



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

Helping People. Changing Lives.

Energy Assistance Application Checklist For All Programs

Please read carefully and complete all necessary documents.

1. CONTENTS

- ✓ Application Checklist
- ✓ Survey of Income and Expenses
- ✓ Non-Emergency Disclaimer
- ✓ Verification of Energy Education
- ✓ Demographics
- ✓ Energy Saving Assistance Program
- ✓ Application
- ✓ Year round energy saving tips

2. INSTRUCTIONS – Please complete and return

- Application Checklist** (answer all questions).
- Complete and sign/date **all forms in packet** (Please print clearly with blue ink).
- Do not use **white out**. Applications with any white out will be returned.
- Be sure to fill in number of people in **household & family information**.*
- Supply **copies of ALL required** documents **with** your application. Failure to do so will result in an incomplete application and will not be processed.

YOU MUST SUBMIT ONE OR MORE OF THE FOLLOWING:

- Copy of your current PG&E bill (All Pages). This is the regular bill that you receive each month with the blue top. If you have a 15-day and/or 48-hr notice, you need to include all pages of those as well.
- Gridley and Biggs residents bring a complete copy (Top and Bottom) of your city electrical bill.
- If you have sub-metered utilities, you must enclose a copy of your current rent receipt showing electrical and/or gas usage and cost.
- If applying for propane; enclose a copy of your recent bill/statement or receipt to verify your account number



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3. CURRENT PROOF OF ALL HOUSEHOLD MONTHLY INCOME

You must provide proof of all household income for the past 30 days.

Every document must be dated within the last 30 days from the date of this application.

Please read the following carefully:

PAYROLL	Current Payroll Stubs: If you get paid <u>WEEKLY</u> you must submit 4 current pay check stubs. If you get paid <u>BI-MONTHLY</u> or <u>EVERY OTHER WEEK</u> , you will need to submit 2 current pay check stubs. If you get paid <u>MONTHLY</u> , you must submit the current pay check stubs.
SOCIAL SECURITY (SSA) SOCIAL SECURITY DISABILITY (SSI) PENSION	Current Award Letter OR Current Bank Statement Showing Name, Date and Deposit OR Copies of Your Current Checks
AFDC OR TANF	From Your Eligibility Worker a current "PASSPORT TO SERVICE"
UNEMPLOYMENT	Current Unemployment Stubs: You must submit 30 days' worth of stubs
WORKER'S COMP	Current Check Stubs: must cover current 30 days
GENERAL ASSISTANCE	From Your Eligibility Worker a current "PASSPORT TO SERVICE"
FINANCIAL AID	Must show proof, but it is not counted as income.
If you are <u>only</u> receiving FOOD STAMPS you will need to get a current "PASSPORT TO SERVICES" from your eligibility worker.	

4. CERTIFICATION OF INCOME AND EXPENSES.

- If your household has had no income in the past 30 days a "Survey of Income and Expenses" form must be completed and signed by the applicant.

5. YOU MUST CALL FOR AN APPOINTMENT TO TURN IN YOUR APPLICATION AS WE ONLY ACCEPT APPLICATIONS BY APPOINTMENT.

2640 S. 5th Ave. Door #1
Oroville, Ca 95965
530-712-2600 Option 1

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2017)

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

Agency:	Intake Initials:	Intake Date:		
First name	Middle Initial	Last Name	Date of Birth MM/DD/YY	
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)				
Service Address			Unit Number	
Service City	Service County	Service State	Service Zip Code	
Have you lived at this residence during each of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mailing Address			Unit Number	
Mailing City	Mailing County	Mailing State	Mailing Zip Code	
Social Security Number (SSN):				Telephone Number ()
E-mail Address:				

PEOPLE LIVING IN HOUSEHOLD		INCOME	
Enter the total number of people living in the household, including yourself →		Enter the total number of people who receive income →	
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
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 7 people in your household, please list the information on a separate piece of paper.					
First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
Household Total Monthly Gross Income				\$	
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 Other Fuel

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

Natural Gas Electricity Wood Propane Fuel Oil Kerosene Other Fuel N/A

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

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

X

*** APPLICANT'S SIGNATURE ***

Date

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

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

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

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

Total Energy Cost \$ _____ Energy Burden _____

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

Home Referred for WX: Home Already Weatherized:

HOUSEHOLD/FAMILY INFORMATION

HEAD OF HOUSEHOLD/APPLICANT		
Name*:		
Date of birth* (mo/day/yr):	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Military: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> N/A
Race: <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the above)	Ethnicity: <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino or Spanish Origin
Education: <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Not currently Enrolled <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-Graduate <input type="checkbox"/> High School Graduate/Equivalent Diploma	<input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 yr College Graduate <input type="checkbox"/> Other Post-Secondary Graduate	Work Status: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Unemployed (≤6mo) <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed (>6mo) <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Never Employed <input type="checkbox"/> Farmworker <input type="checkbox"/> Retired
Housing: <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> Military <input type="checkbox"/> Direct/Private <input type="checkbox"/> State/Adults <input type="checkbox"/> Employer Based <input type="checkbox"/> State/Child <input type="checkbox"/> Medicaid <input type="checkbox"/> Other	Household Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults (No Children) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related Adults w/Children <input type="checkbox"/> Multi-generation <input type="checkbox"/> Other

HOUSEHOLD MEMBER 1		
Name*:		
Date of birth* (mo/day/yr):	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Military: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> N/A
Race: <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the above)	Ethnicity: <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino or Spanish Origin
Education: <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Not currently Enrolled <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 9-12 Grade/Non-Graduate <input type="checkbox"/> High School Graduate/Equivalent Diploma	<input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 yr College Graduate <input type="checkbox"/> Other Post-Secondary Graduate	Work Status: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Unemployed (≤6mo) <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed (>6mo) <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Never Employed <input type="checkbox"/> Farmworker <input type="checkbox"/> Retired
Relation to HoH/Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other If Other, please list: _____		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> Military <input type="checkbox"/> Direct/Private <input type="checkbox"/> State/Adults <input type="checkbox"/> Employer Based <input type="checkbox"/> State/Child <input type="checkbox"/> Medicaid <input type="checkbox"/> Other

*= REQUIRED FIELD

CONTINUED ON BACK ->

HOUSEHOLD MEMBER 2		
Name*:		
Date of birth* (mo/day/yr):	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Military: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> N/A
Race: <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the above)		Ethnicity: <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino or Spanish Origin
Education: <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Not currently Enrolled <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 9-12 Grade/Non-Graduate <input type="checkbox"/> 2 or 4 yr College Graduate <input type="checkbox"/> High School Graduate/Equivalent Diploma <input type="checkbox"/> Other Post-Secondary Graduate		Work Status: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Unemployed (≤6mo) <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed (>6mo) <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Never Employed <input type="checkbox"/> Farmworker <input type="checkbox"/> Retired
Relation to HoH/Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Child If Other, please list: <input type="checkbox"/> Parent _____		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> Military <input type="checkbox"/> Direct/Private <input type="checkbox"/> State/Adults <input type="checkbox"/> Employer Based <input type="checkbox"/> State/Child <input type="checkbox"/> Medicaid <input type="checkbox"/> Other

HOUSEHOLD MEMBER 3		
Name*:		
Date of birth* (mo/day/yr):	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Military: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> N/A
Race: <input type="checkbox"/> American Indian and Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the above)		Ethnicity: <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> Not Hispanic, Latino or Spanish Origin
Education: <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Not currently Enrolled <input type="checkbox"/> 0-8 Grade <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 9-12 Grade/Non-Graduate <input type="checkbox"/> 2 or 4 yr College Graduate <input type="checkbox"/> High School Graduate/Equivalent Diploma <input type="checkbox"/> Other Post-Secondary Graduate		Work Status: <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Unemployed (≤6mo) <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed (>6mo) <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Never Employed <input type="checkbox"/> Farmworker <input type="checkbox"/> Retired
Relation to HoH/Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Child If Other, please list: <input type="checkbox"/> Parent _____		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> None <input type="checkbox"/> Military <input type="checkbox"/> Direct/Private <input type="checkbox"/> State/Adults <input type="checkbox"/> Employer Based <input type="checkbox"/> State/Child <input type="checkbox"/> Medicaid <input type="checkbox"/> Other

SIGNATURE	
I authorize the verification of the information provided on this form is accurate and completed to the best of my knowledge.	
Signature of applicant*:	Date*:

*=REQUIRED FIELD

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)					
		<table border="1"> <tr> <td>WORKER'S COMP</td> <td>UNEMPLOYMENT</td> <td>GOVERNMENT SPONSORED BENEFITS</td> <td>CHILD SUPPORT</td> </tr> </table>	WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT				
YES	NO	Do you receive any of the following (circle any that apply)					
		<table border="1"> <tr> <td>ANNUITY PAYMENT</td> <td>PENSION</td> <td>TRIBAL CASINO PAYMENTS</td> <td>RENTAL INCOME</td> <td>INSURANCE BENEFITS</td> </tr> </table>	ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS
ANNUITY PAYMENT	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 _____



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6. Does your household have any additional energy usage such as:

Pellets Yes or No

If YES, What is your yearly cost? _____

Propane Yes or No

If YES, What is your yearly cost? _____

Wood Yes or No

If YES, What is your yearly cost? _____

OTHER:

Are you "Off the Grid" Yes or No
(You receive no electricity from a power company.)

What is your yearly cost for generators, candles, and/or batteries?

7. Do you live in an area that uses a city zip code but are consider by another name, such as Cherokee, Concow, Butte Meadows, Dayton, Honcut or Yankee Hill?

If YES, please list the area: _____

8. In what type of home do you reside?

- [Stick home](#)
- [Manufactured home](#)
- [RV/Trailer](#)
- Other (please describe)_____

9. OTHER ASSISTANCE

- PG&E offers a CARE program for those who qualify.
- Call 1 800 743 5000 and ask for the CARE program forms
- Our phone number is 530 712 2600
- If you are interested in free home Weatherization Press 2, Press 1.
- If you have any questions regarding this application Press 1, Press 3.
- To inquire about emergency funding for a 15-day, or 48-hour notice Press 1, Press 2, follow the prompts

Signature_____ **Date**_____



Year Round Energy Saving Tips

Take a shower instead of a bath or take shorter showers

Turn off kitchen, bath and other ventilating fans after they have done their job

Set your water heater to the "normal" setting or 120 degrees, unless your dishwasher requires a higher setting.

Wash dishes by hand and fill the sink with water instead of letting the water run.

Do only full loads when using your dishwasher and clothes washer

Use cold water when washing clothes

Use the energy-saving control on your dishwasher if it has one

Let dishes air dry

Hang clothes to dry

Clean your clothes dryer's lint trap after each use

Use the moisture-sensing automatic drying setting on your dryer if it has one

Install gaskets behind outlet covers

Wrap your hot water tank with jacket insulation. Be sure to leave the air intake vent uncovered when insulating a gas water heater

Install low flow showerheads and faucets

Increase insulation in your attic, walls, floors, basement, etc.
Seal leaking ducts

Replace your old water heater or furnace with a newer, more efficient Energy Star Model

Replace your old windows with more efficient Energy Star windows

Community Action Agency of Butte County, Inc.

www.buttecaa.com

energybills@buttecaa.com

530 712 2600



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

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Verification of Energy Education

This form must be completed in order to process your application

1) Who is your electricity provider? (Circle one of the following):

PG&E

Sub-metered

Off the electrical grid

City of Biggs

City of Gridley

2) Do you know what "OFF THE GRID" means?

A) you received no radio or TV signal at your property

B) you received no electricity from a power company

C) your address can not be located on a map

D) all of the above

You will need your current bill to answer the questions below: City of Biggs & City of Gridley may not have this information on their bills.

Have you ever visited your electric provider's web site?

How much money did the CARE discount save you on your current PG&E bill?

Do you know how to read your smart meter? Yes or No

Did you read the "YEAR ROUND ENERGY SAVING TIPS"?

Which tip did you find to be the most helpful?

What is your favorite way to save energy?

NAME:

SIGNATURE:

ADDRESS:

CITY STATE ZIP:

DATE:



Energy Assistance Program Disclaimer

Please read and complete:

I, _____ understand that I am applying for Energy Assistance. The Energy Assistance Program (Gas and electric utilities, wood/pellets, propane, oil and sub-metered) provides money once a year to help Low-income households "offset" the costs of energy. I understand that my application **does not guarantee assistance**.

I understand that even if I qualify I **may not receive assistance**. Funding restricts the number of applications that can be accepted. Applications will be selected based on a priority need calculation. If I am selected for the Energy Assistance Program the process can take up to **16 weeks**. If my energy is included in my rent I will receive a check from Community Services and Development (CSD).

*I understand that if I have received assistance for the current year any where else in California, that I am ineligible for assistance in Butte County.
I also understand that I need to continue paying my utilities.*

SIGNATURE _____

DATE ___/___/___



CLIENT/CUSTOMER CONSENT FORM AND AUTHORIZATION

The California Department of Community Services and Development (CSD) is a state agency that oversees energy assistance programs for low-income families. Some of these services include helping families pay their utility bills or installing energy-efficient appliances and systems to reduce energy use and expenses. CSD also works with other organizations and programs that provide related services.

CONSENT (What you are agreeing to when you sign this form)

By signing this form, you give your 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 household's utility account, energy usage and/or other information needed to provide the services and benefits to you described on the back of this form.

1. NAME(S) AND MAILING ADDRESS

Your Name		
If your utility bill is in someone else's name, enter that name here		
Your mailing address (Street)	Unit Number (if any)	
Your mailing address (City)	State	Zip Code

2. UTILITY SERVICE ADDRESS

Check here if your utility service address is different from your mailing address.

If you checked the box, please provide your utility service address information below:

Your Utility Service Address (Street)	Unit Number (if any)	
Your Utility Service Address (City)	State CA	Zip Code

3. 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

(If client applying for services is not the person whose name is on the account (i.e., the utility customer of record), both persons must initial and sign this form)

By initialing and signing below, I acknowledge and authorize my utility company, CSD, and CSD Partners to release upon request and/or to receive my information as described, exclusively for the purposes stated in this Authorization for up to **36 months** unless revoked as explained on the back of this form:

Client/Customer Initials	Utility company billing records: account name, service address, billing history and account balances, as needed for processing utility bill assistance and emergency payments.
Client/Customer Initials	1) Meter usage and energy consumption data, including up to 12 months of historical data prior to the date of my signature below; and 2) any information concerning prior weatherization of dwelling (if weatherized, date and measures installed).
Client/Customer Initials	Household income, composition and other information needed to determine my eligibility for energy assistance programs administered by CSD and/or CSD Partners.

Signature of Client/Utility Customer	Date
--------------------------------------	------

Signature of Utility Customer of Record (if different)	Date
--	------

Name of CSD Contractor/Partner Organization

Signature of 2nd Utility Customer of Record, if applicable	Date
--	------

WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED

Your consent (permission) for us to obtain and share your utility information, including your energy usage data, is needed for the purposes listed and explained below. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, can provide you with services and benefits available under various programs administered by CSD and your utility companies. The information provided will be shared and retained in accordance with applicable law concerning data security and privacy protections. The information you authorize us to obtain and share will be used for the following purposes:

1. Determine your eligibility for CSD and utility company low-income programs
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills; weatherization services; energy efficiency services; emergency energy services; health and safety measures; solar energy services; consumer information and energy tips
4. Evaluate your home's energy usage 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.

You understand that some services may not be available to you unless you consent to share/release information as stated in this Authorization. You agree that this consent covers utility account, billing and usage information, including up to twelve months of historical data prior to the date of this Authorization, information about any prior weatherization services provided, and subsequent data throughout the period that this Authorization is in effect.

CSD and CSD Partners agree to access and share only the information and data necessary to provide energy assistance services for which you are determined eligible, and to fulfill state and federal requirements for operating these programs. If you are determined not to be eligible for services, no utility information will be accessed or exchanged. CSD and CSD Partners will safeguard your privacy and will store any information gathered in accordance with the security requirements set forth in state law.

REVOCAION OF 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.

PROGRAMS

Some of the programs CSD oversees or partners with include:

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

ENERGY SAVING ASSISTANCE PROGRAM

LOWER BILLS EVERY MONTH

Pacific Gas and Electric wants to help you save money on your energy bills by using gas and electricity more wisely. So, Pacific Gas and Electric's Energy Partners is sending an energy specialist to your neighborhood. If you qualify for the program, he or she will help you identify ways to lower your monthly utility bills.

You'll learn how to operate your appliances more cost-efficiently. We'll even arrange to send a participating program contractor to install energy-saving upgrades – where feasible – at no cost to you.

Please fill out and return with your Application. Someone will call you if your home qualifies.

NAME:

ADDRESS:

CITY & ZIP

PHONE NUMBER:

RENT OR OWN:

IF RENTING PLEASE FILL OUT OWNER INFORMATION

OWNER NAME:

OWNER ADDRESS:

OWNER CITY & ZIP:

OWNERS PHONE NUMBER: