



GREAT NORTHERN
- services -

Great Northern Services
310 Boles Street
Weed, CA 96094
(530) 938-4115
Fax (530) 938-1040
www.gnservices.org

LIHEAP (ENERGY) and Weatherization

Instructions

Keep for Your Records

All necessary supporting documentation must be dated within 30 days of the date you submit your application. An incomplete application will prevent you from receiving assistance. Assistance is based on a state of California mandated point system, not on a first come first serve basis.

- Use only **blue** or **black** ink.
- Please cross out mistakes and initial the change. Do **NOT** use white out.

Helpful documents included in this packet

- **Monthly Budget Planning Guide:** This guide is to help you plan your monthly budget so you are able to meet each of your household needs. Keep this for your records.
- **2018 Fact Sheet-Income Guidelines:** Please read thoroughly. If your household is over income for the program in the last 30 days, we cannot assist you. However if the household income changes during the year, please apply then.
- **APN and/or Decal Number:** These pages will help applicants wanting **weatherization services** identify how to find the APN number from the Siskiyou County tax bill or the certification number from HCD for your mobile/manufactured home.
- **Energy Education Pamphlet and Be Wattsmart:** These contain useful information on how to reduce your energy costs and heating bills and how much items in your home cost to operate. The "Information and Education Acknowledgment" form in the application packet must be signed as proof that you have received, read and understand the information.

The following supporting documentation MUST BE INCLUDED with your application packet:

- **Income:** Provide copies of all income verification for everyone in the household who is over the age of 18. All verification must be dated within 30 days of submitting the application and it must reflect a full consecutive month. Each person over 18 years of age without an income needs to complete and sign the CERTIFICATION OF INCOME AND EXPENSES – CSD43B. High School students are excluded.
- **Pacific Power Bill:** Provide a copy of all pages of the household's most recent electric bill. It cannot be a "final or closing bill" and there needs to be a minimum of 22 "elapsed days" in the billing cycle. **Utility Responsibility needs completion if the power bill is not in the applicant's name.**
- **Fuel/Propane Bills:** Provide copies of all other current energy bills dated within the last 30 days for propane, heating oil and/or kerosene. If your bill is older than 30 days, you will need to obtain an estimate from your provider, dated within the last 30 days. If you are providing a bill, it must show date, address, amount and total cost of delivery. Provide this information even if you are not requesting assistance with fuel because it reflects your total energy costs and energy burden.



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LIHEAP (ENERGY) and Weatherization
Examples of Proof of Income
Keep for Your Records

**Proof of income is required for everyone in the household
who is over 18 and not a high school student.**

- **SSA/SSI/SSP/SSDI**: 2018 Annual Award Letter from Social Security, bank statements reflecting direct deposit amounts or checks dated within the last 30 days.
- **TANF**: (Temporary Assistance for Needy Families): Please provide a **Passport to Services** dated within the last 30 days. If you are only receiving food stamps, please provide this information as documentation that you are not receiving any other income or county aid. Adults listed in the household but are not the "Case Name" need to provide "Certification of Income and Expenses" if they do not have any other income.
- **Pension/Annuities**: Please provide 2018 annual statements or copies of checks dated within the last 30 days from each pension plan. You need to provide proof of the gross amount received. If you provide a bank statements reflecting direct deposits you should also include your most recent 1099 form to verify withholding status.
- **Wages/Paychecks**: Copies of all check stubs/receipts dated within the last 30 days, reflecting a FULL CONSECUTIVE MONTH of pay for the last 30 days worked. Be sure that the dates are in chronological order and that there are no gaps between pay periods or missing stubs/receipts. If there was a gap in work with no pay, please attach a brief explanation.
- **Unemployment Benefits**: Copies of EDD documentation reflecting a FULL CONSECUTIVE month dated within the last 30 days. Please provide current check stubs or a current printout from the EDD of payments received, not an award letter.
- **Self-Employment/Odd Jobs**: All household members who are self-employed and/or perform odd jobs within the last 30 days will need to complete, sign and date a "Self-Certification of Household Income Verification". This certifies the actual amount that have been earned and received for the last 30 days.
- **Child/Spousal Support**: Copies of checks, bank statements reflecting direct deposits or other documentation reflecting a FULL CONSECUTIVE MONTH dated within the last 30 days.
- **Worker's Compensation**: Copies of recent check stubs or other documentation reflecting a FULL CONSECUTIVE MONTH for the last 30 days.
- **Other Income**: If any other forms of income are received that are not listed above, documentation can be provided on bank statements for direct deposits or checks dated within the last 30 days.



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LIHEAP (ENERGY) and Weatherization
Program Information
Keep for Your Records

- The Low Income Home Energy Assistance Program (LIHEAP) is a federally funded program that is administered by the state of California to assist low-income or struggling households pay their energy bill. You can receive assistance one time each program year for your electricity, fuel oil, propane or firewood. To qualify you must be a Siskiyou County resident. Eligibility is based on the entire household's total monthly gross income.
- Completing an application is not a guarantee for assistance. Applications are processed according to a state mandated point system, not processed on a first come first serve basis.
- It may take several months to process your application and for payments to be posted to your account. As a result, you may be contacted to provide updated documentation when your application comes up for review. You will need to keep your energy bills current and make payments to your fuel provider in a timely manner. Do not wait until you have a shut-off notice or are without fuel or firewood to apply.
- ***You will be notified by U.S. Mail*** when we receive your application and again if assistance can be provided.
- ***Weatherization assistance*** helps qualifying households reduce their heating and energy costs by installing energy saving measures in a home. *Indicate on the application if you would like weatherization services.* Assistance dependent on income qualification. Please reapply each program year to continue to be on the list.
- **Please submit the entire application by U.S. Mail to:**
Great Northern Services – ATTN: Energy
310 Boles Street
Weed, CA 96094
- Applications must be complete and accompanied by all required supporting documentation, dated within 30 days from the date you submit the application. An incomplete application delays processing. If we request additional information to complete your application you will be given 30 days to supply that information or your application will be denied.
- For personal assistance in completing the application you can call 530-938-4115 ext. 120; stop by our office Monday – Thursday, 9 am – 4 pm; or visit a Community Resource Center (see list on next page).
- For weatherization questions or assistance, you can call 530-938-4115 ext. 127 or stop by our office Monday – Thursday, 9 am – 4 pm.



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LIHEAP (ENERGY) and Weatherization
Resource Information Guide
Keep for Your Records

Pacific Power

CARE Program: Income-qualifying residential customers can receive a 20 percent discount on Pacific Power bills through the California Alternate Rates for Energy (CARE) program. You can contact Pacific Power and ask about their payment plans and/or enroll in their CARE program by phone 1-888-221-7070 or through their Website <http://www.pacificpower.net/ya/wtp/fa/california/ccp.html>.

Siskiyou County Community Resource Centers

- **Butte Valley Community Resource Center:** 232 S. Oregon St., Dorris. (530) 397-2273
- **Dunsmuir Community Resource Center:** 5844 Dunsmuir Ave, Dunsmuir. (530) 235-4400.
- **Happy Camp Family Resource Center:** 38 Parkway Rd., Happy Camp. (530) 493-5117.
- **HUB Communities Family Resource Center:** 310 S. 13th St., Montague. (530) 459-3481.
- **Mount Shasta Community Resource Center:** 109 E. Lake St., Mt. Shasta. (530) 926-1400.
- **Scott Valley Family Resource Center:** 11920 Main St., Fort Jones. (530) 468-2450.
- **Tulelake/Newell Family Resource Center:** 810 Main St., Tulelake. (530) 667-2147.
- **Family & Community Resource Center of Weed:** 260 Main St., Weed. (530) 938-9914.
- **Yreka Community Resource Center:** 201 S. Broadway, Yreka. (530) 842-1313.

Each resource center has copies of our application—they can help fill applications out, provide additional instructions, and submit the applications to us by fax. In addition each center has a wide variety of other services.



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LIHEAP (ENERGY) and Weatherization
Monthly Budget Planning Guide
Keep for Your Records

Below is a monthly budget sheet you can use to help plan what expenses you have to pay for every month. It is helpful to take the average costs of 12 months and set aside an amount each month so in the winter months you will be able to meet your heating cost needs.

Be responsible to budget your expenses and income accordingly in order to pay your monthly utility and heating bills.

A Pacific Power CARE Application will be sent to you once your file has been processed. Income-qualifying residential customers can receive a 20 percent discount on Pacific Power bills through the California Alternate Rates for Energy (CARE) program. If you would like to fill out the CARE application now, you can access the application at <https://www.pacificpower.net/care>.

Type of Income or Expense	Income
Income	
Paychecks, Cash from Odd Jobs	
SSI, SSA, Unemployment	
Pensions, Savings	
Other	
Income Subtotal	
Expenses	
Rent/Mortgage	
Electricity	
Propane	
Heating Oil	
Wood	
Telephone	
Medical	
Food	
Gasoline	
Car Insurance	
Entertainment/Other	
Expenses Subtotal	
Total (Income Subtotal - Expenses Subtotal)	



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LIHEAP(ENERGY) and Weatherization
Weatherization Client Information

Attention Clients Applying for Weatherization Services

The services you receive are federally funded. Therefore GNS **CANNOT** perform work on homes where activities are being conducted that are illegal under federal law.



LINNÉ K. STOUT
DIRECTOR

State of California-Health and Human Services Agency
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833
Telephone: (916) 576-7109 | Fax: (916) 263-1406
www.csd.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

2018 FACT SHEET ENERGY ASSISTANCE PROGRAM

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Established in 1981, LIHEAP is a federally funded program that helps low-income households pay their energy bill. Assistance is in the form of a dual or single party warrant or a direct payment to a utility company on behalf of an eligible applicant. Eligibility is based on the household's total monthly income, which cannot exceed the 2018 LIHEAP Income Guidelines listed below. Because of significant funding cuts, the federal government enacted a law requiring that states target households with low-incomes and high energy costs, taking into consideration households with elderly and disabled persons, and children under six. This means there could be households that received assistance in the past and will no longer receive assistance because they fall into a low priority group and are not considered among the neediest of the needy. The amount of assistance is based on the number of persons in the household, total gross household income, the cost of energy within the county the households resides, and funding availability. LIHEAP provides one payment per program year. The statewide maximum payment for program year 2018 is \$538, the minimum payment is \$142, and the average statewide payment is \$291. Under most circumstances, it takes approximately six weeks to process an application and pay the applicant. However, an incomplete/incorrect application will take additional time to process. Persons living in board-and-care facilities, nursing or convalescent homes, or in jail or prison, are not eligible for LIHEAP.

The local community services agencies are responsible for processing applications and the Department of Community Services and Development (CSD) is responsible for issuing LIHEAP payments. To find out how to apply for services, please call

530-938-4115, ext 120.

Utility companies throughout the state offer reduced rate programs. Customers should contact their utility company to find out if they offer such a program and to request an application.

WEATHERIZATION ASSISTANCE PROGRAM

Weatherization is the process of making your home more "air tight" and energy efficient. The goal is to keep the warm air in and the cold air out in the winter; and keep the cold air in and the warm air out in the summer. Weatherizing your home could help lower your energy usage and utility costs. Your home will be assessed to determine what weatherization work can be done. The most common types of weatherization include: sealing the holes and cracks, insulation, weather stripping, fixing windows, water heater blankets and making sure your heating and air condition systems are working correctly.

Free weatherization services are available to low income property owners and renters. Eligibility is based on the household's total monthly income, which cannot exceed the income guidelines listed below. To find out if you qualify, you must contact your local service provider. To find out how to apply for services, please call _____.

2018 LIHEAP INCOME GUIDELINES	
Size of Household	Monthly Income
1	2,097.98
2	2,743.52
3	3,389.05
4	4,034.58
5	4,680.12
6	5,325.65
7	5,446.69
8	5,567.73
9	5,688.76
10	5,809.80

NOTE: Income amounts for family sizes greater than six persons were determined based on the following calculation: Add 3% to 132% for each additional family member, multiply the new percentage by \$48,415, and divide by 12.

Example: household size of 7: $132\% + 3\% = 135\% \times \$48,415 = \$65,360.25 / 12 = \$5,446.69$ per month.



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Weatherization Only
APN and/or Decal Number
HCD Certification

ASSMT/APN # for Single Family Homes, Multifamily Homes, Apartments

Below is how to identify where your Assessor's Parcel Number is located. You will need to provide this number so we can determine the exact age of your home. We can only perform services on your home once we have this information. The Assessment Number is the 12 digit number located in the upper left corner of the property owner's property tax bill shown in the example below:

SISKIYOU COUNTY 2011 - 2012 PROPERTY TAX BILL
WAYNE HAMMAR, TREASURER-TAX COLLECTOR
311 4TH STREET, ROOM 104 YREKA, CA 96097-2944
PHONE (530) 842-8340 or (888) 854-2000 EXT. 8340
SECURED TAX ROLL FOR FISCAL YEAR JULY 1, 2011 THROUGH JUNE 30, 2012

PROPERTY INFORMATION		IMPORTANT MESSAGES
ASMT NUMBER: FEE NUMBER: LOCATION:	TAX RATE AREA: ACRES:	
###-###-###-000		

Decal Number for Mobile Homes and Manufactured Homes.

The following page shows how to identify where your decal number, serial number(s) or HUD label/HCD insignia number(s) are. We can only perform services on your home once we have this information. Also please note that the mobile or manufactured home will have to be registered with HCD in the owner's name for any work that requires a permit from HCD. A sale and transfer of title through a title company does not transfer the registration of the home with HCD. If you do not have proof from HCD on who owns the home, please contact HCD at:

HCD
Northern Area Field Operations
9342 Tech Center Dr., Suite #550
Sacramento, Ca. 95826
(916) 255-2501

Solutions to improve lives and enrich communities

Access to Capital • Portfolio Management • Economic Development • Energy Assistance • Home Weatherization
Community Food • Community Services • HIV/AIDS Case Management • Community Development

SAMPLE DATA PLATE

Manufacturer's Name: _____

Plant Number: _____

City of Manufacture: HUD Label Plate

Manufacturer's Serial Number and Manufacturer's Designation: _____

Design Approved by (KAP/IA): _____

The manufacturer shall be assigned to comply with the Federal manufactured home inspection and listing standards in force at time of manufacture. (For additional information, consult state's manual.)

The factory installed equipment includes:

Equipment	Manufacturer	Model Designation
Fur Heating	_____	_____
Fur air conditioning	_____	_____
Fur cooling	_____	_____
Refrigerator	_____	_____
Water Heater	_____	_____
Washer	_____	_____
Clothes Dryer	_____	_____
Chester	_____	_____
Garage Organizer	_____	_____
Propeller	_____	_____

WE CONSTRUCT FOR: Zone I Zone II Zone III

BASED UPON ZONE MAP

BASED UPON ZONE MAP

BASED UPON ZONE MAP

EMERGENCY HEATING

EMERGENCY COOLING

REQUIREMENTS FOR THE MANUFACTURER'S CERTIFICATE TO ENFORCE FEDERAL MOBILE HOME ACT

Mobile home must be built in accordance with the requirements of the Department of Housing and Urban Development and is constructed in conformance with the Federal Mobile Home Construction and Safety Standards in effect on the day of construction.

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"Data Plate."

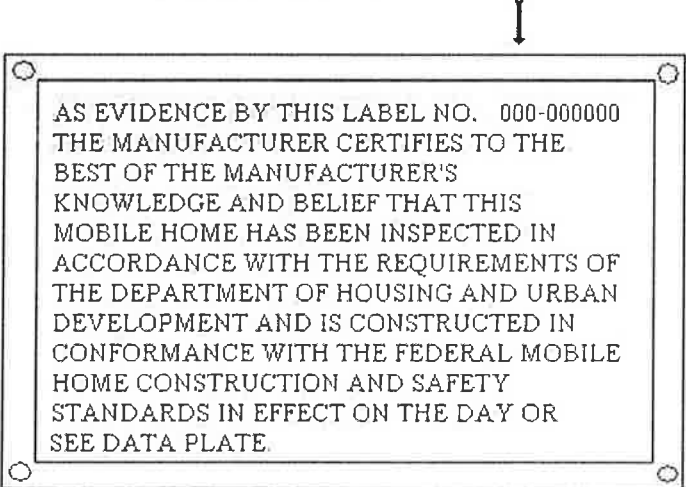
The manufactured home's builder and serial number on the home is found here on the "Data Plate."

The data plate is often found in a closet, utility area or in the kitchen inside a cabinet door.

The HUD certification number is etched into a 2" by 4" metal plate (called the "HUD tag") attached to the exterior wall of each section of a mobile on the long side at a corner near the bottom.

HUD LABEL EXAMPLE

The first three digits are letters that indicate the State where the home was manufactured.



The HUD LABEL is issued with a fire engine red background, after time the red will be entirely faded away to a grey tarnish.

NO-COST ENERGY SAVING TIPS

- Turn down** your thermostat to 68 degrees or lower during the day and evening (health permitting) and to 55 degrees or off at night or when away from home. Wear layers of loose-fitting clothes to trap body heat, such as thermal underwear, sweaters, sweatshirts, sweatpants, and socks.
- Set** your water heater to the “normal” setting or 120°, unless your dishwasher requires a higher setting.
- Open** drapes to let the sun heat your home during the day and close them at night to help insulate.
- Close** off unused rooms and the vents that heat those rooms.
- Keep** warm-air registers, baseboard heaters, and radiators clean and make sure they're not blocked by furniture, carpeting, or drapes.
- Move** furniture around so you are sitting near interior walls instead of exterior walls and windows.
- Close** your fireplace damper tightly when not in use.
- Take** shorter showers.
- Wash** only full loads in your and clothes washer.
- Use** cold water when washing clothes.

HEALTH & SAFETY TIPS

- Adequate home heating is a necessity of life. The inability to heat your home adequately can put household members at risk. Health and safety risks include hypothermia and carbon monoxide poisoning and the increased possibility of fire.
- You can prevent the loss of life and property by identifying potential hazards and following these safety tips:
 - Install** smoke and carbon monoxide alarms in your home.
 - Provide** proper venting systems for all heating equipment.
 - Never use** your range or oven to heat your home or use a BBQ in your home or garage.
 - Place** space heaters on level, hard and nonflammable surfaces, not on rugs or carpets.
 - Keep** space heaters at least three feet from bedding, drapes, furniture, and other flammable materials.
 - Never leave** a space heater on when you go to sleep or leave the area.
 - Watch** children and pets closely in rooms with heating equipment.
 - Always use** generators outdoors and away from doors, windows, and vents..

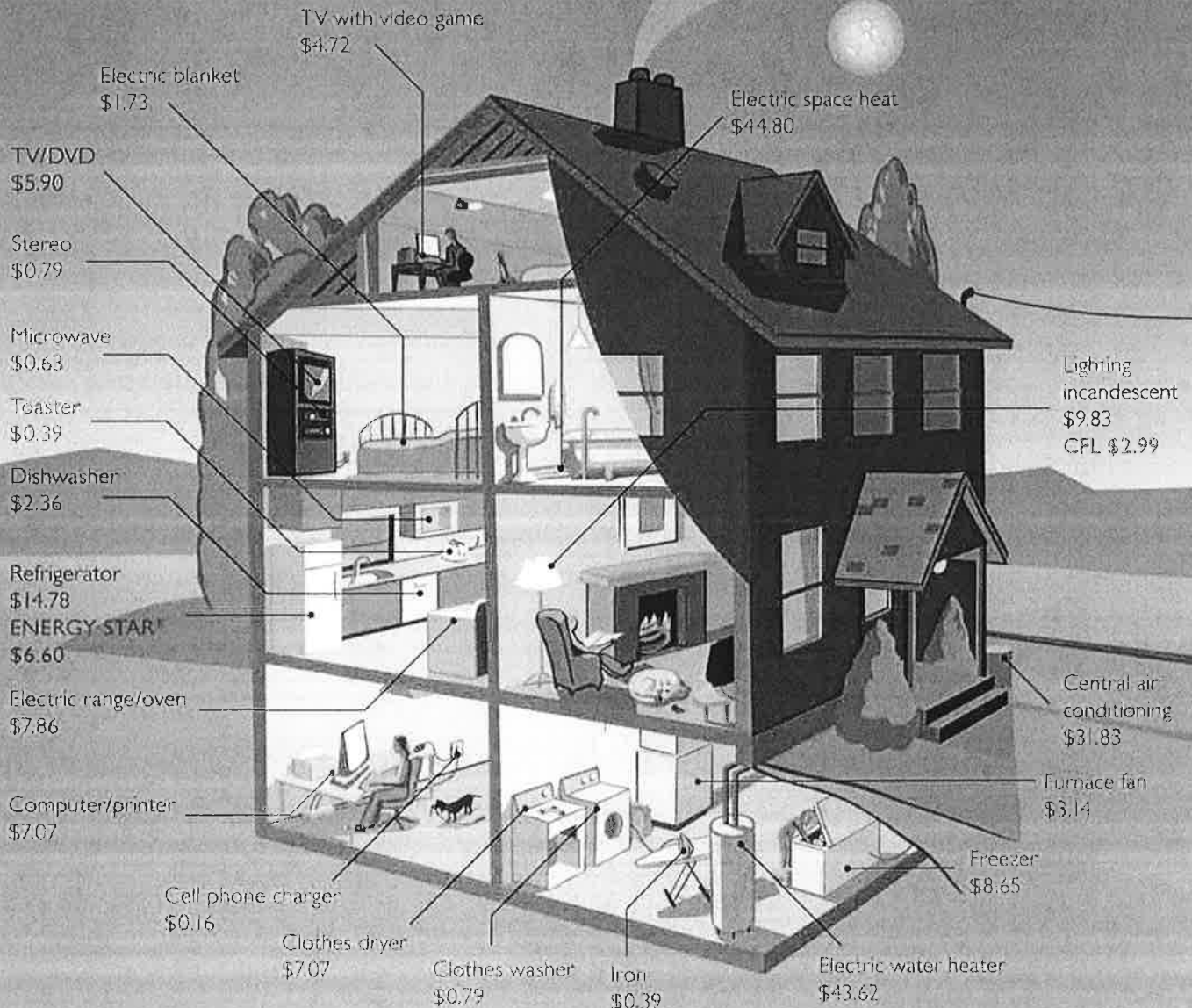
LOW-COST ENERGY SAVING TIPS

- Clean or replace** furnace filters once a month.
- Install** weather-stripping or caulk to leaky doors and windows.
- Install** gaskets behind outlet covers.
- Add** plastic sheeting to your windows or purchase plastic window covering kits or interior storm window kits.
- Install** a programmable thermostat.
- Install** low flow showerheads and faucets.
- Wrap** your hot water tank with jacket insulation. Be sure to leave the air intake vent uncovered when insulating a gas water heater.
- Insulate** the water pipes leading from your hot water heater.



Be **watt**smart. Manage energy, save money.

The first step to trimming your energy use is understanding which appliances have the biggest impact on your bill and how much it costs to operate these appliances each month – as this illustration shows. Making simple changes in how you use energy, or better yet, switching to more energy-efficient appliances, can really help you save energy and money.



For information on our wattsmart® energy efficiency programs and tips to reduce energy use, visit pacificpower.net/wattsmart.

Based on an average Washington residential rate. Average monthly use for a family of four in a 1,500 square-foot home. Homes differ in usage according to size, climate, construction, insulation and family living habits. This should not be used to calculate your bill, but rather to identify how energy is used and where you can save.



Let's turn the answers on.



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LIHEAP (ENERGY) and Weatherization
Application - Required Documentation Check List

Use only blue or black ink, do not use white out.
Make sure you complete, sign, and date all forms.

- Energy Intake Form — CSD43**
- LIHEAP and Weatherization Great Northern Services Application.**
- Weatherization Only**-Complete the Pacific Power Low Income Weatherization form and the CSD 515A (for renters and owners) and 515B (for property owners if the residence is rented)
- LIHEAP and Weatherization Client/Customer Consent form and Authorization CSD 081**
- LIHEAP and Weatherization Information and Education Acknowledgement**
- LIHEAP and Weatherization Firewood/Pellet Usage Form**
- Certification of Income and Expenses:** Completed, signed and dated for each person who is over 18 (except high school students) and has no income. Please call 530-938-4115 ext. 120 for additional forms.
- LIHEAP and Weatherization Self-Certification of Income for Self-Employment:** Completed, signed and dated for each person who is self-employed or performs odd jobs.
- Income:** Copies of all sources of income for each member of the household who is over 18 (except high school students) for the last 30 days. See the Instruction Packet examples.
- Pacific Power Bill:** Copy of your entire Pacific Power bill dated within the last 30 days. **Complete a Utility Responsibility Statement if the Power Bill is not in the applicant's name**
- Fuel/Kerosene/Propane Bill or Estimate:** Provide a bill dated within the last 30 days OR a current estimate from each of your fuel, kerosene and/or propane providers.
 - Complete and submit all documentation requested above. Omissions may cause denial of assistance.
 - For assistance in completing the application, call 530-938-4115 ext. 120.
 - Mail **ALL** pages of the application packet with your documentation to:
Great Northern Services – ATTN: Energy
310 Boles St.
Weed, CA 96094
 - Applications are processed on a State of California mandated point system and not all households who qualify will receive assistance.
 - When we receive your application you will be notified by U.S. Mail. If assistance can be provided you will again be notified by U.S. Mail. **Due to the volume of applications we receive, it could take up to several months for yours to be processed.**

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
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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 → ○
<i>Demographics: Enter the number of people in the household who are:</i>	<i>Enter the total gross monthly income for all people living in the household:</i>
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:



GREAT NORTHERN
- services -

Great Northern Services
310 Boles Street
Weed, CA 96094
(530) 938-4115
Fax (530) 938-1040
www.gnservices.org

LIHEAP (Energy) and Weatherization
Great Northern Services Application

All applicants please complete Section 1.

Weatherization applicants please complete Section 1 and 2.

Section 1 (all applicants must complete)

Name: _____ Social Security # _____
Home Address: _____ City: _____ Zip: _____
Cell phone: _____ Home phone: _____
Email: _____

Please add me to the GNS Programs and Services email list

How did you hear about these services? Friends/Family Resource Center Radio Other: _____

Do you own rent Is your residence? House Apartment Duplex Mobile Home Other _____

How much do you pay for rent/mortgage? _____

List disabled parties living in your home: _____

If you rent, do you receive a subsidy or voucher? No Yes, HUD or Section 8 Yes, Other _____

Would you like your home to be considered for weatherization services? Yes No

If you do not want weatherization services, please let us know why. My home has been weatherized by GNS.
 My home has been weatherized by myself/landlord.
 Other _____

Section 2 (applicants wanting weatherization must complete)

Both tenants and landlords must sign the Pacific Power Low Income Weatherization form and complete and sign CSD Form 515.

Please re-apply for weatherization services every program year until you receive them.

Has your residence been weatherized? YES NO APN #/Decal No.* _____
Registered Owner: _____
Year Built: _____

*Please see the Instruction packet if you need help locating the APN# (Assessor's Parcel Number) or the HCD Decal No.

Landlord/Property Manager Name and Address: _____

Landlord/Property Manager Phone and Fax and/or Email: _____



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LIHEAP (Energy) and Weatherization

Information and Education Acknowledgment GNS Form 1 (rvsd 7/29/15)

Sign and Return This Form

Established in 1981, LIHEAP is a federally funded program that helps low-income households pay their energy bill. Assistance is in the form of a dual or single party warrant, or direct payment to a utility provider on behalf of an eligible applicant. Eligibility is based on the household's total monthly income. Because of significant funding cuts, the federal government requires that states target households with low-incomes and high energy costs, taking into consideration households with elderly and disabled persons and children under six years of age.

An incomplete/incorrect application will take additional time to process or may be rejected. Persons living in board-and-care facilities, nursing or convalescent homes, or in jail or prison are not eligible for LIHEAP.

Great Northern Services is responsible for processing intake applications and the Department of Community Service and Development (CSD) is responsible for LIHEAP payments.

I have read and understand the program guidelines and education pamphlets included in the application:

- the LIHEAP and Weatherization program
- the Energy Education Pamphlet
- the Be Wattsmart Guide
- the Resource Information Guide
- and reviewed and completed the Monthly Budget Planning Guide

Name: _____

Signature: _____

Date: _____

Please sign, date and return with this packet
APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS FORM



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LIHEAP (Energy) and Weatherization
Firewood/Pellet Usage Form

Name: _____

Signature: _____ Date: _____

Home Address: _____ City: _____ Zip: _____

This form helps us evaluate your total energy cost. Please complete this form if you use any firewood or pellets to heat your home even if:

- You have not purchased firewood/pellets recently
- You are requesting another form of energy assistance

<p>If you purchase your fuel from a wood/pellet provider:</p> <p>Our household uses approximately _____ cords/tons of firewood/pellets during the winter months to heat our home.</p> <p>We spend \$ _____ per cord/ton. (Generally a cord of wood costs between \$200-\$290/cord to have it delivered and stacked.)</p> <p>A cord/ton of firewood/pellets last approximately _____ month(s).</p>	<p>If you cut your own wood please estimate the following for one season's fuel:</p> <p>\$ _____ cost of running equipment (oil and gas)</p> <p>_____ distance traveled (round trip mileage X number of trips)</p> <p>\$ _____ permit fee amount</p>
---	--

Our household does not use wood or pellets.

Please read and initial each item if you are applying to receive firewood:

_____ If you are approved for firewood, do not sign the voucher until the firewood has been delivered in the quantity and quality you ordered.

_____ A cord of wood is 4 feet high by 4 feet deep and 8 feet in length and tightly stacked

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

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?			
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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



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Great Northern Services

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LIHEAP (Energy) and Weatherization

Self-Certification of Income for Self-Employment

Everyone in your household who is self-employed or performs odd jobs must complete this form. The State of California requires a household to report all sources of income. This form will help us understand how you are meeting expenses.

Applicant Name:

Service Address:

City:

Name of Household

Member Submitting Form:

Amount earned in the last
30 days:

Type of Work Performed:

Work Performed For:

By signing this form, I affirm that I believe these facts are accurate and true. I give the Great Northern Services 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

Solutions to improve lives and enrich communities

Access to Capital • Portfolio Management • Economic Development • Energy Assistance • Home Weatherization
Community Food • Community Services • HIV/AIDS Case Management • Community Development



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Utility Responsibility Statement

Please complete this form if someone other than a household member is named on the utility statement. This form will help us understand who is responsible for paying the household's utility account. Please complete the information below:

Applicant Name:

Service Address:

City:

Name on Utility Account:

Relationship to Applicant:

Person Responsible for
Paying Account:

I am responsible for payment of the utility bill for the above address.

I am NOT responsible for payment of the utility account.

Name of person responsible for paying utility account: _____

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.

Applicant's Signature

Date

Solutions to improve lives and enrich communities

Access to Capital • Portfolio Management • Economic Development • Energy Assistance • Home Weatherization
Community Food • Community Services • HIV/AIDS Case Management • Community Development



CLIENT/CUSTOMER CONSENT FORM AND AUTHORIZATION

The California Department of Community Services and Development (CSD) is a state agency that oversees energy assistance programs for low-income families. Some of these services include helping families pay their utility bills or installing energy-efficient appliances and systems to reduce energy use and expenses. CSD also works with other organizations and programs that provide related services.

CONSENT (What you are agreeing to when you sign this form)

By signing this form, you give your 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 household's utility account, energy usage and/or other information needed to provide the services and benefits to you described on the back of this form.

1. NAME(S) AND MAILING ADDRESS

Your Name		
If your utility bill is in someone else's name, enter that name here		
Your mailing address (Street)	Unit Number (if any)	
Your mailing address (City)	State	Zip Code

2. UTILITY SERVICE ADDRESS

Check here if your utility service address is different from your mailing address.

If you checked the box, please provide your utility service address information below:

Your Utility Service Address (Street)	Unit Number (if any)	
Your Utility Service Address (City)	State CA	Zip Code

3. 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

(If client applying for services is not the person whose name is on the account (i.e., the utility customer of record), both persons must initial and sign this form)

By initialing and signing below, I acknowledge and authorize my utility company, CSD, and CSD Partners to release upon request and/or to receive my information as described, exclusively for the purposes stated in this Authorization for up to **36 months** unless revoked as explained on the back of this form:

Client/Customer Initials	Utility company billing records: account name, service address, billing history and account balances, as needed for processing utility bill assistance and emergency payments.
Client/Customer Initials	1) Meter usage and energy consumption data, including up to 12 months of historical data prior to the date of my signature below; and 2) any information concerning prior weatherization of dwelling (if weatherized, date and measures installed).
Client/Customer Initials	Household income, composition and other information needed to determine my eligibility for energy assistance programs administered by CSD and/or CSD Partners.

Signature of Client/Utility Customer	Date
--------------------------------------	------

Signature of Utility Customer of Record (if different)	Date
--	------

Name of CSD Contractor/Partner Organization GNS
--

Signature of 2nd Utility Customer of Record, if applicable	Date
--	------

WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED

Your consent (permission) for us to obtain and share your utility information, including your energy usage data, is needed for the purposes listed and explained below. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, can provide you with services and benefits available under various programs administered by CSD and your utility companies. The information provided will be shared and retained in accordance with applicable law concerning data security and privacy protections. The information you authorize us to obtain and share will be used for the following purposes:

1. Determine your eligibility for CSD and utility company low-income programs
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills; weatherization services; energy efficiency services; emergency energy services; health and safety measures; solar energy services; consumer information and energy tips
4. Evaluate your home's energy usage 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.

You understand that some services may not be available to you unless you consent to share/release information as stated in this Authorization. You agree that this consent covers utility account, billing and usage information, including up to twelve months of historical data prior to the date of this Authorization, information about any prior weatherization services provided, and subsequent data throughout the period that this Authorization is in effect.

CSD and CSD Partners agree to access and share only the information and data necessary to provide energy assistance services for which you are determined eligible, and to fulfill state and federal requirements for operating these programs. If you are determined not to be eligible for services, no utility information will be accessed or exchanged. CSD and CSD Partners will safeguard your privacy and will store any information gathered in accordance with the security requirements set forth in state law.

REVOCAION OF 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.

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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STOP HERE

If you are only applying for Energy Assistance

**The next 3 forms in the packet are required for
Weatherization Applications**

Weatherization Applicants: Check all boxes that apply to your home.

Wood / Pellet

Wood Stove Fireplace Pellet Stove Other: _____

Propane

Central Heating System Fireplace Cook Stove Water Heater Other: _____

Kerosene

Monitor Heater Central Heating System Other: _____

Electric

Central Air/Heat Pump Wall Heaters Baseboards Portable Space Heaters: _____ (Enter Number)

Cook Stove Water Heater Other: _____

Other

Please describe: _____

What are your main weatherization concerns for your home?

**CALIFORNIA
PACIFIC POWER
LOW INCOME WEATHERIZATION PROGRAM
HOMEOWNER AGREEMENT AND INVOICE**

Audit Date: _____

Occupant Name: _____
 Address: _____
 Telephone: _____
 Account No: _____

Owner Name: _____
 Address: _____
 Telephone: _____

I grant permission for Pacific Power to pay **Great Northern Services** (Agency) for the installation of approved energy efficiency measures in the dwelling I own, which is described above. I grant Pacific Power permission to provide Agency usage and billing data on my account, and for a Pacific Power representative to inspect the installed weatherization measures at the above dwelling, if requested.

Owner's Signature: _____ Date: _____

Pacific Power Customer Signature (if different than owner): _____ Date: _____

Occupant Type: __ (O)wner; (T)enant; (V)acant Space Heat Type: __ (B)aseboard; (C)eiling; Forced (A)ir; Heat (P)ump; (S) Space Heater(s); (N)on Electric Dwelling Code: __ (S)ingle; (M)obile; (A)partment; (D)uplex/Tri-Plex/4-Plex 1st time home served: __Y or __N Electric Water Heater: __Y or __N

Vendor Number: _____	Measure Code	Measure Exists/NA	Estimated Annual KHW Saved	Total Installed Cost	Pacific Power Contribution by Measure at 50%__ 100%__	Date Installed MM/DD/YY
Ceiling Insulation (single & multi-fam)	9					
Floor insulation	11					
Pipe Insulation	12					
Ground Cover <input type="checkbox"/> Ventilation <input type="checkbox"/>	046 10					
Wall Insulation	8					
Duct insulation <input type="checkbox"/> Duct Sealing <input type="checkbox"/>	15 581					
Replacement Windows # _____	32					
Caulk/Weatherstrip Windows and/or Doors	3 7					
Infiltration/Air Sealing	18					
Thermal Doors # _____	31					
Dehumidifier <input type="checkbox"/> Thermostat <input type="checkbox"/>	17 555					
Aerators # _____	501					
CFL # Inst. _____ <input type="checkbox"/> CFL Fix. #Inst. _____ <input type="checkbox"/>	21 600					
LED # Inst. _____ <input type="checkbox"/> LED FIX. #Inst. _____ <input type="checkbox"/>	50 51					
H2O Heater Blanket <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/>	503 240 273					
Showerhead # _____ Thermo Sh Valve# _____	19 39					
Furnace/AC filters <input type="checkbox"/> Cooler Cover <input type="checkbox"/>	514 47					
(Owner) Furnace Repair <input type="checkbox"/> Replacement <input type="checkbox"/>	271 272					
Switch/Outlet Gaskets # _____ Occup Sens <input type="checkbox"/>	88 41					
Clothes Washer	38					
Refrigerator Replacement	901					
Microwave Oven	34					
Surge protectors/Smart Strips # _____	40					
Totals				\$0.00	\$0.00	

- | | | |
|--|-------|--------|
| 1. Total Pacific Power Contribution | _____ | \$0.00 |
| 2. Administrative Reimbursement, Line 1 x 15% (Minimum \$50), and Maximums per the contract) | _____ | \$0.00 |
| 3. Energy Education/276 (\$100 per household where service was provided) | _____ | \$0.00 |
| 4. Energy Related Repairs/27 (list) _____ (Maximums in P&P) | _____ | \$0.00 |
| 5. Total Reimbursement to Agency | _____ | \$0.00 |

Great Northern Services 310 Boles Street, Weed, CA 96094
 Agency Name Address

Agency Representative Signature Date 530-938-4115 X118 Phone



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) Great Northern Services		Address 310 Boles Street	
CSLB Number (if applicable) CA 629328	City Weed	ZIP Code 96094	Contractor/Agency Telephone Number 530-938-4115 ext. 117
Contractor/Agency Email Address wx@gnservices.org		Contractor/Agency FAX Number 530-938-1040	

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) Coral Gross	Date
------------------------------------	--	------



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 both 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	
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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)).



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
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Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
Great Northern Services		310 Boles Street	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
CA 629328	Weed	CA	530-938-4115 ext. 117
Contractor/Agency Email Address			Contractor/Agency FAX Number
wx@gnservices.org			530-938-1040

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
	Coral Gross	

Required Documentation:

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