



# Community Action Partnership of San Bernardino County INTAKE ASSESSMENT FORM

Property Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Client ID #: \_\_\_\_\_

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

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

\*# of Disconnected Youth: \_\_\_\_ Youth ages 14-24 who are neither working or in school

\*Language: ☐ English ☐ Spanish ☐ Other:

**\*Applicant: Do Not Complete. This section is for official use only**

Service(s) Requested: ☐ Utilities ☐ Weatherization ☐ Temporary Housing ☐ Food  
☐ Secondary Education ☐ Workforce Development ☐ Permanent Housing  
☐ Public Transportation ☐ Gas Card ☐ California ID  
☐ Personal Hygiene / Household Items ☐ Clothing / Shoes (for work)  
☐ Other:

Email Address: \_\_\_\_\_

Use the KEY below to complete this section for occupants living in the home within the last 30 days **(insert Numbers Only)**

Household Members	Date of Birth (xx/xx/xx)	Social Security Number (XXX-XX-XXXX)	Gender (Female, Male, Other)	Disabled (Yes, No)	Race	Ethnicity	Health Insurance Type	Highest Level of Education	Residency Status	Relation to Applicant	Income Source(s)	Non- Cash Benefits	Monthly Income	Military Status	Work Status
( Applicant )			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O	<input type="checkbox"/> Y <input type="checkbox"/> N									\$		
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O	<input type="checkbox"/> Y <input type="checkbox"/> N									\$		
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O	<input type="checkbox"/> Y <input type="checkbox"/> N									\$		
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O	<input type="checkbox"/> Y <input type="checkbox"/> N									\$		
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O	<input type="checkbox"/> Y <input type="checkbox"/> N									\$		
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O	<input type="checkbox"/> Y <input type="checkbox"/> N									\$		
			<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O	<input type="checkbox"/> Y <input type="checkbox"/> N									\$		

Race	Ethnicity	Health Insurance	Education	Residency Status	Relation to Applicant	*Income Source	*Non-Cash Benefits	Military Status	*Work Status
1. White 2. African-American 3. Asian 4. Native American/ Alaskan Native 5. Hawaiian/Pacific Islander 6. Multi-Race 7. Other	1. Hispanic 2. Non- Hispanic	1. None 2. Medicaid 3. Medicare 4. Employment-based 5. Military 6. State Children's Health Insurance Program 7. State health Insurance for adults 8. Direct Purchase 9. Other	1. 0-8 grade 2. 9-12 <sup>th</sup> grade 3. High School Grad / GED 4. Some College 5. 2-Year College Grad 6. 4-year College Grad 7. Other/ Post- Secondary Graduate	1. U.S. Citizen 2. Permanent -Resident 3. Temporary -Resident 4. Other	1. Self 2. Spouse 3. Daughter 4. Son 5. Grandchild 6. Mother 7. Father 8. Sister 9. Brother 10. Foster Child 11. Other	1. None 2. Employment 3. TANF 4. SSI 5. SSDI 6. Retirement / Social Security 7. VA Service 8. VA Non-Service 9. Private Disability Ins. 10. Workers Compensation 11. Pension 12. Child Support 13. Alimony/ Spousal Support 14. EITC 15. Unemployment 16. Other	1. None 2. SNAP 3. WIC 4. *LIHEAP 5. Housing Choice Voucher 6. Public Housing 7. Permanent Supportive Housing 8. HUD-VASH 9. Childcare Voucher 10. Affordable Care Act Subsidy 11. Other	1. None 2. Active Military 3. Veteran	1. None 2. Employed full-time 3. Employed part-time 4. Farm Worker 5. Unemployed (less than 6 months) 6. Unemployed (more than 6 months) 7. Unemployed (not in labor force/ not looking) 8. Retired 9. Not Applicable (less than 18 yrs. old)

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
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#### 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

## 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

### 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

**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: \_\_\_\_\_



## 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)		Address	
Community Action Partnership of San Bernardino		696 South Tippecanoe Ave.	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
	San Bernardino	92408-2607	(909) 723-1500
Contractor/Agency Email Address			Contractor/Agency FAX Number
weatherizationservices@capsbc.org			(909) 723-1609

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
	Tracye Johnson	





## ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

Single-Family/Mobile Home Dwelling Information				
Tenant Name		Dwelling Address		
City	Zip Code	Type Single <input type="checkbox"/> Mobile <input type="checkbox"/>		
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	
Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner or Owner's Agent)				



## ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

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)).



## 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

**Community Action Partnership of San Bernardino County**

**696 South Tippecanoe Ave.**

CSLB Number (if applicable)

City

ZIP Code

Contractor/Agency Telephone Number

**San Bernardino**

**92408-2607**

**(909) 723-1500**

Contractor/Agency Email Address

Contractor/Agency FAX Number

**[weatherizationservices@capsbc.org](mailto:weatherizationservices@capsbc.org)**

**(909) 723-1609**

*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

**ARRYL JOHNSON**

Required Documentation:

Rent schedule received from Property Owner, if applicable?

Y

N

If applicable, CSD 75 completed?

Y

N