

¿Necesita ayuda con sus facturas de servicios públicos?

PACE Energy ofrece asistencia gratuita a través del Programa de Asistencia Energética para Hogares con Bajos Ingresos (LIHEAP, Low Income Home Energy Assistance Program). Este programa ayuda a los hogares que cumplen los requisitos de ingresos a reducir los costos de sus servicios públicos y a mejorar su eficiencia energética.



NUESTROS SERVICIOS - LIHEAP

Asistencia con las facturas de servicios públicos

Para los residentes que cumplen los requisitos de ingresos, PACE ofrece asistencia con el pago de las facturas de gas o electricidad en caso de tener dificultades para pagarlas o de estar en riesgo de que les desconecten su servicio.*

Servicios de climatización

Ofrecemos servicios gratuitos de reparación y cambio de electrodomésticos para los residentes que cumplen los requisitos de ingresos.* Los electrodomésticos pueden incluir calentadores de agua, microondas, refrigeradores, productos de iluminación, acondicionadores de aire, detectores de humo y más.

**Se aplican restricciones.*

CÓMO PRESENTAR SU SOLICITUD

Puede enviar su solicitud completa por correo o presentarla personalmente en nuestra oficina. La revisión de la solicitud puede demorar hasta 30 días.

Las solicitudes están disponibles en nuestro sitio web: pacela.org/our-work/energy/.

Con su solicitud, debe presentar:


- ✓ Documento de identidad con foto.
- ✓ Factura actual de electricidad y gas que incluya los datos de lectura del medidor. Debe presentar las facturas completas con todas sus páginas. Las facturas deben cubrir al menos 22 días de servicio.
- ✓ Comprobante de los ingresos mensuales actuales del hogar para todos los integrantes del grupo familiar que cubra los últimos 30 días.
- ✓ Recibo actual de alquiler o recibo de la hipoteca.
- ✓ Se podría requerir documentación adicional (por ej. autorización del propietario de la vivienda, etc.)


Zonas donde prestamos servicio

Carson, Compton, El Segundo, Gardena, Glendale, Hermosa Beach, Inglewood, Lawndale, Manhattan Beach, Paramount, Redondo Beach, Santa Monica, Torrance, Burbank y otras zonas de Los Ángeles.


Visite nuestro sitio web para averiguar qué servicios están disponibles en su código postal.

Datos de contacto de PACE Energy

 1055 Wilshire Blvd, Suite 900E (9° piso), Los Angeles, CA 90017

 Lunes a viernes
8:00 a.m. - 4:30 p.m.

 (213) 989-3177

 pacela.org/our-work/energy/

No validamos el estacionamiento.

Escanee el código QR para visitar nuestro sitio web:



Need help with your utility bills?

PACE Energy provides no-cost assistance through the Low Income Home Energy Assistance Program (LIHEAP) to help income-eligible households lower their utility costs and improve energy efficiency.



OUR SERVICES - LIHEAP



Utility Bill Assistance

If you're having trouble paying your gas or electric bill or are at risk of being disconnected, PACE provides bill payment assistance for income-qualified residents.*



Weatherization Services

No-cost appliance repair and replacement for income-qualified residents.* Appliances may include water heaters, microwaves, refrigerators, lighting, air conditioning, smoke alarms & more! *Restrictions apply.

HOW TO APPLY

Mail-in or drop off your completed application at our office. Please allow 30 days for application review.

Applications are available on our website at pacela.org/our-work/energy/.

To apply, you must provide:


- ✓ Photo I.D.
- ✓ Current Electric and Gas bill with meter readings. Please bring the complete bills with all pages. Bills must cover at least 22 service days.
- ✓ Proof of Current Monthly Household Income for everyone in the household for the last 30 days
- ✓ Current Rent Receipt or Mortgage Statement
- ✓ Additional Documents May Be Requested (i.e. Property Owner Authorization, etc.)


Areas We Serve


Carson, Compton, El Segundo, Gardena, Glendale, Hermosa Beach, Inglewood, Lawndale, Manhattan Beach, Paramount, Redondo Beach, Santa Monica, Torrance, Burbank, and other areas of Los Angeles


Visit our website to see what services are available in your zip code.

Contact PACE Energy

 1055 Wilshire Blvd, Suite 900E (9th Floor), Los Angeles, CA 90017

 Monday - Friday
8:00 am - 4:30 pm

 (213) 989-3177

 pacela.org/our-work/energy/

We do not provide parking validation.

Scan the QR code to visit our website:



Pacific Asian
Consortium
in Employment



Presentar la solicitud en persona o por correo:
PACE Energía y Servicios Ambientales
1055 Wilshire Blvd., Suite 900E
Los Ángeles, CA 90017
Lunes a jueves, 8:00am – 12:00pm

Más información
Llámenos al (213) 989-3177

Lista de verificación de documentos para la solicitud de asistencia de servicios públicos/climatización

Nuestros códigos postales de servicio calificado:

| | | | | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 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 | | | | | | | | | | | | | |

Use solo bolígrafo azul y negro en los formularios. El blanqueo es inaceptable. Si es necesario hacer una corrección, tache y ponga sus iniciales en el error. Si un campo o pregunta no es aplicable, escriba N/A.

Debe presentar todos los documentos que se enumeran a continuación junto con el Formulario de admisión CSD 43 completado y firmado (07/2024) y la Confirmación de recibo de educación del cliente CSD 321.

- Comprobante de identificación del gobierno de los EE. UU. con foto (solo solicitante)**
Ejemplos: identificación estatal, licencia de conducir, pasaporte de EE. UU. o tarjeta de pasaporte, tarjeta de residente permanente, tarjeta militar de EE. UU., certificado de ciudadanía, certificado de naturalización. La identificación emitida por el gobierno vencida es aceptable por un período de un año a partir de la fecha de vencimiento.
 - Número de Seguro Social** *Nota: solo para el solicitante, escrito en el formulario de solicitud.*
Los no ciudadanos calificados, como asilados, refugiados, ingresantes condicionales, sobrevivientes de la trata con certificación ORR, etc., pueden presentar una solicitud. Llame para obtener más información, como los estados adicionales de no ciudadano calificado y los requisitos de documentación.
 - Factura actual de ELECTRICIDAD y GAS con lecturas de medidores actuales**
Las facturas deben cubrir al menos 22 días de servicio
Nota: Ambas facturas de servicios públicos son necesarias para procesar su solicitud. Debe enviarnos todas las páginas de ambas facturas. Si usted no es responsable de uno de estos servicios públicos, debe proporcionar una prueba, como su contrato de arrendamiento o carta del propietario.
 - Ingreso mensual actual del hogar.** Incluya todos los recibos, talones, cartas, etc. relacionados con los ingresos de los últimos 30 días.
Debe cubrir 30 días de ingresos a partir de la fecha de presentación de la solicitud
*Nota: Los miembros del hogar que trabajan por cuenta propia y/o los miembros que reciben préstamos o regalos mensuales **en efectivo DEBEN** completar el formulario CSD43B Certificación de Ingresos y Gastos.*
 - Completar el formulario CSD 081 Formulario de Autorización y Consentimiento del Titular de la Cuenta.**
*Nota: Este formulario **SOLO** debe completarse si alguna de las facturas no está a su nombre. El titular de la cuenta debe completar y firmar este formulario. Si intenta y no puede recolectar firmas, debe completar nuestro formulario de declaración jurada que se encuentra en este paquete.*
 - Estado de cuenta actual de la hipoteca/recibo de alquiler/contrato de alquiler**
Nota: si está recibiendo una vivienda subsidiada, debe proporcionarnos un documento de ese programa / vivienda que muestre su parte de alquiler.
- LOS SIGUIENTES FORMULARIOS DEBEN COMPLETARSE PARA OBTENER SERVICIOS DE CLIMATIZACIÓN**
- CSD515A Contrato de Servicio de Energía para Ocupantes (propietarios e inquilinos)**
Cumplimentado y firmado por el solicitante.
 - CSD515B Contrato de servicio de energía para el propietario de la propiedad de alquiler (solo inquilinos)**
Cumplimentado y firmado por la propiedad de alquiler.

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

PACE NO PROPORCIONA ESTACIONAMIENTO NI VALIDA

Departamento de Servicios Comunitarios y Desarrollo

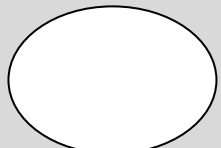
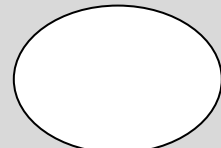
Formulario de admisión de energía

CSD 43 (05/2025)

| | |
|---------------------------------------|--|
| <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 | |
| DIRECCIÓN DE SERVICIO: dirección en la que vive (<i>no puede ser un apartado postal</i>) | | | | | | | |
| 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? <input type="checkbox"/> Sí <input type="checkbox"/> No | | | | | | | |
| ¿Es su dirección de servicio la misma que la dirección postal? <input type="checkbox"/> Sí <input type="checkbox"/> No | | | | | | | |
| ¿Es propietario o alquila su vivienda? ¿Cuánto paga? \$ <input type="checkbox"/> Propiedad <input type="checkbox"/> 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): | | | | Teléfono residencial () | | | |
| Teléfono móvil () | | ¿Acepta recibir mensajes de texto? <input type="checkbox"/> Sí <input type="checkbox"/> No | | | | | |
| Dirección de correo electrónico: | | | | | | | |

| | | | |
|--|--|---|--|
| PERSONAS QUE VIVEN EN EL HOGAR Indique el número total de personas que viven en el hogar, incluido usted mismo. ➔ |  | INGRESOS Indique el número total de personas que reciben ingresos ➔ |  |
| <i>Demografía: Indique el número de personas que viven en el hogar que tienen:</i> | | <i>Indique el total de ingresos brutos mensuales de todas las personas que viven en el hogar:</i> | |
| 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 HOGARINDIQUE 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 | ¿Hispano/latino/español? | |
| Sexo: <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawái u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multirracial <input type="checkbox"/> Otros <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/Se niega a declarar | |
| ¿Ha prestado servicio o es un familiar directo de alguien que sirvió en las fuerzas armadas de los Estados Unidos? <input type="checkbox"/> Sí, he prestado servicio <input type="checkbox"/> Sí, soy el cónyuge, pareja legal, padre o hijo de una persona que sirvió en el ejército de los Estados Unidos <input type="checkbox"/> No <input type="checkbox"/> Se niega a declarar | | Doy mi consentimiento para que esta agencia y CSD transmitan mi nombre, correo electrónico, dirección postal y número de teléfono móvil al Departamento de Asuntos de Veteranos únicamente con el fin de recibir información adicional sobre los beneficios para veteranos a los que yo o un miembro de mi familia podamos ser elegibles. Entiendo que este consentimiento es válido durante 12 meses. <input type="checkbox"/> Sí <input type="checkbox"/> No | |
| 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 | ¿Hispano/latino/español? | |
| Sexo: <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawái u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multirracial <input type="checkbox"/> Otros <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/Se niega a declarar | |
| 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 | ¿Hispano/latino/español? | |
| Sexo: <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawái u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multirracial <input type="checkbox"/> Otros <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/Se niega a declarar | |
| 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 | ¿Hispano/latino/español? | |
| Sexo: <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawái u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multirracial <input type="checkbox"/> Otros <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/Se niega a declarar | |
| 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 | | ¿Hispano/latino/español? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/Se niega a declarar |
| Sexo: <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawái u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multirracial <input type="checkbox"/> Otros <input type="checkbox"/> Desconocido/Se niega a declarar | | |
| 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 | | ¿Hispano/latino/español? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Desconocido/Se niega a declarar |
| Sexo: <input type="checkbox"/> Mujer <input type="checkbox"/> Hombre <input type="checkbox"/> Desconocido/Se niega a declarar | <input type="checkbox"/> Negro o afroamericano <input type="checkbox"/> Nativo de Hawái u otras islas del Pacífico <input type="checkbox"/> Blanco <input type="checkbox"/> Multirracial <input type="checkbox"/> Otros <input type="checkbox"/> Desconocido/Se niega a declarar | | |
| Importe de los ingresos brutos mensuales (antes de impuestos): | | Fuente de ingresos: | |

¿Usted o alguien de su hogar recibe 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

¿Están los servicios públicos incluidos en el alquiler o están subcontratados? Sí No

¿Todos sus servicios son eléctricos? Sí No

¿Es su compañía de gas natural 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 presentar 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 N/A

¿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. Firmando 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 se revisará 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 indique 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 COMPLETE LA INFORMACIÓN QUE FIGURA A CONTINUACIÓN. ESTA SECCIÓN ES SOLO PARA USO OFICIAL. | |
| Programa de ayuda a los servicios públicos → | <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> HEAP WPO <input type="checkbox"/> ECIP WPO |
| Beneficio básico \$ _____ | Complemento \$ _____ Beneficio total \$ _____ |
| Costo total de energía \$ _____ | Carga energética _____ |
| Servicios energéticos restablecidos tras la desconexión: | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Se impide la desconexión de los servicios energéticos: | <input type="checkbox"/> Sí <input type="checkbox"/> No |
| Hogar remitido para climatización: | <input type="checkbox"/> Hogar ya climatizado: <input type="checkbox"/> |

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 |
|--------------------------------------|------|

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 |
|------------------------------------|--|------|



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 |
|---|---|------|

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 |
|-----------------------------|------|---|

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 | |

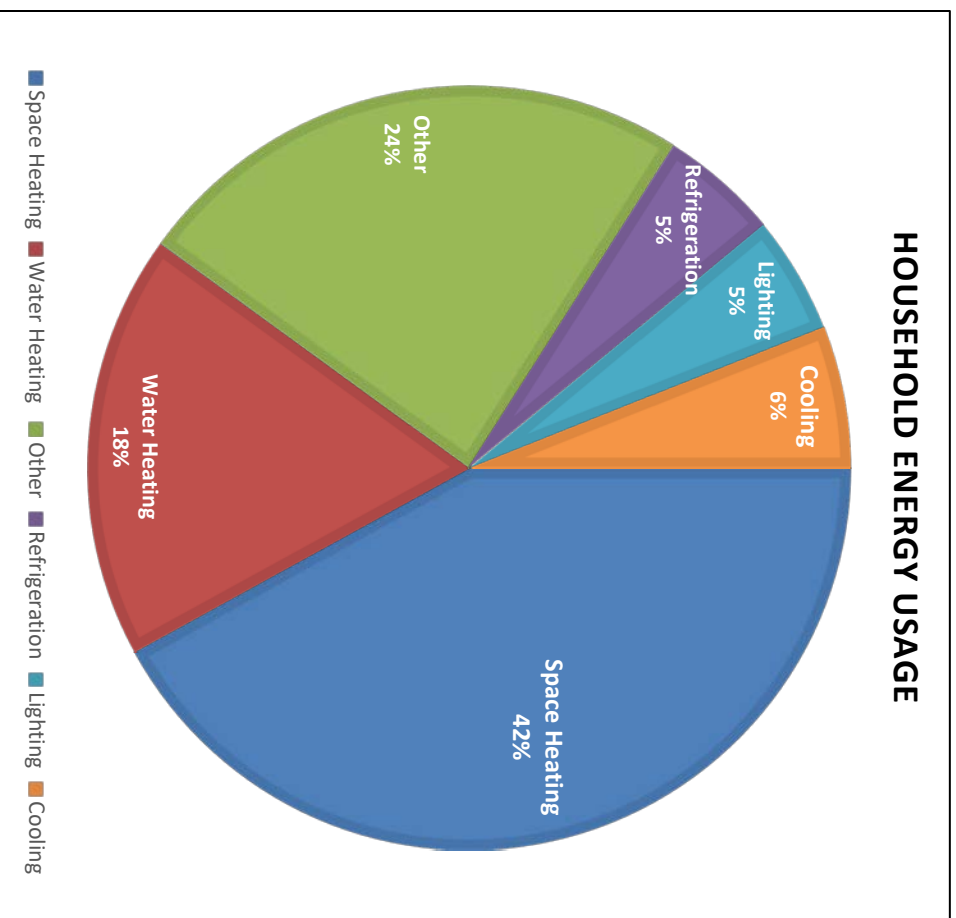
When you have money left over after paying your bills, you should put it in a savings account or pay ahead on existing accounts, particularly high interest loans or credit cards.

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