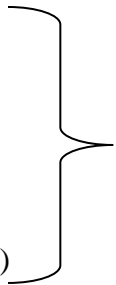


## **CHECKLIST OF MANDATORY DOCUMENTATION FOR LIHEAP**

**All documents MUST be submitted along with your application packet.**

- |                          |   |  |  |
|--------------------------|---|--|--|
| <input type="checkbox"/> | <b>Current (most recent) GAS / PROPANE bill</b><br><u>Entire bill</u> (all pages). Showing 22+ days of usage  |  | Both complete gas and electric bills are needed to process the application |
| <input type="checkbox"/> | <b>Current (most recent) ELECTRIC bill</b><br><u>Entire bill</u> (all pages). Showing 22+ days of usage<br>(include any disconnection and /or urgent notice, if applicable)                           |  |  |
| <input type="checkbox"/> | <b>Rental agreement OR Mortgage statement</b>   |  |  |
| <input type="checkbox"/> | <b>Household Income:</b><br><b>** Must be <u>current</u> (last 4-weeks) <u>for all</u> household members **</b>   |  |  |
| <input type="checkbox"/> | <b>Signed Consent form by utility <u>account holder</u></b> (form provided by agency)<br><b>** Not required for applicants whose name is on the utility bill where the benefit will be applied **</b> |  |  |



Complete the forms below **ONLY** if you are interested in **WEATHERIZATION SERVICES**

- Form-515 Energy Service Agreement.
- Form-515A For Owners of the property
- Form 515-B For Renters, this form is to be completed by the owner of the property
- Form Prop 65.

**696 South Tippecanoe Avenue, San Bernardino, CA 92408**  
**Main 909.723.1500 Fax 909.723.1609**

**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: **CAPSBC** Intake Initials: Intake Date:

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

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →	<b>INCOME</b> Enter the total number of people who receive income →
<b>Demographics: Enter the number of people in the household who are:</b>	<b>Enter the total <u>gross</u> monthly income for <u>all</u> people living in the household:</b>
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	<b>Total Monthly Income</b> \$

HOUSEHOLD MEMBERS					
ENTER THE INFORMATION BELOW FOR <u>ALL</u> 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					

Do Not Complete This Section  
(see Intake Assessment Form)

**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: ☐

# Community Action Partnership of San Bernardino County INTAKE ASSESSMENT FORM

**Housing Type:** ☐ Apartment ☐ House ☐ Mobile ☐ Other  
☐ Rent ☐ Own ☐ Homeless ☐ Other

**Family Type:** ☐ Single parent /female ☐ Single parent /male  
☐ Two-parent household ☐ Single person ☐ 2 Adults- no children ☐ Other

Email Address:

Use the KEY to complete the section below for each household member ( insert Numbers Only )

Household Members	Date of Birth (XX/XX/XX)	Social Security Number (XXX-XX-XXXX)	Gender	Disabled	Race	Ethnicity	Language	Health Insurance Type	Highest Level of Education	Residency Status	Relation to Applicant	Income Source	Military Status	Monthly Income	Farmer Status
( Applicant )			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	

## KEY

Race	Ethnicity	Language	Health Insurance	Education	Residency	Relation to App	Income Source	Military Status	Farmer Status
1. White	1. Hispanic	1. English	1. None	1. 0-8 grade	1. U.S. Citizen	1. Self	1. TANF	1. None	1. None
2. African-American	2. Non-Hispanic	2. Spanish	2. Medicaid	2. 9-12 <sup>th</sup> grade	2. Permanent -Resident	2. Spouse	2. SSI	2. Active Military	2. Farmer
3. Asian		3. Vietnamese	3. Medicare	3. High School Grad / GED	3. Temporary -Resident	3. Daughter	3. Social Security	3. Veteran	3. Migrant-Seasonal
4. Native American/ Alaskan Native		4. Cambodian	4. Employment-based	4. Some College	4. N/A	4. Son	4. Pension		
5. Hawaiian/Pacific Islander		5. Tagalog	5. Military	5. 2-Year College Grad		5. Grandchild	5. Public - Assistance		
6. Multi-Race		6. Other	6. Other	6. 4-year College Grad		6. Mother	6. Employment		
7. Other				7. Other/ Post-Secondary Graduate		7. Father	7. Self-Employment		
						8. Sister	8. Unemployed		
						9. Brother	9. Alimony		
						10. Foster Child	10. Other		
						11. Other			

By signing below, I agree that all the above information is accurate and complete.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Intake Staff Printed Name: \_\_\_\_\_

# Community Action Partnership of San Bernardino County INTAKE ASSESSMENT FORM

**HOUSING:** ☐ Rent ☐ Own ☐ Homeless ☐ Other

**Housing Type:** ☐ Apartment ☐ House ☐ Mobile ☐ Other

**Family Type:** ☐ Single parent /female ☐ Single parent /male

☐ Two-parent household ☐ Single person ☐ 2 Adults- no children ☐ Other

Email Address:					Use the KEY to complete the section below for each household member ( insert Numbers Only )										
Household Members	Date of Birth (xx/xx/xx)	Social Security Number (xxx-xx-xxxx)	Gender	Disabled	Race	Ethnicity	Language	Health Insurance Type	Highest Level of Education	Residency Status	Relation to Applicant	Income Source	Military Status	Monthly Income	Farmer Status
( Applicant )			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	
			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N										\$	

KEY									
Race	Ethnicity	Language	Health Insurance	Education	Residency	Relation to App	Income Source	Military Status	Farmer Status
1. White	1. Hispanic	1. English	1. None	1. 0-8 grade	1. U.S. Citizen	1. Self	1. TANF	1. None	1. None
2. African-American	2. Non-Hispanic	2. Spanish	2. Medicaid	2. 9-12 <sup>th</sup> grade	2. Permanent -Resident	2. Spouse	2. SSI	2. Active Military	2. Farmer
3. Asian		3. Vietnamese	3. Medicare	3. High School Grad / GED	3. Temporary -Resident	3. Daughter	3. Social Security	3. Veteran	3. Migrant
4. Native American/ Alaskan Native		4. Cambodian	4. Employment-based	4. Some College	4. N/A	4. Son	4. Pension		4. Migrant-Seasonal
5. Hawaiian/Pacific Islander		5. Tagalog	5. Military	5. 2-Year College Grad		5. Grandchild	5. Public - Assistance		
6. Multi-Race		6. Other	6. Other	6. 4-year College Grad		6. Mother	6. Employment		
7. Other				7. Other/ Post-Secondary Graduate		7. Father	7. Self-Employment		
						8. Sister	8. Unemployed		
						9. Brother	9. Alimony		
						10. Foster Child	10. Other		
						11. Other			

By signing below, I agree that all the above information is accurate and complete.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Intake Staff Printed Name:** \_\_\_\_\_

**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

## 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 Community Action Partnership of San Bernardino County
-----------------------------	------	--

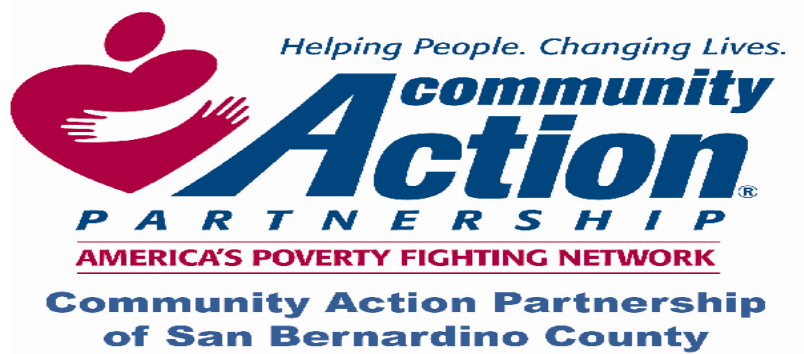
#### REVOCATION OF AUTHORIZATION AND CONSENT

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



## **CERTIFICATE OF PARTICIPATION**

I certify that I (***Print full name***) \_\_\_\_\_ have received and reviewed the following educational materials: lead-safe education, energy education, mold and moisture education, radon education, budget counseling and a budget worksheet that were provided by Community Action Partnership of San Bernardino County.

***Client signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Note: These are instructions on where to locate the educational materials on our website.

- Type the following link into your web browser: [www.capsbc.org/home-energy-assistance-program-heap](http://www.capsbc.org/home-energy-assistance-program-heap)
- Scroll to the bottom of the page.
- There are blue buttons, click the one that says "Educational material"
- Download the PDF document to your computer/device.

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## POLICY MANUAL

**SUBJECT:** CHILD SUPPORT REFERRAL POLICY**Child Support Eligibility Assessment Form**

Client indicated that they have custody of their child/children during the Intake screening process:

Are you the custodial parent/guardian of a child/children?

☐ Yes ☐ No

AND

Client did NOT indicate that they are receiving child support as a source of income on the Income Verification Form

Client is provided with the following information about services provided by the San Bernardino County Child Support enforcement agency:

- Locating a parent
- Arranging for paternity testing
- Establishing a support order
- Enforcing a support order

I, \_\_\_\_\_ was given a copy of the Child Support

Client name

application for such services to be submitted to the San Bernardino County Child Support Enforcement Agency.

=====

CAPSBC employee \_\_\_\_\_ provided the

Employee name

Instructions for completing application for child support services. This form indicates whether a referral to the Child support enforcement agency was made and information regarding available services including a contact number for the agency and a copy of the application was provided to the client.

CAPSBC will indicate services rendered in the case notes completed in the program's database tracking software. This form will remain in the client file.

***CAPSBC Staff did not act in a manner to be interpreted as giving legal advice but provided a referral to the custodial parent in the single-parent family contact information to the state child support enforcement agency below:***

Contact information provided 1 (866) 901-3212 and website address: [www.childsup.ca.gov](http://www.childsup.ca.gov)

Loma Linda- 10417 Mountain View Avenue- Loma Linda, CA 92354

Ontario – 191 N. Vineyard Avenue – Ontario, CA 91764

Victorville- 15400 Civic Center Drive –Victorville, CA 92392

**PROPOSITION 65**  
**SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986**  
**ACKNOWLEDGEMENT OF RECEIPT**

Dear Customer,

In 1986, the voters of California passed the Safe Drinking Water and Toxic Enforcement Act, known as Proposition 65. In compliance with this Act, the State of California requires that customers who have fiberglass insulation installed in their residence be informed that glass wool fiber, found in fiberglass installation, is a chemical known to the State of California to cause cancer.

By signing this form, you are acknowledging that the above information has been explained to you by the contractor installing the insulation in your home, and that you fully understand that fiberglass is listed as toxic chemical under Proposition 65.

Customer Name (Please Print): \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant				Age of Dwelling	
Address of Dwelling					
<b>Confirmation of Receipt</b>					
I have received the following information:					
<input checked="" type="checkbox"/> <b>Lead-Safe Education</b> – A copy of the pamphlet, <i>Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools</i> , informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.					
<input checked="" type="checkbox"/> <b>Energy Education</b> – Information regarding changes I can make in order to reduce the energy consumption of my household.					
<input checked="" type="checkbox"/> <b>Mold and Moisture Education</b> - A copy of the pamphlet, <i>A Brief Guide to Mold and Moisture In Your Home</i> , informing me of how to clean up residential mold problems and how to prevent mold growth.					
<input checked="" type="checkbox"/> <b>Budget Counseling</b> - Information regarding personal financial management.					
<input checked="" type="checkbox"/> <b>Radon Education</b> - A copy of the pamphlet, <i>A Citizen's Guide to Radon</i> , informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.					
Signature of Recipient				Date	
<b>Self-Certification Option</b>					
I certify that I attempted to deliver the following educational information to the dwelling listed above:					
<input type="checkbox"/> <b>Lead-Safe</b> <input type="checkbox"/> <b>Energy</b> <input type="checkbox"/> <b>Mold/Moisture</b> <input type="checkbox"/> <b>Budget Counseling</b> <input type="checkbox"/> <b>Radon</b>					
If the information was delivered but a signature was not obtainable, you may check the appropriate box below.					
<input type="checkbox"/> <b>Refusal to Sign</b> — 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.					
<input type="checkbox"/> <b>Unavailable for Signature</b> — 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		
<b>Mailing Option:</b>					
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):					
<input type="checkbox"/> <b>Lead-Safe</b> <input type="checkbox"/> <b>Energy</b> <input type="checkbox"/> <b>Mold/Moisture</b> <input type="checkbox"/> <b>Budget Counseling</b> <input type="checkbox"/> <b>Radon</b>					
Signature (Agency Representative)			Print name		Date mailed



## ENERGY SERVICE AGREEMENT FOR OCCUPANT

Dwelling Information			
Select the Dwelling Type		I am the	
Single-Family <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Multi-Unit <input type="checkbox"/>	Owner-Occupant <input type="checkbox"/> Tenant <input type="checkbox"/>
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) <b>Community Action Partnership of San Bernardino</b>		Address <b>696 South Tippecanoe Ave.</b>	
CSLB Number (if applicable)	City <b>San Bernardino</b>	ZIP Code <b>92408-2607</b>	Contractor/Agency Telephone Number <b>(909) 723-1500</b>
Contractor/Agency Email Address <b><a href="mailto:weatherizationservices@capsbc.org">weatherizationservices@capsbc.org</a></b>			Contractor/Agency FAX Number <b>(909) 723-1609</b>

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

**Tanya L. Johnson**

## CLIENT ENERGY, EDUCATION, AND BUDGETING TIPS

(visit [www.capsbc.org](http://www.capsbc.org) to obtain a copy of pamphlets)

### LEAD



Lead is a naturally occurring element found in small amounts in the earth's crust. While it has some beneficial uses, it can be toxic to humans and animals causing of health effects.

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- Lead can be found in all parts of our environment – the air, the soil, the water, and even inside our homes. Much of our exposure comes from human activities including the use of fossil fuels including past use of leaded gasoline, some types of industrial facilities, and past use of lead-based paint in homes. Lead and lead compounds have been used in a wide variety of products found in and around our homes, including paint, ceramics, pipes and plumbing materials, solders, gasoline, batteries, ammunition, and cosmetics.
- Lead is particularly dangerous to children because their growing bodies absorb more lead than adults do and their brains and nervous systems are more sensitive to the damaging effects of lead. Babies and young children can also be more highly exposed to lead because they often put their hands and other objects that can have lead from dust or soil on them into their mouths.
- Adults may be exposed to lead by eating and drinking food or water containing lead or from dishes or glasses that contain lead. They may also breathe lead dust by spending time in areas where lead-based paint is deteriorating, and during renovation or repair work that disturbs painted surfaces in older homes and buildings.
- A pregnant woman's exposure to lead from these sources is of particular concern because it can result in exposure to her developing baby.

### MOLD AND MOISTURE



Molds are living organisms that grow in damp places in your home. They stain or discolor surfaces and smell musty. There are hundreds of thousands of different types of mold.

Mold can grow almost anywhere: on walls, ceilings, carpets, or furniture. Humidity or wetness, caused by water leaks, spills from bathtubs or showers, or condensation, can cause mold to grow in your home.

Mold spores are tiny particles that float through the air. These can sometimes cause health problems. Mold does not affect everyone, and different people are affected differently when mold is breathed or inhaled.

People with [allergies](#) to mold may be affected the most

- Watery eyes
- Runny or stuffed noses
- Itching
- Headaches
- Difficulty breathing

Mold can also trigger [asthma](#) attacks. Some molds produce toxins (poisons) that may be hazardous if people are exposed to large amounts of these molds. Mold spores and related *mycotoxins* can also pose a serious health threat to individuals who have compromised immune systems.

### What can you do?

#### To prevent and get rid of mold:

- Keep your house clean and dry.
- Fix water problems such as roof leaks, wet basements, and leaking pipes or faucets.
- Make sure your home is well ventilated and always use ventilation fans in bathrooms and kitchens.
- If possible, keep humidity in your house below 50% by using an air conditioner or dehumidifier.
- Avoid using carpeting in areas of the home that may become wet, such as kitchens, bathrooms and basements.
- Dry floor mats regularly.

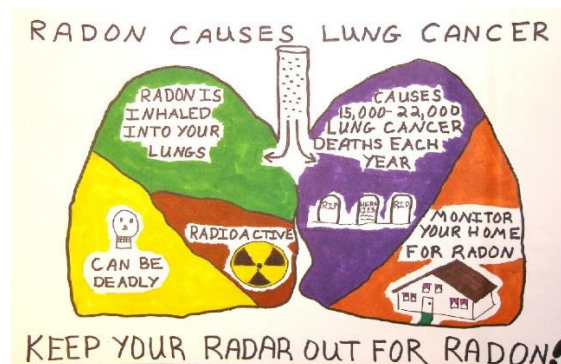
#### To find mold that might be growing in your home:

Search for moisture in areas that have a damp or moldy smell, especially in basements, kitchens and bathrooms.

- Look for water stains or colored, fuzzy growth on and around ceilings, walls, floors, windowsills and pipes.
- If you smell a musty odor, search behind and underneath materials such as carpeting, furniture or stored items.
- Inspect kitchens, bathrooms and basements for standing water, water stains and patches of out-of-place color.

#### To control moisture problems and mold:

- Fix any water problems immediately and clean or remove wet materials, furnishings or mold.
- Clean up spills or floods within one day. If practical, take furniture that has been wet outside to dry and clean. Direct sunlight prevents mold growth.
- Dry all surfaces and fix the problem or leak to prevent further damage.
- Install a dehumidifier when a moisture problem is evident or when the humidity is high.



### RADON

- Radon is a cancer-causing [radioactive](#) gas. You cannot see, smell or taste radon, but it may be a problem in your home. The Surgeon General has warned that radon is the second leading cause of lung cancer in the United States today. If you smoke and your home has high radon levels, you're at high risk for developing lung cancer. Some scientific studies of radon exposure indicate that children may be more sensitive to radon. This

may be due to their higher respiration rate and their rapidly dividing cells, which may be more vulnerable to radiation damage.

We know radon comes from the earth. The majority of homes in the United States are built in direct contact with the ground. Radon seeps into these homes through openings and pores in the foundation. Some common radon entry points are: foundation cracks, slab cracks, cold & expansion joints, sump pump basins, openings around plumbing pipes, dirt/gravel crawlspaces and the pores of the concrete itself. Homes tend to have a stack effect. A stack effect is the natural rise of air in the home that causes suction on the perimeter walls, windows, doors and floors. This suction can draw radon in from the soil. Radon is heavier than air so it tends to be in greater **concentrations** in lower portions of a home or building.

### ENERGY EDUCATION



- Avoid comparing your present bill with the bill from a previous house. Homes can be very different when it comes to energy features, construction techniques, and the efficiency of the heating and cooling equipment.
- Remember how hot or cold it might have been just a few weeks ago. The bill you get in the mail today is really a reflection of what took place up to five or six weeks ago

### ELECTRIC AND NATURAL GAS SAVING TIPS



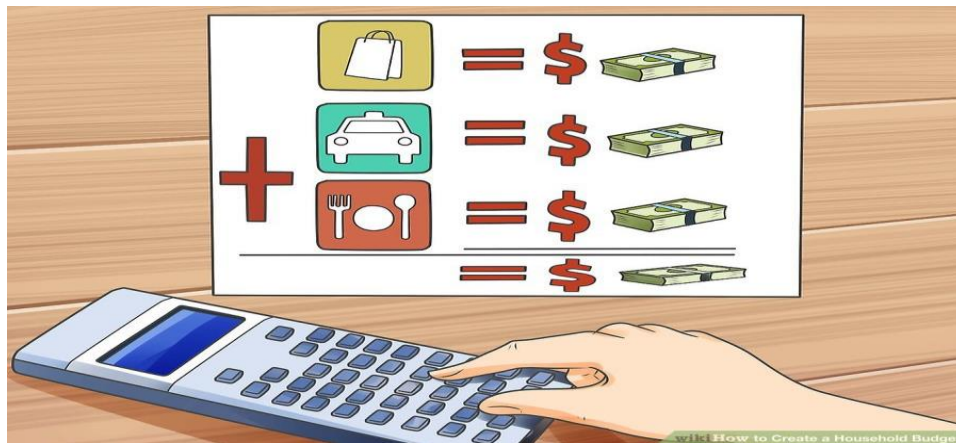
- Wash only when full Instead of doing small loads of dishes or laundry, wait until the washer is full. Doing fewer loads will cut down on energy and water costs.
- Use power strips plug your electronic devices into power strips and flip the switch at night or when you will be out of the house and the electronics are not in use. If they have a stand-by light, a display or are hot to the touch they'll be using energy just by being plugged in.
- Make sure your doors and windows are properly sealed. This will save energy by not letting hot air (in winter) or cool air (in summer) escape
- Keep the refrigerator door closed. Each time you open the refrigerator, up to ¼ of the cold air inside can leak out. Stop making unnecessary trips to the fridge.
- Don't preheat your natural gas oven if you don't have to. If you're baking breads and cakes pre-heating your oven may be necessary. For most foods like casseroles and broiled items pre-heating isn't necessary.
- Don't open the oven door while food is cooking. You can lose up to 50 degrees in temperature and waste energy.
- Dry full loads, but don't overload or over dry. Separate lightweight and heavy clothes for more energy-efficient drying.
- Dry two or more loads in a row to take advantage of the heat still in the dryer.
- Despite the freezing temps outside, the sun's rays still bring some heat into your home. They're free, so take advantage of them.

## WATER SAVING TIPS Indoors and Outdoors



- Check all faucets, pipes and toilets for leaks.
- Install water saving showerheads and ultra-low-flush toilets.
- Turn off the water while brushing your teeth or shaving.
- Don't water on cool, rainy or windy days.
- Use a bucket instead of a hose to wash your car.
- Take shorter showers instead of a long bath. It might take 25 gallons of hot water to fill the bathtub, compared to only seven gallons for a quick shower.

## BUDGETING



- Keep a **careful record of all of your spending** for a month.
- When you compare prices at different stores before making a purchase, you can often find lower prices for necessary purchases — such as food, transportation, and insurance— leaving you more money to save.
- Bonus tip: Take a list with you to the grocery store and stick to it. This will help you from buying items you don't need.
- Shop around for auto and homeowners' insurance: Before renewing your existing policies each year, check out the rates of competing companies (see the website of your state insurance department). Their annual premiums may well be several hundred dollars lower.
- Emergency savings



## CAPSBC Weatherization Checklist

Please note that the below listed documents will be required to be submitted with your completed application. **Failure to submit ALL required documents will require us to return your application.** You will have to resubmit all applicable documents for eligibility. You may bring your complete applications into the office from 9am-12pm and 2pm-4pm, or you may fax them to (909) 723-1629, you can also mail them to 696 S Tippecanoe Ave, San Bernardino, CA 92308. If you live in the Victorville area you may drop your application off at the IEHP building at 12353 Mariposa Rd Suite C2/C3 between 1-3pm.

### Required Documentation:

- Current month (within the last 30 days) proof of income for **ALL** members of the household who have income. Annual social security award letters, and annual/quarterly pension/retirement letters are acceptable.
- Recent month (within the last 30 days) natural gas and electric bill showing at least 22 days of usage (all pages) – if your dwelling uses propane instead of natural gas, please bring your most current propane bill
- If you are a renter or do not own the dwelling, please bring the completed CSD 515B form that was included in your application packet. Renters must have this form filled out by the owner/landlord/property manager for CAPSBC to assess and work on the dwelling.
- CSD 43 Energy Intake Form
- CSD 81 Form – Client/Customer Consent Form and Authorization
- Proposition 65 Form – Safe Drinking Water and Toxic Enforcement Act of 1986
- CSD 321 Form – Client Education Confirmation of Receipt
- CSD 515A Form – Energy Service Agreement for Occupant
- Community Action Partnership of San Bernardino County Intake and Assessment Form

If you have any questions regarding the completion of these forms, please call:

Sally – 909-723-1668

Gloria – 909-723-1627

Nancy – 909-723-1608

Suzanne – 909-723-1651

Gladys – 909 – 723-1657

Maria – 909-723-1644

Thank You,

Community Action Partnership of San Bernardino County

EOS Division