Helping People. Changing Lives.
community Action
COMMUNITY ACTION OF VENTURA COUNTY

621 Richmond Ave.
Oxnard CA 93030
Phone: (805) 436-4000
Fax: (805) 204-4887
www.ca-vc.org

IMPORTANT PLEASE READ

The Home Energy Assistance Program (HEAP) assists income qualified households pay the costs of their Electric or Gas bills, and/or weatherizing their home.We would like to invite you to apply by returning the attached application by Fax (805) 204-4887 or Mail.

The following information is required to complete the intake process for your application:

1. Completed and signed intake form (CSD-43)
2. Review Energy Education, complete, sign and date CSD-321 Education Verification (Top section only)
3. Copy of valid state identification (Applicants only)
4. Copy of Social Security card (Applicants only)
5. Copy of ALL the pages of the current SoCal Gas bill
6. Copy of current SoCal Edison bill **(All pages, Full detail & summary of the bill)**
7. Current rent receipt or contract, Section 8 / Housing certificate or mortgage statement (Must have current address)
8. CALFRESH recipient(s) must provide a copy of EBT card or current NOTICE OF ACTION indicating benefit amount (must be dated within the last 30 days)
9. Proper income documentation for ALL ADULTS (over the age 18) household members is required. Cal-Works recipient must provide a current Notice of Action or Memo from worker showing amounts received for the current month. SSI/SSA recipients must have a current award letter from Social Security Administration or the most recent bank statement showing the direct deposit of funds. Proof of Unemployment Benefit (EDD), Disability, Child Support, Retirement Pension, Alimony, etc.

All income documentation MUST be dated within the last 30 days.

If you have questions, or to schedule an appointment at our main office in Oxnard, please feel free to call 805-436-4021. For your convenience you can schedule an appointment to any of our Outreach sites (See attached list)

Walk-in Hours: 8:00AM - 3:30PM (Closed 12:00PM - 1:00PM)

Incomplete applications will be destroyed after 30 Days from the date of application

SHUT OFF CLIENTS MUST HAVE APPLICATION IN OFFICE BY 3:00PM FOR SAME DAY PROCESSING

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HEAP OUTREACH SITES

ORGANIZATION	ADDRESS	CITY & STATE	ZIP	PHONE	WHEN
CYPRESS MEADOWS	1405 CYPRESS POINT LN	VENTURA,	93001	654-1155	3rd Wednesday 10:00am – 12:00pm
HELP OF OJAI	108 FOX ST.	OJAI	93023	640-3320	2nd & 4th Wednesday 9:00am - 12:00pm
CAUSE	115 DEAN DR. STE.C	SANTA PAULA	93060	436-4021 436-4000	Every OtherThursday 9:00am-12:00pm
LUTHERAN SOCIAL SVCS.	80 E. HILLCREST DR.#101	THOUSAND OAKS	91360	497-6207	4th Tuesday 9:00am-12:00pm
MIRA VISTA APARTMENTS	2700 PONDEROSA	CAMARILLO	93010	987-6486	4th Tuesday 9:00am-11:00am
MOORPARK ADULT CENTER	799 MOORPARK AVE	MOORPARK	93021	517-6260	2nd Tuesday 10:00am-12:00pm
PROJECT ACCESS	1001 W. GONZALEZ RD.	OXNARD	93030	988-9100	Last Monday 10:00am-12:00pm
SALVATION ARMY	1407 LOS ANGELES AVE.	SIMI VALLEY	93065	527-1070	1st Monday 10:00am-12:00pm
SIMI VALLEY SENIOR CENTER	3900 AVENIDA SIMI	SIMI VALLEY	93065	583-6363	1st Thursday & 3rd Monday 9:00am-2:00pm
VENTURA AVE ADULT CENTER	550 N. VENTURA AVE	VENTURA	93001	648-3035	2nd Monday 9:00am-11:00am
SILVER CREST	750 PETIT AVE	VENTURA	93004	647-0110	4TH Monday 10:00am – 12:00pm
CASA PACIFICA	703 N VENTURA ROAD	PORT HUENEME	93041	986-2100	HOURS VARY PLEASE CALL SITE FOR DETAILS

Applications are accepted at all our sites during Outreach hours. You need to schedule an appointment directly with the site.
Emergency walk ins are welcomed ONLY if you have a 48 HOUR NOTICE or have already been shut off.

YOU MUST HAVE ALL REQUIRED DOCUMENTATION TO PROCESS YOUR APPLICATION.

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WX ☐
HEAP ☐

General Intake

1. Telephone _____ - _____-_____ 2. Social Security Number _____-____-_____ 3. Date _____

4. Name _____ 5. Address _____ City_____ ZIP_____

6. Date of Birth _____/_____/_____ 7. Please indicate total number of people living in your house _____

8. Email _____

Applicant Demographic Worksheet

1. Ethnicity
☐ Hispanic/Latino
☐ Not Hispanic/Latino

2. Gender
☐ Male ☐ Female

3. Disabled
☐ Yes ☐ No

4. Race
☐ American Indian
☐ Alaskan Native
☐ Asian
☐ Multi-Racial
☐ Black/African American
☐ Native Pacific Islander
☐ Other
☐ Unspecified
☐ White

5. Marital Status
☐ Divorced
☐ Domestic Partner
☐ Married
☐ Separated
☐ Single
☐ Widowed

6. Family Type
☐ Grandparent Raising Child(ren)
☐ Single Parent/Female
☐ Single Parent/Male
☐ Single Person
☐ 2 or more adults No children
☐ 2 Parent Household

7. Health Insurance
☐ None
☐ Private
☐ VA
☐ Medi-Cal
☐ Medicaid
☐ Other

8. Education
☐ 0-8th
☐ 9-12th
☐ HS Grad/GED
☐ 12+
☐ College Grad

9. Characteristic
☐ Farmer
☐ Migrant Farmer
☐ Seasonal Farmer
☐ Veteran Family
☐ Military Family

10. Housing
☐ Rent
☐ Own
☐ Homeless

11. Need Child Support Referral
☐ Yes ☐ No

This Box is for Official use only

Notes: _____

Program Year: _____ HP / FT
[ ] Income: $_____
[ ] Household size: _____
[ ] Special needs
[ ] Verify ID
[ ] Verify SS Card
[ ] Current Gas Bill
[ ] Current Electric Bill

Bill of Choice: SCE / GAS / SUB
[ ] Weekly [ ] Bi-Weekly [ ] Monthly [ ] None
[ ] Copy of income
[ ] Proof of rental / Mtg Receipt / Section 8
[ ] CSD 81
[ ] Amount Eligible $_____
[ ] Pledge Amount $_____
[ ] 515 A/B [ ] Transferred Date: _____

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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: ☐

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

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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

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INSTRUCTIONS:

STEP 1. Add up your fixed expenses and subtract them from your total monthly income. This will leave you a balance.

STEP 2. Add up your flexible expenses and subtract them from the balance from STEP 1. This will give you the total amount of money that you will have left over after bills each month. If your bills exceed your income or if you see that there isn't enough money set aside for your needs, proceed to STEP 3.

STEP 3. Go down your list of flexible expenses and rank them in order of importance to you (#1 being the most important). Look through your list of flexible expenses and reduce as many of the #3 items as possible. If you're still over your monthly income, reduce as many #2 items as you can. Continue with this procedure until your flexible expenses total equals or is less than your balance from STEP 1. Keep your #1 items as generous as you can since these are the items that are most important to maintain your household.

PHONE BILL

- Apply for the phone company's reduced phone rate for low-income customers
- Write letters instead of making long distance phone calls
- Set a monthly phone budget and do your best to live within its limits

PG&E BILL

- WEATHERIZE YOUR HOME
- Practice energy conservation. Set a monthly energy conservation goal with added bonus of reducing your energy costs.
- Follow the tips in the enclosed "GUIDE for Home Energy Savings".

OTHER IDEAS

- Use your credit cards only when absolutely necessary. Make sure to set aside the money for the purchase as soon as you can. Pay the bill off as soon as you can to avoid high finance charges and a large monthly bill.
- Consult the library for more information on the money management techniques.

Please share this CASH MANAGEMENT WORKSHEET and ENERGY pamphlet with your family and friends.

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Community Action of Ventura County would like to offer you this Cash Management Worksheet. The worksheet is designated to help you better understand where your money goes each month and perhaps discover areas where your expenses can be reduced. Step by step instructions for completing the form are outlined on the back of the worksheet along with some helpful hints for reducing your monthly expenses.

STEP 1: List all of your fixed expenses (those expenses that do not change) under the appropriate heading below.

Fixed Expenses		Monthly Income	$_____
Rent/ Mortgage	$_____	(-) Fixed Expenses	$_____
Other	$_____	(=) Balance	$_____
Other	$_____	(put this amount on the "Disposable Total Income" line below)	
	$_____		

STEP 2: List all of your flexible Expenses under the headings below.

Flexible Expenses			
Electricity	$_____	Disposable Income	$_____
Gas	$_____	(-) Flexible Expenses	$_____
Water	$_____	(=) Balance	$_____
Medical	$_____		
Charge Accounts	$_____		
Clothing	$_____		
Transportation	$_____		
Entertainment	$_____		
Entertainment	$_____		
Other	$_____		
Total	$_____		

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HELPFUL HINTS FOR ENERGY CONSERVATION

DURING COLD WINTER MONTHS

- Open Curtains and blinds every day to let the sunshine in.
- Close curtains and blinds at night to keep the warmth inside.
- Keep the furnace thermostat at 55 degrees while sleeping or when the home is unoccupied for longer than four hours.
- Close fireplace damper when it is not in use. Remember to reopen the damper before using the fireplace.

DURING THE SUMMER MONTHS

- Keep the shades, blinds and draperies closed during the day to keep the hot sun out.
- Shade your home from the sun with outside awnings, trees, and tall plants.
- Open the windows during the evening hours when it is cooler outside.
- Use an electric fan to keep the air moving.
- Make sure the fireplace damper is closed
- Make sure the attic opening is closed.
- Set the air conditioner to 78 (degrees) or at a medium setting.
- Plan meals that do not require cooking on stove or oven.
- Give your appliances the afternoon off (Example: Use your washer/dryer for laundry in the evening)

WATER CONSERVATION TIPS

- Take short showers instead of bath.
- Use cold or warm water rather than hot water whenever possible.
- Set the water heater at 120 (degrees) or at a medium setting.
- Fill the sink with water rather than let hot water run when washing or rinsing dishes.
- Fix all leaky faucets.

FURNACE TIPS

- Check furnace filters and replace them when they are dirty.
- Keep the burner compartment for your wall or floor furnace clean.
- Do NOT block the heating outlets with furniture.

COOKING TIPS

- Never open the oven door when food is cooking.
- Adjust the flame or electric element down after the cooking starts.
- Try to use microwave during the summer months.

TIPS TO SAVE ENERGY ALL YEAR LONG

- Turn off all unnecessary lights.
- Replace regular bulbs with compact Fluorescent bulbs.
- Use small wattage bulbs whenever possible.
- Don’t leave the refrigerator door open any longer than absolutely necessary.
- Keep the refrigerator defrosted so it will work more efficiently.
- Put full loads of laundry in the washer and dryer and use cold water as much as possible.
- Put full loads in the dishwasher and use the “energy saver” for the drying cycle or let them air dry.
- Shut off the television set when no one is watching.
- Buy energy efficient appliances whenever possible.

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NO-COST HOME WEATHERIZATION

Our energy efficiency services are FREE to qualified income eligible households.

Make your home more energy efficient. Conserve energy and reduce your utility bills.

- Home Energy Assessment
- Replace older refrigerators with new energy saving models
- Carbon Monoxide Alarm
- Inspect furnaces and water heaters
- Low-flow showerheads
- Faucet Aerators

Your application for utility bill assistance (HEAP) will automatically be applied for the weatherization program by our office. Please follow the instructions listed on the front page of this packet regarding the needed documentation.

Enclosed are two Energy Services Agreements. Please fill out the appropriate one:

- **If you are an owner-occupant or a tenant that is applying, you ONLY need to fill out and sign the Energy Service Agreement for Occupant.**
- **If you are NOT the Owner, then the Owner, Property Manager, or Manager's Authorized Agent must fill out and sign the Energy Service Agreement for Rental Property Owner.**

You will be contacted by our assessor within 4-6 weeks following the approval of your application. If you have any further questions about the documentation needed for your application, please contact us at 805-436-4035.

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		
Community Action of Ventura County	621 Richmond Ave.		
CSLB Number (if applicable)	**City**	**ZIP Code**	**Contractor/Agency Telephone Number**
	Oxnard	93030	(805) 436-4000
Contractor/Agency Email Address			**Contractor/Agency FAX Number**
ayanez@ca-vc.org			

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
Arnie Yanez	Arnie Yanez	

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

ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Single-Family/Mobile Home Dwelling Information

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

Multi-Family Dwelling/Complex Information

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

Building #1

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

Building #2

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

Building #3

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

Owner and Owner's Agent Information

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

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

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

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

ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services
(to be completed by the Owner or Owner's Agent)

I agree to accept all of the following TERMS required for my rental property to receive services from the Department of Community Services and Development (CSD) weatherization program(s):

1. I certify that I am the Owner (or Owner's Agent) of the above-listed rental property.
2. I grant the Contractor/Agency permission to enter my property to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization measures and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed rental property.
3. I acknowledge that an assessment of my property is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my property. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I shall not remove any energy conservation measures unless they are damaged or no longer functional in the rental property from where they were installed. If the replaced item (i.e. refrigerator or other appliance) was the personal property of my tenant, the tenant shall retain the replacement energy conservation measure installed by the CSD weatherization program(s).
5. Mobile home units only: I acknowledge that my property may not receive services that require a permit if the registration is not up-to-date.
6. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with any work identified on a summarized list except as a consequence of gross negligence or willful and wanton misconduct.
7. I authorize the Contractor/Agency to access my complex's utility company master-metered records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
8. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
9. I certify that I, as the Owner or Owner's Agent, shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall be charged at the utilities' costs in accordance with California Public Utilities Commission Code Section 739.5 or other applicable government regulations.
10. I certify that I, as the Owner or Owner's Agent, shall not raise the rent of any weatherized unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
11. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
12. I certify that I shall provide a copy of this Agreement explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:

13. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
14. I shall submit to the Contractor/Agency a schedule of rents prior to commencement of work.
15. Federal, State or Local Government Rehabilitation Projects only: I certify that if a vacant unit is counted as being an eligible household for purposes of meeting the minimum threshold for whole building weatherization (66% rule), then the unit will become occupied by an eligible family within 180 days after the completion of weatherization (CFR 440.22(b)(2)(ii)).

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

ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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

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

Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
CSLB Number (if applicable)	**City**	**ZIP Code**	**Contractor/Agency Telephone Number**
Contractor/Agency Email Address			**Contractor/Agency FAX Number**

The Contractor/Agency agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the rental unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor/Agency Program Manager's Signature	Contractor/Agency Program Manager's Name (Print name)	Date

Required Documentation:

Rent schedule received from Property Owner, if applicable?	Y	N	If applicable, CSD 75 completed?	Y	N

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Helping Improve Your Community Through Advocacy & Services!

Community Action of Ventura County Inc.
621 Richmond Avenue, Oxnard, CA 93030

Helping People. Changing Lives.
community Action®
COMMUNITY ACTION OF VENTURA COUNTY

SAVE MONEY ON GAS AND ELECTRIC BILLS

NEED HELP WITH YOUR GAS OR ELECTRIC BILL?

Through our home energy assistance program, Community Action of Ventura County can help eligible households with a once per calendar year payment on the utility bill. The purpose of these funds is to provide assistance to low income households in meeting their home energy cost, particularly those with the lowest income that pay a high portion of household income for home energy. You may download an application in our website. Call to receive an application by mail, fax or via email.

What You'll Need...

- Validated Picture I.D & SS Card for applicants only.
- Current Gas Bill
- Current Electric Bill page 1 & 3
- Proof of income within the last 30 days for everyone in the household.
- Mortgage or Rent receipt, Housing / Section 8, No Money Orders

FOR PHONE INTERVIEW OR GENERAL QUESTIONS, CALL **805.436.4021** OR VISIT THE WEB AT **WWW.CA-VC.ORG**

APPLICATION ENCLOSED