Need help with your utility bills?

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



OUR LIHEAP SERVICES

Utility Bill Assistance

Help with paying your gas or electric bill if you're behind on payments or at risk of disconnection. *

Weatherization Services

No-cost appliance repair and energy-efficiency upgrades. May include water heaters, microwaves, refrigerators, lighting, air conditioning, smoke alarms & more! *

**Restrictions apply. Recipients must be income-qualified.*

HOW TO APPLY

By Mail:

Mail in your completed application with copies of all required documents to our office. Applications are available for download on our website.

Online:

Apply online at **caliheapapply.com**.
Visit our website for full application instructions.

Required Documents:

- Photo ID
- Current Electric and Gas Bill complete with all pages and meter readings for at least 22 service days.
- Proof of Current Monthly Household Income for everyone in the household for the last 30 days
- Current proof of CalFresh or CalWORKs benefits (if applicable).
- Current Rent Receipt or Mortgage Statement
- Additional documents may be requested

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 view the full list of zip codes in our service area and other eligibility requirements.

Contact PACE Energy

350 S Bixel St, Suite 100
Los Angeles, CA 90017

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

(213) 353-3982

pacela.org/our-work/energy/

Scan the QR code to visit our website:

Pacific Asian Consortium in Employment

¿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**) para ayudar a los hogares elegibles a reducir sus costos de servicios públicos y mejorar la eficiencia energética.



NUESTROS SERVICIOS - LIHEAP

Asistencia con las facturas de servicios públicos

Ayuda para pagar su factura de gas o electricidad si está atrasado(a) en sus pagos o corre el riesgo de que le desconecten el servicio. *

Servicios de climatización

Reparación gratuita de electrodomésticos y mejoras para aumentar la eficiencia energética. ¡Puede incluir calentadores de agua, microondas, refrigeradores, iluminación, aire acondicionado, detectores de humo y más! *

** Se aplican restricciones.*

CÓMO PRESENTAR SU SOLICITUD

Por correo:

Envíe por correo postal su solicitud completa, junto con copias de todos los documentos requeridos, a nuestra oficina. Las solicitudes están disponibles para descargar en nuestro sitio web.

En línea:

Solicite en línea en **caliheapapply.com**.
Visite nuestro sitio web para obtener las instrucciones completas para presentar la solicitud.

Con su solicitud, debe presentar:

- Documento de identidad con foto.
- Factura actual de electricidad y gas, completa y con todas sus páginas, incluyendo las lecturas del medidor de 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.
- Comprobante actual de beneficios de CalFresh o CalWORKs, si corresponde
- Recibo actual de alquiler o recibo de la hipoteca.
- Se podría requerir documentación adicional.

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 y otros requisitos de elegibilidad.

Datos de contacto de PACE Energy

350 S Bixel St, Suite 100
Los Angeles, CA 90017

Lunes a viernes
8:00 am - 4:00 pm

(213) 353-3982

pacela.org/our-work/energy/

Escanee el código QR para visitar nuestro sitio web:

Pacific Asian Consortium in Employment

Pacific Asian Consortium in Employment

Submit application by mail:
PACE Energy
350 S Bixel St, Suite 100
Los Angeles, CA 90017

Document Checklist for Utility Assistance/Weatherization Application

Please verify that you reside in a zip code within our service area:

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

You must submit all documents listed below along with the completed and signed CSD 43 Intake Form (05/2025) and CSD 321 Client Education Confirmation of Receipt.

- ☐ **Proof of U.S. Government Identification with Photo (applicant only)**
  Examples: state ID, driver's license, U.S. passport or passport card, permanent resident card, U.S. military card, certificate of citizenship, certificate of naturalization. Expired government issued ID is acceptable for a period of one year from expiration date.
- ☐ **Social Security Number** *Note: for applicant only, written on application form.*
  Qualified non-citizens such as asylees, refugees, conditional entrants, trafficking survivors with ORR certification, etc. may apply. Please call for more information on additional qualified non-citizen statuses and documentation requirements.
- ☐ **Current ELECTRIC and GAS Bill with Current Meter Readings**
  Bills must cover at least 22 service days
  Note: Both utility bills are required to process your application. You must send us all pages for both bills. If you are not responsible for one of these utilities, you are to provide proof such as your lease or landlord letter.
- ☐ **Current Monthly Household Income.** Include all income-related receipts, stubs, letters, etc. for the past 30 days.
  Must cover 30 days' worth of income from application submission date
  *Note: Adults 18 years and older claiming zero income, self-employed household members, and/or members receiving monthly cash loans or gifts **MUST** complete form CSD43B Certification of Income and Expenses.*
- ☐ **Current Proof of CalFresh or CalWorks Benefits.** Verification of benefits, current award letter with dollar amount, etc.
- ☐ **Completed and Signed Form CSD 081 Account Holder Authorization and Consent form.**
  Note: This form is to ONLY be completed if either of the bills is not under your name. The account holder needs to complete and sign this form. If you attempt and are unable to collect signatures you are to complete our affidavit form found in this package.
- ☐ **Current Mortgage Statement, Rent Receipt, or Rental Agreement**
  Note: if you are receiving subsidized housing, you must provide us with a document from that program/housing showing your rent portion.

THE FOLLOWING FORMS ARE TO BE COMPLETED TO GET WEATHERIZATION SERVICES

- ☐ **CSD515A Energy Service Agreement for Occupant (Owners and Renters)**
  Completed and signed by the applicant.
- ☐ **CSD515B Energy Service Agreement for Rental Property Owner (Renters Only)**
  Completed and signed by the rental property owner.

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

PACE DOES NOT PROVIDE PARKING OR VALIDATE

Department of Community Services and Development
Energy Intake Form
CSD 43 (05/2025)

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

Agency: **PACE** Intake Initials: Intake Date:

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

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

Service Address			Unit Number
Service City	Service County **Los Angeles**	Service State **CA**	Service Zip Code

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

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

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

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

E-mail Address:

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

HOUSEHOLD MEMBERS

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

If you have more than 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant *Self*
Date of Birth: Age: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

Have you served or are you an immediate family member of someone who served in the United States military?	I consent to this agency, and CSD, transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I or my family member may be eligible. I understand that this consent is valid for 12 months.
☐ Yes, I have Served ☐ Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military ☐ No ☐ Decline to State	☐ Yes ☐ No

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Age: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Age: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Age: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant

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

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant

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

Amount of Gross Monthly Income (before taxes):	Source of Income:

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? ☐ Yes ☐ No

PAY BILL

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

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

Enter the energy company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? ☐ Yes ☐ No

Do you have a past due notice? ☐ Yes ☐ No

Are your utilities included in rent or submetered? ☐ Yes ☐ No

Are your utilities all electric? ☐ Yes ☐ No

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

WOOD, PROPANE or FUEL OIL SERVICE (WPO)

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

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

Number of Days: _____ ☐ N/A

ENERGY INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

Base Benefit $_____ Supplement $_____ Total Benefit $_____

Total Energy Cost $_____ Energy Burden _____

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

Home Referred for WX: ☐ Home Already Weatherized: ☐

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 321 (Rev. 07/01/2022)

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant

Address of Dwelling

Confirmation of Receipt

I have received the following information:

☐ **Lead-Safe Education** – A copy of the pamphlet, Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools , informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.

☒ **Energy Education** – Information regarding changes I can make in order to reduce the energy consumption of my household.

☐ **Mold and Moisture Education –** A copy of the pamphlet, A Brief Guide to Mold and Moisture In Your Home , informing me of how to clean up residential mold problems and how to prevent mold growth.

☒ **Budget Counseling –** Information regarding personal financial management.

☐ **Radon Education –** A copy of the pamphlet, A Citizen's Guide to Radon , informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.

☐ **Asbestos Education –** A copy of the pamphlet, FAQs About Asbestos in the Home and Workplace , informing me about identifying asbestos-containing materials in the home, exposure, and available resources.

Signature of Recipient	Date

Self-Certification Option

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

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

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

☐ **Refusal to Sign** — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.

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

Attempted delivery dates and times

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)	Print name

Mailing Option:

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

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

Signature (Agency Representative)	Print name	Date mailed

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

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

UTILITY INFORMATION

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

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

AUTHORIZATION AND CONSENT

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

Signature of Account Holder	**Date**

Name of CSD Contractor/Partner Organization

REVOCATION OF AUTHORIZATION AND CONSENT

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

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

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

Department of Community Services and Development
CSD 43B (rev.12/2013)

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?						
YES	NO	During the previous month have you been employed part time?				
YES	NO	During the previous month have you been self-employed?				
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?				
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:				
YES	NO	During the previous month did you receive any of the following: (circle any that apply)				
		WORKER'S COMP	UNEMPLOYME	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
YES	NO	Do you receive any of the following (circle any that apply)				
		ANNUITY	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Put Notary stamp below, if needed (DOE only) or have Executive Director Sign here

Section 3: Please tell us how you paid these monthly expenses during the previous months:				
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:	
Rent or Mortgage	$		Name:	Phone:
			Address:	
Utility Bills	$		Name:	Phone:
			Address:	
Food	$		Name:	Phone:
			Address:	

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature:

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information.
I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature	**Date**

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

ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information

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

Owner-Occupant or Tenant Information

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

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

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

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

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

Additional Certifications For Owner-Occupants ONLY:

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

Additional Certifications For Tenants ONLY:

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

ENERGY SERVICE AGREEMENT FOR OCCUPANT

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

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

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

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

Owner-Occupant or Tenant's Signature	Date

Contractor/Agency Assurance

Contractor/Agency (Print name)	Address		
Pacific Asian Consortium in Employment (PACE)	350 S Bixel St, Suite 100		
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

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

ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Single-Family/Mobile Home Dwelling Information

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

Multi-Family Dwelling/Complex Information

Number of Eligible Buildings in Complex:		Use additional pages, if necessary.

Building #1

Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		

Building #2

Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		

Building #3

Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		

Owner and Owner's Agent Information

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

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

Agent (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Agent Telephone Number
Agent Email Address			Agent FAX Number

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)).

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

ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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

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

Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
Pacific Asian Consortium in Employment (PACE)		**350 S Bixel St, Suite 100**	
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

Pacific Asian Consortium in Employment

ENERGY DEPARTMENT

350 S Bixel St, Suite 100, 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 *Ingresos Disponibles*	**Examples** *Ejemplos*	**Enter the Amount Below** *Escribe la cantidad*
A. Net Income from Work (after taxes) *Ingresos de trabajo después de impuestos*	*$1,200*	
B. Other Income *Otros ingresos*	*$50*	
Total Disposable Income (Add A & B) *Ingreso total disponible*	*$1,250*	
Budget Expenses / *Gastos del Presupuesto*		
Rent or Mortgage *Renta o Hipoteca*	*$425*	
Utilities (Use a high average of electric, water, gas, etc.) *Utilidades (Use un promedio alto de luz, agua, gas, etc.)*	*$80*	
Telephone (Use an average) *Telefono (Use un promedio)*	*$40*	
Food (Use an average) *Comida (Use un promedio)*	*$250*	
Insurance (car, health, life, etc.) *Aseguranza (carro, salud, vida, etc.)*	*$74*	
Car Payment *Pago de Carro*	*$200*	
Gasoline *Gasolina*	*$60*	
Credit Cards *Tarjetas de crédito*	*$35*	
Entertainment (movies, dinner, trips, etc.) *Entretenimiento (películas, cenas, paseos, etc.)*	*$30*	
Total Expenses (Add All) *Gastos Totales*	*$1,234*	
Savings (Total disposable income minus total expenses) (Deduct Total Expenses from Net/Disposable Income) *Ahorros (ingreso disponible total menos gastos totales)*	*$17*	

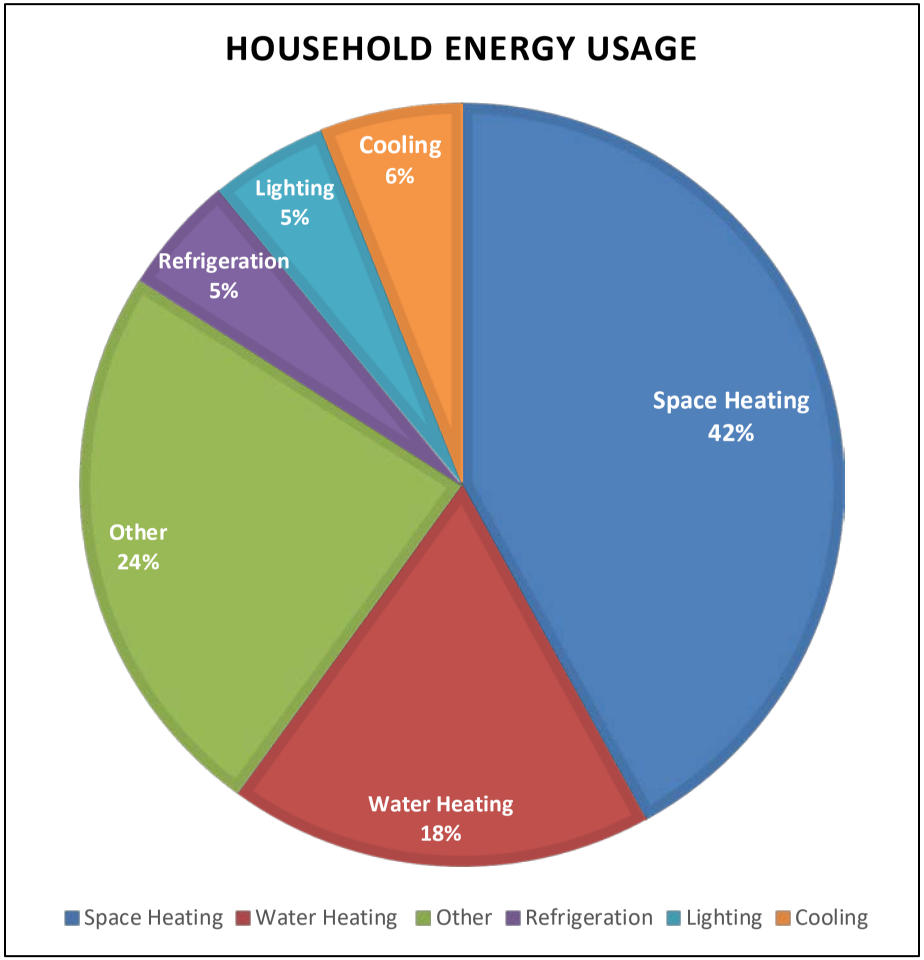
When you have money left over after paying your bills, you should put it in a savings account or pay ahead on existing accounts, particularly high interest loans or credit cards.

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