AMADOR TUOLUMNE COMMUNITY ACTION AGENCY

2019 HEAP (Home Energy Assistance Program) **Amador**

Income guidelines for home weatherization, PG&E or propane payment assistance:

Size of Household	1	2	3	4	5	6	7
Total Gross Monthly Income not to exceed	$2,170.74	$2,838.66	$3,506.58	$4,174.50	$4,842.42	$5,510.34	$5,635.58

APPLICATION INSTRUCTIONS: Keep the blue papers for your records.

DOCUMENTS NEEDED FROM YOU: All documents will be kept confidential: SEE BELOW

DO NOT USE WHITE OUT! Applicatons for assistance on utility bills with a credit balance larger than 1 months average charge will not meet eligibility requirements. Complete and return the 5 white, 2 green forms, & client survey in the application. All documentation must be included with the application. Incomplete application will be returned. Return application by mail or call for an appointment at the locations and phone numbers listed below.

1. **Identification and Social Security Card** for applicant only. Current CA ID or Driver's License
2. **Proof of citizenship**. Birth certificate, unexpired passport or Baptismal Certificate for the applicant only.
3. **Current proof of income**: All household members 18 and over must provide proof of monthly income over the last 6 weeks prior to the application submittal date. **Income examples**; paystubs, Social Security 2019 award letters, pension letters must be current and include gross, interest statements (No 1099's accepted), unemployment stubs. All adults claiming no income must fill out a **'Zero Income'** form **(CSD 43B, provided by ATCAA).**
4. **Current Notice of Action or Passport to services** for cash aid/food stamps.
5. **Current Electric Bill** must be within 6 weeks of application date. Provide all pages. Submit for energy cost, even if applying for propane.
6. **Propane** 12 month history on bulk fill accounts. If propane fill is needed a written estimate from current propane provider on business letter head with the account holder name, service address, account number, gallons and cost. For metered accounts provide current billing.
7. **Utilities included in rent** must provide a copy of your most current rent receipt stating the cost of utilities and usage.
8. **Wood, pellet, or kerosene receipts within last 12 months.**
9. **Proof of ownership** for homeowners applying for Weatherization.

Note: Please allow time for the application to be processed 12-16 weeks. Please continue to pay your bills. If credit does **NOT** appear on your account after 12-16 weeks **call PG&E at 1-800-743-5000 or your propane vendor first.**

If you have questions, concerns, complaints, or would like to appeal a decision about your HEAP application, contact ATCAA Energy Program at one of the following numbers below.

CONTACT / MAIL / FAX / WEBSITE:

http://www.atcaa.org/utility-bill-assistance

Amador and Calaveras County ATCAA
10590 Highway 88
Jackson, CA 95642
209-223-1485 Ext. 221 /259
FAX 209-223-4178
Appointments Mon – Thurs 9-Noon

Tuolumne County ATCAA
427 HWY 49, Suite 305
Sonora, CA 95370
533-1397 Ext 232 /248 /250
FAX 209-533-1034
Appointments Mon – Thurs 9 –Noon

No person shall be discriminated against in participating due to age, sex, color, religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship, or any other consideration made unlawful by state, federal, and local laws.

AMADOR – TUOLUMNE COMMUNITY ACTION AGENCY

2019 LIHEAP
FOR YOUR USE ONLY -KEEP

MONTHLY BUDGET PLAN		
MONTH	ESTIMATED	ACTUAL
MONTHLY INCOME		
Salary/Wages (Take Home Pay)	$	
Cash on Hand/Savings	$	
Child Support (Income)	$	
AFDC, F/S, SSI, UIB,SDI	$	
TOTAL Cash Available		
MONTHLY EXPENSES		
Rent/House Payment		
Heat/Propane		
Lights/Electricity		
Water		
Groceries		
Telephone		
Laundromat		
Car Payment/Bus Fare		
Gasoline		
TOTAL		
INSURANCE PAYMENTS		
Car		
Homeowner's/Renter's		
Health		
Life/Disability Insurance Medi-Cal/CMSP share of cost		
TOTAL		
Credit Card Payments		
Loan Payments/"Cash 'til Payday"		
Child Care/Babysitter		
Child Support/Alimony Payments		
Other		
Other		
TOTAL		
TOTAL MONTHLY EXPENSES		
MINUS MONTHLY INCOME		
TOTAL REMAINING		

BUDGET PAGE

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Amador Tuolumne Community Action Agency
Energy Saving Tips

1 Heating and Cooling / Water Heaters
Air Conditioner **$23 – 137 per month**

Gas central heating	$1.07 per hour
Electric central heating	$1.37 per hour
Gas water heater	$10 – 33 per month
Electric water heater	$18 – 54 per month
Portable heater	$0.21 per hour /unit
Ceiling fan	$1.21 – $6.80 per year

2 Laundry
Electric Clothes Dryer **$0.33 – 0.56 per load**

Gas clothes dryer	$0.12 – 0.15 per load
Washing Machine (cold water)	$0.04 per load
Washing Machine (warm/cold)	$0.34 per load
Washing Machine (hot/warm)	$0.88 per load
Front-loading washing machine	$0.027 per load
Steam iron	$0.15 per load

3 Lighting Compact Fluorescent (27W) **< $0.01 per hour**
Energy-saving idea: Use compact fluorescent lamps (CFL) wherever possible. Converting to energy-efficient low-wattage (27W fluorescent = 100W incandescent) CFL can lower your lighting bill.

Halogen lighting (45W)	$<0.01 per hour
Halogen lighting (90W)	$0.01 per hour
Halogen mirrored reflector (MR) lamp	$<0.01 per hour
Incandescent	$<0.01 per hour

4 Kitchen
Refrigerator (1992 to current)
$8.69 – 9.84 per month

Refrigerator (Prior to 1992)	$18.54 per month
Electric dishwasher	$ 0.39 – 43 per load
Gas dishwasher	$0.15 – 0.20 per load
Electric Oven	$0.32 per hour
Gas Oven	$0.21 per hour
Microwave Oven	$0.02 per minute

5 Living Room LCD or Plasma TV **$.02 – $.06 per hour**
Energy-saving idea: Replace old windows with new high performance dual pane windows. Weather-strip around windows and doors.

Video game consoles	$<0.01 per hour
Cable box	$<0.01 per hour
DVD player	$<0.01 per hour
Stereo system	$<0.01 per hour
Cable box – standby mode	$19.98 per year
DVD player – standby mode	$3.71 per month

6 Bathroom Hair Dryer **$0.02 per use**
Energy-saving idea: Install energy-saver showerheads. This will reduce your water bills, and your energy bills due to less water heater use.

Water softener/conditioner	$0.50 per month
Night light	$.020 per month

AMADOR TUOLUMNE COMMUNITY ACTION AGENGY

Take Control of Temperature

- **Set Your Thermostat:** In winter, set your thermostat to 68 degrees or less during the daytime, and 55 degrees before going to sleep (or when you're away for the day). During the summer, set thermostats to 78 degrees or more.
- **Use Sunlight Wisely:** During the heating season, leave shades and blinds open on sunny days, but close them at night to reduce the amount of heat lost through windows. Close shades and blinds during the summer or when the air conditioner is in use or will be in use later in the day.
- **Set the Thermostat on Your Water Heater:** Put your water heater thermostat between 120 and 130 degrees. Higher set points will increase your utility bill and could result in water that scalds your fingers.

Use Appliances Efficiently

- **Refrigerators:** Set your refrigerator temperature at 38 to 42 degrees Fahrenheit; your freezer should be set between 0 and 5 degrees Fahrenheit. Use the power-save switch if your fridge has one, and make sure the door seals tightly. You can check this by making sure that a dollar bill closed in between the door gaskets is difficult to pull out. If it slides easily between the gaskets, replace them.
- **Ovens:** Don't preheat or "peek" inside the oven more than necessary, as it lets out all the heat, which can then increase the cooking time. Check the seal on the oven door, and use a microwave oven for cooking or reheating small items.
- **Dishwashers:** You don't need to pre-wash dishes to get them clean. Simply scrape off the food and put the dish right into the dishwasher. Wash only full loads in your dishwasher, using short cycles for all but the dirtiest dishes. This saves water and the energy used to pump and heat it. Air-drying, if you have the time, can also reduce energy use.
- **Washing Machines:** In your clothes washer, set the appropriate water level for the size of the load; wash in cold water when practical, and always rinse in cold. Wash your clothes in cold water and save up to 50 cents a load. Today's washers and detergents do a good job cleaning clothes in cold water and there is no reason to use hot water except for the dirtiest of loads. Select the highest spin speed available when washing clothes. High spin speeds on front-load washers remove a lot more moisture, reducing the time and energy needed to dry clothing. Next time you replace your clothes washer, buy a front-loading model as they save a lot of water and energy compared to older top-loading designs.
- **Dryers:** Clothes dryers are one of the largest energy users in our homes and represent 2 percent of our nation's entire electricity consumption. While major appliances like air conditioners, refrigerators, and even clothes washers have undergone significant energy efficiency improvements during the past 20 years, unfortunately the amount of energy wasted by clothes dryers in the United States has received little attention. A typical electric clothes dryer often consumes as much energy annually as a new refrigerator, clothes washer and dishwasher *combined*. To help reduce your energy bill:
- Clean the lint filter in the dryer after each use.
- Dry heavy and light fabrics separately and don't add wet items to a load that's already partly dry. If available, use the moisture sensor setting (often called Normal). But a clothesline is the most energy-efficient clothes dryer of all!

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1/2018 TO

Amador Tuolumne Community Action Agency
Client Intake Form

Staff Use:	ATCAA Program:
	Intake Date:
	Child Support Referral Made ☐

Client's Information **Service you are applying for today:**_____

First Name	Middle	Last Name	Suffix

Date of Birth (mm/dd/yyyy)	SSN (last 4 digits only) ☐ Unknown - - ☐ Decline to State	Gender (please circle one) F=Female M=Male O=Other

Age : ☐ 0-5 ☐ 6-13 ☐ **14-17** ☐ **18-24** ☐ 25-44 ☐ 45-54 ☐ 55-59 ☐ 60-64 ☐ 65-74 ☐ 75+

Ethnicity: ☐ Hispanic, Latino or Spanish Origins ☐ **Non**-Hispanic, Latino or Spanish Origins

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White/Caucasian ☐ Other ☐ Multi-race (two or more of the above)

Primary Language spoken at home: ☐English ☐Spanish ☐Other
Additional languages spoken: ☐English ☐Spanish ☐Other

Address

Street Address	Apartment Number
City **, CA**	Zip Code
Mailing Address (if different from above)	
City **, CA**	Zip Code

Email Address	Home Phone Number
Cell Phone	Message Phone

Program Entry

Program Name
Household Type: ☐ Single Person ☐ Two Adults No Children ☐ Single Parent, Female ☐Single Parent, Male ☐Two-Parent Household ☐Non-related Adults with Children ☐ Multigenerational ☐ Other
Household Size: ☐ Single Person ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six or more

Client Information

Do you have a disabling condition? ☐ Yes ☐ No ☐ Unknown ☐ Decline to State

Type of health Insurance? ☐ Medicaid ☐ Medicare ☐ Employment based ☐ Direct Purchase ☐ Military Health Care ☐ State Children's Health Insurance ☐ State Health Insurance for Adults ☐ Uninsured

Military Status? ☐ Veteran ☐ Active Military ☐ Neither Active Military or Veteran

Housing Type: ☐ Own ☐ Rent/No Subsidy ☐ Rent/Subsidized Housing ☐ Other Permanent Housing ☐ Homeless ☐ Other

Education Level (Ages 25+): ☐ 0-8 Grade ☐ 9-12 Grade/Non-graduate ☐ High School Graduate/GED ☐ 12+ Some College ☐ 2 or 4 Year College Graduate ☐ Graduate of other post-secondary

Education Level (Ages 14-24): ☐ 0-8 Grade ☐ 9-12 Grade/Non-graduate ☐ High School Graduate/GED ☐ 12+ Some College ☐ 2 or 4 Year College Graduate ☐ Graduate of other post-secondary

Employment: ☐ Employed Full-time ☐ Employed Part-time ☐ Full/Part-Time Student ☐Retired ☐ Short Term Unemployed (6 months or less) ☐ Long Term Unemployed (more than 6 months) ☐ Not in labor force ☐ Farm Worker ☐ Migrant Farm Worker ☐ Seasonal Farm Worker

Are you the custodial parent/guardian of a child/children? ☐ Yes ☐ No

***WHOLE* household income** **Has the household received income in the last 30 days? ☐ Yes ☐ No**

SOURCES OF INCOME			
	Yes	**No**	**Amount**
Income from **Employment Only**	☐ Yes	☐ No	
TANF	☐ Yes	☐ No	
Supplemental Security Income (SSI)	☐ Yes	☐ No	
Social Security Disability Insurance (SSDI)	☐ Yes	☐ No	
VA Service-Connected Disability Compensation	☐ Yes	☐ No	
VA Non-Service Connected Disability Pension	☐ Yes	☐ No	
Private Disability Insurance	☐ Yes	☐ No	
Workers Compensation	☐ Yes	☐ No	
Retirement Income from Social Security	☐ Yes	☐ No	
Pension	☐ Yes	☐ No	
Child Support	☐ Yes	☐ No	
Alimony or Other Spousal Support	☐ Yes	☐ No	
Unemployment Insurance	☐ Yes	☐ No	
EITC	☐ Yes	☐ No	
General Assistance/Other	☐ Yes	☐ No	
Total Income			
NON-CASH BENEFITS received in the last 30 days?			
Food Stamps / Supplemental Nutritional Assistance Program (SNAP)	☐ Yes	☐ No	
WIC	☐ Yes	☐ No	
LIHEAP	☐ Yes	☐ No	
Housing Choice Voucher	☐ Yes	☐ No	
Public Housing	☐ Yes	☐ No	
Permanent Supportive Housing	☐ Yes	☐ No	
HUD-VASH	☐ Yes	☐ No	
Childcare Voucher	☐ Yes	☐ No	
Affordable Care Act Subsidy	☐ Yes	☐ No	
Other	☐ Yes	☐ No	

TOTAL SOURCES OF INCOME
☐ Income from Employment ONLY
☐ Income from Employment + Other Income Source
☐ Income from Employment + Other Income Source + Non-Cash Benefits
☐ Income from Employment + Non-Cash Benefits
☐ Other income source ONLY
☐ Other income source + Non-Cash Benefits
☐ Non-Cash benefits ONLY
☐ No Income

Would you be willing to volunteer? ☐ **Yes** ☐ **No** ☐ **Not able to at this time**

I acknowledge that the information that I have provided is true and correct and I understand my name and other identifying information will not be shared with any agency outside of ATCAA, unless required to do so by law.

Signature_____ **Date** _____

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For additional ATCAA services/programs please inquire within or view our website at www.atcaa.org.
We can be reached at 223-1485 in Amador County or 533-1397 in Tuolumne County for more information

ATCAA Additional Household Member(s) Intake Form

Staff Use:	ATCAA Program:
	Intake Date:
	Child Support Referral Made ☐

Other Household Member Information #_____

First Name	Middle	Last Name	Suffix

Date of Birth (mm/dd/yyyy) / /	SSN (last 4 digits only) ☐ Unknown - - ☐ Decline to State	Gender (please circle one) F=Female M=Male O=Other R=Decline to State

Age : ☐ 0-5 ☐ 6-13 ☐ **14-17** ☐ **18-24** ☐ 25-44 ☐ 45-54 ☐ 55-59 ☐ 60-64 ☐ 65-74 ☐ 75+

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Relationship to client/Head of household: **Lives in same household as client? ☐Yes ☐No**

Are you the custodial parent/guardian of a child/children? ☐ Yes ☐ No

Do you have a disabling condition? ☐Yes ☐No ☐Unknown ☐ Decline to State

Type of health Insurance? ☐Medicaid ☐Medicare ☐Employment based ☐ Direct Purchase ☐ Military Health Care ☐ State Children's Health Insurance ☐ State Health Insurance for Adults ☐ Uninsured

Military Status? ☐ Veteran ☐ Active Military ☐ Neither Active Military or Veteran

Housing Type: ☐Own ☐Rent/No Subsidy ☐Rent/Subsidized Housing ☐ Other Permanent Housing ☐ Homeless ☐Other

Education Level (***Ages 14-24***): ☐0-8 Grade ☐ 9-12 Grade/Non-graduate ☐High School Graduate/GED ☐ 12+ Some College ☐2 or 4 Year College Graduate ☐Graduate of other post-secondary

Education Level (***Ages 25+***): ☐0-8 Grade ☐ 9-12 Grade/Non-graduate ☐High School Graduate/GED ☐ 12+ Some College ☐2 or 4 Year College Graduate ☐Graduate of other post-secondary

Employment: ☐Employed Full-time ☐Employed Part-time ☐ Full/Part-Time Student ☐Retired ☐ Short Term Unemployed (6 months or less) ☐ Long Term Unemployed (more than 6 months) ☐ Not in labor force ☐ Farm Worker ☐ Migrant Farm Worker ☐ Seasonal Farm Worker

Other Household Member Information #_____

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Revised 8/2019 RL

ATCAA Additional Household Member(s) Intake Form

Staff Use:	ATCAA Program:
	Intake Date:
	Child Support Referral Made ☐

Other Household Member Information #_____

First Name	Middle	Last Name	Suffix

Date of Birth (mm/dd/yyyy) / /	SSN (last 4 digits only) ☐ Unknown - - ☐ Decline to State	Gender (please circle one) F=Female M=Male O=Other R=Decline to State

Age : ☐ 0-5 ☐ 6-13 ☐ **14-17** ☐ **18-24** ☐ 25-44 ☐ 45-54 ☐ 55-59 ☐ 60-64 ☐ 65-74 ☐ 75+

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Revised 8/2019 RL

ATCAA
Amador Tuolumne Community Action Agency
People Helping People

Client Needs Survey

Office Use only				
Program:				
Office:		Ama		Tuo
Date:				

We appreciate your feedback and hope you can give us a few minutes of your time assist us in a Community Needs Assessment

1 **What County Do You Reside In?** _____ Amador _____ Calaveras _____ Tuolumne

2 **Gender** _____ Male _____ Female _____ Other

3 **Age** _____ 18-24 _____ 25-44 _____ 45-54 _____ 55-59 _____ 60-64 _____ 65-74 _____ 75+

4 **Ethnicity** _____ Hispanic, Latino, or Spanish Origins _____ **Not** Hispanic, Latino or Spanish Origins

---

Please select your 3 greatest needs in each of the following areas:

5. ADULT EDUCATION

_____ After school/childcare options for parent(s)
_____ Available education resources
_____ Available evening/night/weekend courses
_____ Broadband/Internet access at home
_____ Computer Skills Training
_____ Convenient public transportation hours/stops
_____ Financial assistance to attend career tech, or college
_____ GED/Adult Education Certificate
_____ Other_____

6. CHILD EDUCATION

_____ After school programs
_____ Available counseling services
_____ Availabe school resources (books, lab equipment, computers, etc.)
_____ Better communication from teachers
_____ Broadband/Internet access at home
_____ More available courses (high school)
_____ Proactive approaches to violence/bullying
_____ Smaller class sizes
_____ Other_____

7. EMPLOYMENT

_____ After school/childcare options for parent(s)
_____ Computer skills training
_____ Convenient public transportation hours/stops
_____ Help to complete an application
_____ Help to improve interviewing skills
_____ Help to improve job skills, training
_____ Jobs with better pay and benefits
_____ Job search assistance
_____ Other_____

8. HOUSING

_____ Affordable housing
_____ Affordable housing for disabled and seniors
_____ Housing options to assist homeless families
_____ Housing repair programs
_____ Housing weatherization services
_____ Rental/mortgage assistance programs
_____ Temporary emergency housing
_____ Utility assistance programs
_____ Other_____

9. HEALTH

_____ Affordable Medical/Dental/Vision Insurance
_____ Available food resources
_____ Available health resources
_____ Budget for a healthy diet
_____ Convenient public transportation hours/stops
_____ Mental health counseling services
_____ Nutritional counseling
_____ Substance use counseling/treatment
_____ Other_____

10. INCOME

_____ Address credit issues
_____ Available financial resources
_____ Build assests
_____ Knowledge about the Earned Income Tax Credit
_____ Pay off or reduce debt
_____ Set up/maintaining a budget
_____ Set up savings/retirement account
_____ Understanding of money mangement
_____ Other_____

11. OVERALL FAMILY SUPPORT

_____ Parenting Information
_____ Classes on relationships, resolving conflicts
_____ Life Skills Programs and Services
_____ Financial Education/Budgeting
_____ Free/affordable legal services
_____ Public transportation vouchers
_____ Prescription assistance
_____ Food assistance/Meal programs
_____ Nutrition Education/Healthy Eating
_____ Emotional Abuse Services
_____ Sexual Abuse Services
_____ Substance Abuse Resources
_____ Finding Affordable Child Care
_____ Programs for young children (0-11)
_____ Programs and Activities for Youth (12-18)
_____ Programs and Activities for Seniors (65+)
_____ Help applying for Social Security, SSDI, WIC, TANF, etc.
_____ Other_____

12. How would you rate your overall satisfaction with ATCAA services? _____ **Excellent** _____ **Good** _____ **Fair** _____ **Poor**

May we contact you? **Email:**_____ **Phone:** _____

For information on other services available you may also call: 209-533-1397 (Tuolumne) or 209-223-1485 (Amador).
You can also check out our website at: www.atcaa.org

Revised: Mar-2019

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)? ☐ 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 ☐ 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: ☐

STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS

Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant

Public Benefits To Citizens And Non-Citizens

Citizens and Nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out ***Sections A and D.***

Non-Citizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete ***Sections A, B or C, and D.***

Section A: Citizenship/Non-Citizen Status Declaration

1. Is the applicant a citizen or national of the United States? ☐ Yes ☐ No

   If the answer to the above question is yes, where was he/she born? City/State

2. To establish citizenship or naturalization, please submit one of the documents on ***List A*** (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to ***Section D*** .

If you are a **Non-Citizen**, please complete ***Section B, or, if applicable, Section C*** .

Section B: Non-Citizen Status Declaration

Important: Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

☐ 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- INS Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of INS; or
- Order of an immigration judge granting asylum.

☐ 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
- INS Form I-766 (Employment Authorization Document) annotated "A3"; or
- INS Form I-571 (Refugee Travel Document)

☐ 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

☐ 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- INS Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.

☐ 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- INS Form I-766 (Employment Authorization Document) annotated "A3."

☐ 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
- INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.

☐ 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)

☐ 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)

☐ 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

Section C: Declaration for Certain Battered Aliens

Important: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

☐ 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).

☐ 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

Section D: Certification

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature	Date
Signature of Person Acting for Applicant	Date

Attachments: Lists A and B

Instructions for Completing the "GREEN FORMS"

AMADOR-TUOLUMNE COMMUNITY ACTION AGENCY

CSD 515A and **515B** DEPARTMENT OF COMMUNITY SERVICES AGREEMENT ENERGY SERVICE AGREEMENT	**CSD 321** CLIENT EDUCATION CONFIRMATION OF RECEIPT:
If you do not want or have already had your home Weatherized return CSD 515A form with a "NO" across the top of the form • If you are the Owner-Occupant or Tenant CSD 515A form is to be completed for Weatherization. • If you are a tenant you must have CSD 515B form completed by Owner or Agent. • Property owners applying must provide proof of home ownership such as a current tax bill, mortgage statement, title, or deed.	• Complete the top portion. Check boxes Energy Education & Budget Counseling as these are provided in the application. • **Sign, date & return the application.** • Lead-Safe education, Mold and Moisture & Radon Education will be provided upon Weatherization completion.

2019 INCOME GUIDELINES for both WEATHERIZATION and HEAP:

Size of Household	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Total Gross Monthly Income not to exceed	**$2,170.74**	**$2,838.66**	**$3,506.58**	**$4,174.50**	**$4,842.42**	**$5,510.34**	**$5,635.58**

Offering **NO COST weatherization** measures for Income Qualified Households.

You may be eligible for some or all of these weatherization measures.

WHEN FEASIBLE THE FOLLOWING MAY APPLY TO YOUR HOME:

- WEATHER STRIPPING
- WINDOW CAULKING
- LOW FLOW SHOWERHEADS
- ATTIC INSULATION
- EVAPORATIVE COOLER COVERS
- OUTLET & SWITCH GASKETS
- PIPE WRAP
- SHADE SCREENS
- MINOR HOME REPAIRS
- REPLACE BROKEN OR CRACKED WINDOWS
- CARBON MONOXIDE DETECTORS

WEATHERIZATION will provide your family with a more comfortable environment in summer/winter while reducing your energy bill. Your household will become more efficient, thereby helping to conserve precious energy. This is a **NO COST** service to **RENTERS** and **HOME OWNERS** who are income qualified and have **NOT** been weatherized in the **PAST 5 YEARS.**

No Person shall be discriminated against in participating, due to age, sex, color religion, gender, marital status, ancestry, medical condition, physical or mental disability, citizenship or any other consideration made unlawful by state, federal or local laws.

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 321 (Rev. 12/05/11)

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling

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.

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**

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**

Signature (Agency Representative)	Print name	Date mailed

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
Amador Tuolumne Community Action Agency	935 S Hwy 49

CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
	Jackson	95642	(209) 223-1485

Contractor/Agency Email Address	Contractor/Agency FAX Number
	(209) 223-4178

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
	Joe Bors	

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