



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.

You must call for an appointment to turn in your application
2640 South 5th Ave. Oroville, CA 95965 Suite 1 530-712-2600 Option 1

1. CONTENTS

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

2. INSTRUCTIONS – Please complete and call for an appointment to return

- ☐ **Application Checklist** (answer all questions).
- ☐ Complete and sign/date **all forms in packet** (Please print clearly with Dark blue or black ink. No gel pens)
- ☐ 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**.
- ☐ Please supply copies of as many required documents as possible with your application.

YOU MUST SUBMIT ALL THAT APPLY TO YOUR HOUSEHOLD 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 shut of notice you will need BOTH the most recent monthly bill and the shut off notice.**
- ☐ Gridley and Biggs residents bring a complete copy (Top and Bottom) of your city electrical bill **and** your PG&E bill for Natural Gas. Both bills are required.
- ☐ 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 you use propane; enclose a copy of your recent bill/statement or receipt to verify your account number and show your energy burden. **You must also submit your electric bill even if you are applying for propane.**



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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. |
| PENSION/VA BENEFITS/ANNUITY | A Current Award Letter |
| SOCIAL SECURITY (SSA) SOCIAL SECURITY DISABILITY (SSI) | Current Award Letter OR <u>Most Recent Bank Statement</u> (NO TRANSACTION HISTORY) If the bank statement has more than one person on it, the deposit line must have the beneficiaries' name on the same line.) |
| AFDC, TANF, GENERAL ASSISTANCE OR FOOD STAMPS | From Your Eligibility Worker a current "PASSPORT TO SERVICE" If you receive cash aid or there is no income in the household over the last 30 days. |
| UNEMPLOYMENT | Current Unemployment Stubs: You must submit 30 days' worth of stubs Current EDD printout with weekly benefit amount |
| WORKER'S COMP | Current Check Stubs: must cover current 30 days |
| SELF-EMPLOYMENT | Copy of current signed and dated 1040 Federal Tax Form and 1040, Schedule 1, signed by applicant(s). Schedule C (for self-employment) must be submitted with current 1040 Any questions regarding proof of self-employment contact our office |
| FINANCIAL AID | Must show proof , but it is not counted as income. |
| If your household has no income and you are <u>only</u> receiving FOOD STAMPS you must get a current "PASSPORT TO SERVICES" from your eligibility worker. | |

4. CERTIFICATION OF INCOME AND EXPENSES.

- ☐ A "Survey of Income and Expenses" form must be completed and signed by **any** household member that is 18 or older with no source of income.

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 *cannot* 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? ☐ Yes ☐ No

 Is your service address the same as mailing address?..... ☐ Yes ☐ No

Mailing Address

Unit Number

Mailing City

Mailing County

Mailing State

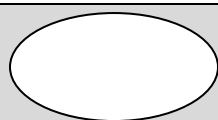
Mailing Zip Code

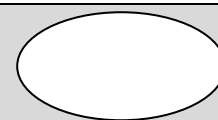
 Social Security Number
(SSN):

Telephone Number ()

E-mail Address:

PEOPLE LIVING IN HOUSEHOLD

 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 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 ☐ NoDo 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 ☐ NoHome 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"/> 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 | | Housing: <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Rent If Other, please list: _____ <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"/> 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 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 | |

*= 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

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 | UNEMPLOYMENT | GOVERNMENT SPONSORED BENEFITS | CHILD SUPPORT | |
| YES | NO | Do you receive any of the following (circle any that apply) | | | | |
| | | 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



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

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5. 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?

6. 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: _____

7. In what type of home do you reside?

- ☐ House
- ☐ Manufactured/Mobile home (Single wide or double wide)
- ☐ RV/Camp Trailer
- ☐ Apartment/Condo
- ☐ Other (please describe) _____

8. 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, fax number is 530-532-7977
- If you are interested in free home Weatherization Option 2.
- If you have any questions regarding this application or for propane assistance please Option 1, Press 2.
- To inquire about emergency funding for a 15-day or 48-hour notice Option 1, Press 2,

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:



COMMUNITY ACTION AGENCY OF BUTTE COUNTY, INC.

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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 ____/____/____

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

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: