Glendale, Hermosa Beach, Inglewood, Lawndale, Manhattan Beach, Paramount, Redondo Beach, Santa Monica, Torrance, Burbank (91502, 91503, 91505, 91506, 91521, 91512, y 91523 solamente), Los Angeles (90001-3, 90006-9, 90011-15, 90017, 90020-21, 90024-25, 90027-30, 90036-39 90043-55, 90057, 90059-62, 90064, 90066-69 90071, 90077, 90079, y 90094 solamente)

2023 Límite de Ingresos

Tamaño del Hogar	Ingreso Mensual
1	\$2,430.00
2	\$3,286.67
3	\$4,143.33
4	\$5,000.00
5	\$5,856.67
6	\$6,713.33
7	\$7,570.00
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PACE Energy & Environmental Services

1055 Wilshire Blvd, Suite 900E
Los Angeles, CA 90017
E-mail: weatherization@pacela.org

tel: (213) 989-3177
fax: (213) 989-3232
web: www.pacela.org

Document Checklist for Weatherization Application

Please check that you currently live within our coverage area of Los Angeles County.

Cities include: Los Angeles (see zip codes), Compton, Culver City, El Segundo, Gardena, Hermosa Beach, Lawndale, Carson, Hawthorne, Marina Del Rey, Manhattan Beach, North Hollywood, Redondo Beach, Inglewood, Torrance, Paramount, Santa Monica, and Glendale.

Los Angeles Zip codes include:

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

You must submit all documents listed below along with the completed and signed forms CSD 43 (2022), CSD 081, and CSD 321.

Use only blue and black pen on the forms. White out is unacceptable. If a correction needs to be made, cross out and initial the error. If a field or question is not applicable, write N/A.

IF ANY PAGE IS LEFT BLANK, MISSING, OR INCOMPLETE, THE APPLICATION WILL NOT BE PROCESSED AND THE APPLICATION PACKET WILL BE RETURNED TO YOU

Current Unexpired U.S. Government-issued Photo ID (applicant only)

Note: If ID shows "Federal Limits Apply" and was issued prior to January 22, 2018, you must provide a copy of your U.S. Passport or birth certificate

Social Security Number *Note: for applicant only, written on application form.*

Current ELECTRIC and GAS Bill with Current Meter Readings.

Bills must cover at least 22 service days

Note: Both utility bills are required to process your application. You must send us all pages for both bills. If you are not responsible for one of these utilities, you are to provide proof such as your lease or landlord letter.

Current Monthly Household Income. Must cover 30 days' worth of income from application submission date (see "type of incomes" table below).

*Note: Adults 18 years and older claiming zero income, self-employed household members, and members receiving monthly cash loans or gifts **MUST** complete form CSD43B Certification of Income and Expenses.*

Please include all income-related receipts, stubs, letters, etc. for the past 30 days to support your statements of income.

Complete form CSD 081 Account Holder Authorization and Consent form.

Note: This form is to ONLY be completed if either of the bills is not under your name. The account holder needs to complete and sign this form. If you attempt and are unable to collect signatures you are to complete our affidavit form found in this package.

Current Mortgage Statement/Rent Receipt/Rental Agreement

Note: if you are receiving subsidized housing, you are to provide us with a document from that program/ housing showing your rent portion.

CSD515A Energy Service Agreement for Occupant (Owners and Renters)

Completed and signed by the applicant.

CSD515B Energy Service Agreement for Rental Property Owner (Renters Only)

Completed and signed by the rental property owner.

Return by mail or bring into our office: PACE Weatherization
1055 Wilshire Blvd., Suite 900E,
Los Angeles, CA 90017
Monday to Friday, 8:00am – 3:00pm

Questions?
Call us at (213) 494-2189

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2022)

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

Agency: _____ Intake Initials: _____ Intake Date: _____

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

Service Address	Unit Number
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Service City	Service County Los Angeles	Service State CA	Service Zip Code
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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? Amount: \$ Own Rent

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

Mailing City	Mailing County	Mailing State	Mailing Zip Code
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Social Security Number (SSN):	Telephone Number ()
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E-mail Address: _____

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 →	
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Demographics: Enter the number of people in the household who are: *Enter the total **gross** monthly income for **all** people living in the household:*

Ages 0 – 2 Years		TANF / CalWorks	\$
Ages 3 - 5 years		SSI / SSP	\$
Ages 6 - 18 years		SSA / SSDI	\$
Ages 19 - 59		Paycheck(s)	\$
Ages 60 and older		Interest	\$
Disabled		Pension	\$
Native American		Other	\$
Seasonal or Migrant Farmworker		Total Monthly Income	\$

HOUSEHOLD MEMBERS

ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.
If you have more than 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

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

HOUSEHOLD MEMBER 2

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

HOUSEHOLD MEMBER 3

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

HOUSEHOLD MEMBER 4

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

HOUSEHOLD MEMBER 5

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

HOUSEHOLD MEMBER 6

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

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PAY BILL

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

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

Enter the energy company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? Yes No

Do you have a past due notice? Yes No

Are your utilities included in rent or submetered? Yes No

Are your utilities all electric? Yes No

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

WOOD, PROPANE or FUEL OIL SERVICE (WPO)

Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) Yes No N/A

List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).

Number of Days: _____ N/A

ENERGY INFORMATION

The questions below are MANDATORY. Please check all energy sources used to heat your home.

A copy of all recent energy bills and/or receipts for any home energy cost must be provided.

NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

What is the main fuel used to HEAT your home? One main heating source MUST be checked.

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

In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):

- Natural Gas Electricity Wood Propane Fuel Oil Kerosene Manufactured log Pellets Other Fuel N/A

Are you the account holder: Electric Bill Yes No Natural Gas Bill Yes No

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

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

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

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.

Utility Assistance being provided under which program → HEAP Fast Track HEAP WPO ECIP WPO

Base Benefit \$ _____ Supplement \$ _____ Total Benefit \$ _____

Total Energy Cost \$ _____ Energy Burden _____

Energy Services Restored after disconnection: Yes No Disconnection of Energy Services prevented: Yes No

Home Referred for WX: Home Already Weatherized:



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
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Contractor/Agency Assurance

Contractor/Agency (Print 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 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
	Kerry Doi	

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

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

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

UTILITY INFORMATION

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

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

AUTHORIZATION AND CONSENT

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

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



Pacific Asian
Consortium
in Employment

ENERGY DEPARTMENT

1055 Wilshire Blvd., Ste. 900E, Los Angeles, CA 90017

(213) 989-3177 | <http://www.pacela.org>

Low Income Home Energy Assistance Program / Financial Budgeting

Programa de Asistencia de Energía para Hogares de Bajos Ingresos / Presupuesto Financiero

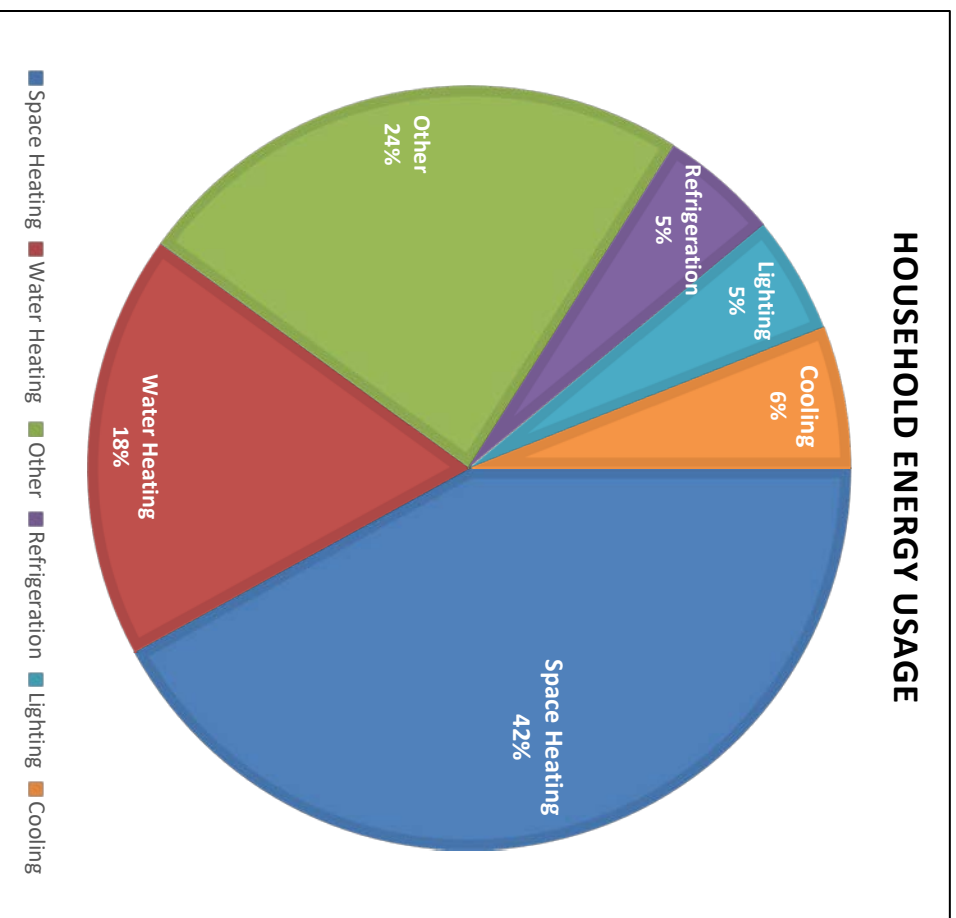
Disposable Income <i>Ingresos Disponibles</i>	Examples <i>Ejemplos</i>	Enter the Amount Below <i>Escribe la cantidad</i>
A. Net Income from Work (after taxes) <i>Ingresos de trabajo después de impuestos</i>	\$1,200	
B. Other Income <i>Otros ingresos</i>	\$50	
Total Disposable Income (Add A & B) <i>Ingreso total disponible</i>	\$1,250	
Budget Expenses / Gastos del Presupuesto		
Rent or Mortgage <i>Renta o Hipoteca</i>	\$425	
Utilities (Use a high average of electric, water, gas, etc.) <i>Utilidades (Use a high average of electric, water, gas, etc.)</i>	\$80	
Telephone (Use an average) <i>Telefono (Use an promedio)</i>	\$40	
Food (Use an average) <i>Comida (Use un promedio)</i>	\$250	
Insurance (car, health, life, etc.) <i>Aseguranza (carro, salud, vida, etc.)</i>	\$74	
Car Payment <i>Pago de Carro</i>	\$200	
Gasoline <i>Gasolina</i>	\$60	
Credit Cards <i>Tarjetas de crédito</i>	\$35	
Entertainment (movies, dinner, trips, etc.) <i>Entretenimiento (películas, cenas, paseos, etc.)</i>	\$30	
Total Expenses (Add All) <i>Gastos Totales</i>	\$1,234	
Savings (Total disposable income minus total expenses) (Deduct Total Expenses from Net/Disposable Income) <i>Ahorros (Ingreso disponible total menos gastos totales)</i>	\$17	

When you have money left over after paying your bills, you should put it in a savings account or pay ahead on existing accounts, particularly high interest loans or credit cards.
Cuando tenga dinero después de pagar sus gastos, debería usar este dinero para una cuenta de ahorros o para pagar por adelantado una cuenta actual.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM ENERGY SAVING TIPS

One of the best ways to save energy is to get your home weatherized. Weatherization can reduce your household's energy costs and create a safer, healthier, and more energy efficient home.

In addition to weatherization, follow these simple tips to help further reduce your home's energy usage.



SPACE HEATING

- SET THERMOSTATS TO 68 – 72 DEGREES
- INSTALL SMART OR PROGRAMMABLE THERMOSTAT
- WEAR WARMER CLOTHES AND/OR DRESS IN LAYERS
- CLOSE BLINDS TO CONSERVE HEAT
- HAVE YOUR FURNACE PROFESSIONALLY TUNED UP REGULARLY

WATER HEATING

- INSTALL WATER HEATER BLANKETS
- TAKE SHOWERS INSTEAD OF BATHS OR TAKE SHORTER SHOWERS
- USE COLD WATER TO WASH CLOTHES AND DISHES
- INSTALL LOW FLOW SHOWERHEADS AND FAUCET AERATORS

REFRIGERATION

- ADJUST REFRIGERATOR TEMPERATURE TO 35-38F
- REPLACE YOUR OLD FRIDGE WITH ONE THAT IS ENERGY STAR RATED
- CHECK REFRIGERATOR SEAL IS WORKING PROPERLY; REGULARLY CLEAN COILS

LIGHTING

- TURN OFF LIGHTS WHEN NOT IN USE
- REPLACE OLD LIGHT BULBS WITH LED BULBS

COOLING

- USE FANS INSTEAD OF AIR CONDITIONER
- CLOSE CURTAINS TO KEEP SUN OUT

OTHER

- CLEAN OR REPLACE DRYER AND FURNACE FILTERS
- TURN OFF OR UNPLUG ELECTRONICS THAT ARE NOT IN USE
- HAVE YOUR HOME INSULATED
- CHECK FOR AND SEAL GAPS AROUND DOORS AND WINDOWS