

¡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
8	\$8,426.67
9	\$9,283.33
10	\$10,140.00



Llame: (213) 494-2189 o (213) 989-3283

Visite: 1055 Wilshire Blvd. Suite 900E
Los Angeles, CA 90017

Horas de oficina: lunes a jueves, 8:00am - 3:00pm

En línea: <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).

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
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 Los Angeles, CA 90017

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

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

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Lista de verificación de documentos para la aplicación CLIMATIZACIÓN

Verifique que actualmente vive dentro de nuestra área de cobertura del condado de Los Ángeles.

Las ciudades incluyen: Los Angeles (ver códigos postales), 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, y Glendale.

Los códigos postales de Los Ángeles incluyen:

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

Debe presentar todos los documentos enumerados a continuación junto con los formularios CSD 43 (2022), CSD 081 y CSD 321 completados y firmados.

Use solo lápiz azul y negro en los formularios. El corrector blanco es inaceptable. Si es necesario hacer una corrección, tacha e inicializa el error. Si un campo o pregunta no es aplicable, escriba N/A.

SI ALGUNA PÁGINA SE DEJA EN BLANCO, FALTA O ESTÁ INCOMPLETA, LA SOLICITUD NO SE PROCESARÁ Y SE LE DEVOLVERÁ EL PAQUETE DE SOLICITUD.

Identificación con foto emitida por el gobierno de EE. UU. vigente (solo solicitante)

Nota: Si la identificación muestra "Se aplican límites federales" y se emitió antes del 22 de enero de 2018, debe proporcionar una copia de su pasaporte estadounidense o certificado de nacimiento

Número de Seguro Social *Nota: solo para solicitantes, escrito en el formulario de solicitud.*

Factura actual de ELECTRICIDAD y GAS con lecturas de medidores de corriente. Las facturas deben cubrir al menos 22 días de servicio

Nota: Se requieren ambas facturas de servicios públicos para procesar su solicitud. Usted esust enviarnos todas las páginas para ambas facturas. Si no es responsable de uno de estos servicios públicos, debe proporcionar pruebas como su contrato de arrendamiento o carta del propietario.

Ingreso mensual actual del hogar. Debe cubrir 30 días de ingresos a partir de la fecha de presentación de la solicitud (mire "tipo de ingresos" tabla a continuación).

*Nota: Los adultos mayores de 18 años que reclaman cero ingresos, ser empleados por su propia cuenta, que reciben préstamos o regalos mensuales en efectivo **DEBEN** completar el formulario CSD43B Certificación de ingresos y gastos.
Incluya todos los recibos, talones, cartas, impuestos etc. relacionados con los ingresos de los últimos 30 días para respaldar sus declaraciones de ingresos*

Complete el formulario CSD 081 Formulario de autorización y consentimiento del titular de la cuenta.

*Nota: Este formulario **SOLAMENTE** debe completarse si alguno de las facturas no está a su nombre. El titular de la cuenta debe completar y firmar este formulario. Si intenta y no puede recopilar la firma debe completar nuestro formulario de declaración jurada que se encuentra en este paquete.*

Declaración de hipoteca actual / Recibo de alquiler / Contrato de alquiler

Nota: si está recibiendo vivienda subsidiada, debe proporcionarnos un documento de ese programa que muestre su parte de alquiler.

CSD515A Energy Service Agreement for Occupant (Propietarios e inquilinos)

Completado y firmado por el solicitante.

CSD515B Energy Service Agreement for Rental Property Owner (Solo inquilinos)

Completado y firmado por el propietario de la propiedad de alquiler.

Regrese por correo o traiga a nuestra oficina: PACE WEATHERIZATION

1055 Wilshire Blvd., Suite 900E,
Los Ángeles, CA 90017
Lunes a Jueves, 8:00am – 3:00pm

**¿Preguntas? Llámenos al
(213) 494-2189**

Departamento de Servicios Comunitarios y Desarrollo

Formulario de admisión de energía

CSD 43 (10/2022)

<i>Solo para uso oficial</i>	
Puntos prioritarios	
A.C.C.	
Fecha del certificado de elegibilidad	

Agencia: **PACE** Iniciales de admisión: Fecha de admisión:

Nombre	Inicial del segundo nombre	Apellido	Fecha de nacimiento DD/MM/AA
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DIRECCIÓN DE SERVICIO: Dirección en la que vive (*no puede ser un apartado de correos*)

Dirección de servicio	Número de unidad
Ciudad	Condado Los Angeles Estado CA Código postal

¿Ha vivido en esta residencia durante cada uno de los últimos 12 meses? Sí No

¿Es su dirección de servicio la misma que la dirección postal? Sí No

¿Es propietario o alquila su vivienda? ¿Cuánto paga? \$ Propiedad Alquiler

Dirección postal de envío	Número de unidad
Ciudad de envío	Condado de envío Estado de envío Código postal de envío

Número de Seguridad Social (SSN):	Número de teléfono ()
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Dirección de correo electrónico:

<p>PERSONAS QUE VIVEN EN EL HOGAR</p> <p>Introduzca el número total de personas que viven en el hogar, incluido usted mismo.</p>	<p>INGRESOS</p> <p>Indique el número total de personas que perciben ingresos</p>
<p><i>Demografía. Indique el número de personas que viven en el hogar que tienen:</i></p>	<p><i>Introduzca el total de ingresos brutos mensuales de todas las personas que viven en el hogar:</i></p>
De 0 a 2 años	TANF / CalWorks \$
De 3 a 5 años	SSI / SSP \$
De 6 a 18 años	SSA / SSDI \$
De 19 a 59 años	Cheques de pago \$
Mayores de 60 años	Interés \$
Discapacitados	Pensión \$
Indígena americano	Otros \$
Trabajador agrícola temporero o migrante	Total de ingresos mensuales \$

MIEMBROS DEL HOGAR

INTRODUZCA A CONTINUACIÓN LOS DATOS DE **TODOS** LOS MIEMBROS DE LA FAMILIA.

Si en su hogar viven más de 6 personas, indique la información en una hoja de papel aparte.

SOLICITANTE (MIEMBRO DEL HOGAR 1)

Nombre		Inicial del segundo nombre	Apellido	Relación con el solicitante <i>Usted mismo</i>
Fecha de nacimiento:	Edad:	Raza: <input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawai u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multiracial <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar		¿Hispano/latino/español? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/No desea especificar
Sexo: <input type="checkbox"/> Femenino <input type="checkbox"/> Masculino <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar				
Importe de los ingresos brutos mensuales (antes de impuestos):			Fuente de ingresos:	

MIEMBRO DEL HOGAR 2

Nombre		Inicial del segundo nombre	Apellido	Relación con el solicitante
Fecha de nacimiento:	Edad:	Raza: <input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawai u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multiracial <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar		¿Hispano/latino/español? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/No desea especificar
Sexo: <input type="checkbox"/> Femenino <input type="checkbox"/> Masculino <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar				
Importe de los ingresos brutos mensuales (antes de impuestos):			Fuente de ingresos:	

MIEMBRO DEL HOGAR 3

Nombre		Inicial del segundo nombre	Apellido	Relación con el solicitante
Fecha de nacimiento:	Edad:	Raza: <input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawai u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multiracial <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar		¿Hispano/latino/español? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/No desea especificar
Sexo: <input type="checkbox"/> Femenino <input type="checkbox"/> Masculino <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar				
Importe de los ingresos brutos mensuales (antes de impuestos):			Fuente de ingresos:	

MIEMBRO DEL HOGAR 4

Nombre		Inicial del segundo nombre	Apellido	Relación con el solicitante
Fecha de nacimiento:	Edad:	Raza: <input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawai u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multiracial <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar		¿Hispano/latino/español? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/No desea especificar
Sexo: <input type="checkbox"/> Femenino <input type="checkbox"/> Masculino <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar				
Importe de los ingresos brutos mensuales (antes de impuestos):			Fuente de ingresos:	

MIEMBRO DEL HOGAR 5

Nombre		Inicial del segundo nombre	Apellido	Relación con el solicitante
Fecha de nacimiento:	Edad:	Raza: <input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawai u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multiracial <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar		¿Hispano/latino/español? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/No desea especificar
Sexo: <input type="checkbox"/> Femenino <input type="checkbox"/> Masculino <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar				
Importe de los ingresos brutos mensuales (antes de impuestos):			Fuente de ingresos:	

MIEMBRO DEL HOGAR 6

Nombre		Inicial del segundo nombre	Apellido	Relación con el solicitante
Fecha de nacimiento:	Edad:	Raza: <input type="checkbox"/> Indio americano o nativo de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawai u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multiracial <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar		¿Hispano/latino/español? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/No desea especificar
Sexo: <input type="checkbox"/> Femenino <input type="checkbox"/> Masculino <input type="checkbox"/> Otro <input type="checkbox"/> Desconocido/No desea especificar				
Importe de los ingresos brutos mensuales (antes de impuestos):			Fuente de ingresos:	

Está usted o alguien de su hogar recibiendo ACTUALMENTE CalFresh (cupones de alimentos)? Sí No

FACTURA DE PAGO

¿A qué factura energética (ELEGIR SOLO UNA) desea que se aplique el beneficio de LIHEAP? (Adjunte copia completa de la factura o recibo más reciente).

Gas natural Electricidad Madera Propano Aceite combustible Queroseno Leña fabricada Pellets Otros combustibles

Introduzca la compañía energética y el número de cuenta:

Nombre de la compañía: _____ Número de cuenta: _____

¿Le han cortado el servicio público? Sí No

¿Tiene algún aviso de morosidad? Sí No

¿Los servicios públicos están incluidos en el alquiler o están subcontractados? Sí No

¿Todos sus servicios son eléctricos? Sí No

¿Su compañía de gas natural es la misma que su compañía eléctrica? Sí No

SERVICIO DE MADERA, PROPANO o ACEITE COMBUSTIBLE (WPO)

¿Se ha quedado sin combustible? (Madera, propano, petróleo, queroseno, otros combustibles) Sí No N/A

Indique el número aproximado de días que faltan para que se le acabe el combustible (madera, propano, petróleo, queroseno, otros combustibles).

Número de días: _____ No aplica

INFORMACIÓN SOBRE ENERGÍA

Las siguientes preguntas son **OBLIGATORIAS**. Marque todas las fuentes de energía utilizadas para calentar su vivienda.

Deberá proporcionar una copia de **todas** las facturas o recibos recientes de cualquier gasto energético doméstico.

NOTA: Debe incluir la copia de una factura de luz aunque no utilice electricidad para calentar su vivienda.

¿Cuál es el principal combustible utilizado para CALENTAR su vivienda? DEBE marcar UNA fuente de calefacción principal.

Gas natural Electricidad Madera Propano Aceite combustible Queroseno Leña fabricada Pellets Otros combustibles

Además de su fuente de calefacción principal, ¿utiliza alguna de las siguientes para calentar su casa (puede seleccionar más de una):

Gas natural Electricidad Madera Propano Aceite combustible Queroseno Leña fabricada Pellets Otros combustibles

¿Es usted el titular de la cuenta?: Factura de luz Sí No Factura del gas natural Sí No

La información que aparece en esta solicitud se utilizará para determinar y verificar si cumpla los requisitos para recibir ayuda. Al firmar a continuación, doy mi consentimiento (permiso) a CSD, sus contratistas, consultores, otras agencias federales o estatales (Socios de CSD) y a mi compañía de servicios públicos y sus contratistas, para compartir información sobre la cuenta de servicios públicos de mi hogar, el uso de energía u otra información necesaria para proporcionarme servicios y beneficios según se describe al final del formulario. Mi consentimiento será efectivo durante el periodo comprendido entre los 24 meses anteriores y los 36 meses posteriores a la fecha firmada a continuación. Entiendo que si mi solicitud de beneficios o servicios de LIHEAP/DOE es denegada, o si recibo una respuesta inoportuna o un desempeño insatisfactorio, puedo iniciar una apelación por escrito con el proveedor local de servicios y mi apelación será revisada dentro de los 15 días siguientes a su recepción. Si no estoy satisfecho con la decisión del proveedor local de servicios, puedo apelar al Departamento de Servicios Comunitarios y Desarrollo de conformidad con el Título 22, sección 100805 del Código de Reglamentos de California. Si procede, por el presente autorizo la instalación de medidas de climatización en mi residencia sin costo alguno para mí. Declaro, bajo pena de perjurio, que la información que figura en esta solicitud es verdadera, correcta y que los fondos recibidos se utilizarán exclusivamente para pagar mis gastos de energía.

X		
	*** FIRMA DEL SOLICITANTE ***	Fecha

NOMBRE DE LA AGENCIA: Servicios Comunitarios y Desarrollo (CSD). UNIDAD RESPONSABLE DEL MANTENIMIENTO: Programa de asistencia de energía en el hogar (HEAP). AUTORIDAD: La Sección 16367.6 (a) del Código Gubernamental nombra al CSD organismo responsable de la gestión del HEAP. OBJETIVO: La información que proporcione se utilizará para decidir si usted cumple los requisitos para recibir un pago de LIHEAP o servicios de climatización. ENTREGA DE INFORMACIÓN: Este programa es voluntario. Si decide solicitar ayuda, debe facilitar toda la información requerida. OTRA INFORMACIÓN: El CSD utiliza las definiciones estadísticas de la actualización anual de las Guías de Pobreza, Ingresos Federales e Ingresos Medios del Departamento de Salud y Servicios Humanos para determinar la admisión al programa. Durante la tramitación de la solicitud, es posible que el subcontratista designado por el CSD tenga que pedirle más información para decidir si cumple los requisitos para uno o ambos programas. ACCESO: El subcontratista designado por el CSD conservará su solicitud completa y toda otra información, si se utiliza, para determinar su admisión. Tiene derecho a acceder a todos los registros que contengan información sobre usted. El CSD no discrimina en la prestación de servicios por motivos de raza, credo religioso, color, origen nacional, ascendencia, discapacidad física, discapacidad mental, condición médica, estado civil, sexo, edad u orientación sexual.

SOLICITANTE: NO RELLENE LA INFORMACIÓN QUE FIGURA A CONTINUACIÓN. ESTA SECCIÓN ES SOLO PARA USO OFICIAL.

Programa de ayuda a los servicios públicos → HEAP Fast Track HEAP WPO ECIP WPO

Beneficio básico \$ _____ Complemento \$ _____ Beneficio total \$ _____

Costo total de energía \$ _____ Carga energética _____

Servicios energéticos restablecidos tras la desconexión: Sí No

Se impide la desconexión de los servicios energéticos: Sí No

Hogar remitido para climatización: Hogar ya climatizado:

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 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	



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.
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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
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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
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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
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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 both 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	



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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

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

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

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

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



ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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

Owner's (or Owner's Agent's) Signature	Date
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Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
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

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>Entretimiento (peliculas, 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	

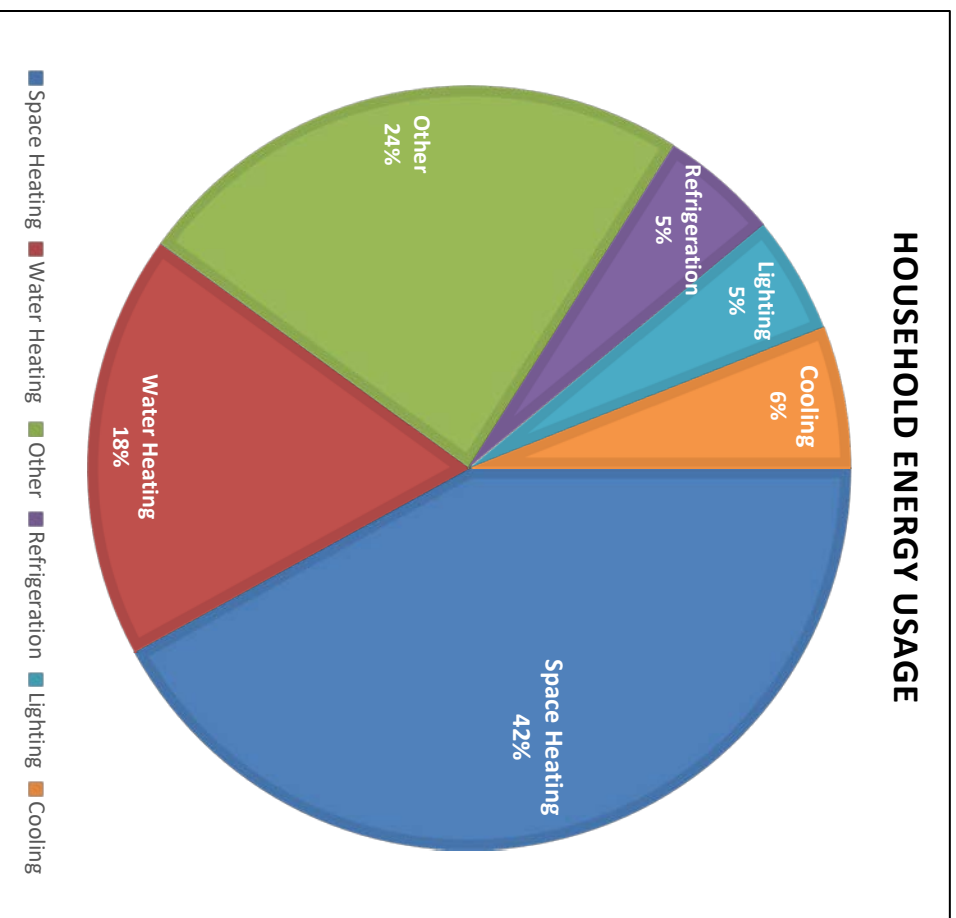
When you have money left over after paying your bills, you should put it in a savings account or pay ahead on existing accounts, particularly high interest loans or credit cards.

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