## Weatherization Application

#### PLUMAS AND SIERRA COUNTY ONLY

Please fill out the application completely and accurately. Once we receive your application you will be placed on the **WAITING LIST**. You will not receive Weatherization assistance immediately. When your name comes to the top of the waiting list, you will be contacted by mail to complete your application to determine your **FINAL ELIGIBILITY**.

Income Eligibility is based on your household Monthly GROSS Income (income before taxes or any other amounts are withheld). You must include the Income of every person who is living with you (you so not have to include earned Income of a minor, children 17 years or younger).

If you are a renter, the Weatherization Service Agreement must be signed by the Landlord or Owner of the unit.

## NO EXCEPTIONS!

#### The **2013** income guidelines for this program are as follows:

Family Size	1	2	3	4	5	6	7	8
Monthly Gross	2,025	2,648	3,271	3,894	4,518	5,141	5,258	5,374

# WAYS TO SAVE ENERGY

## Heating:

- Heating accounts for almost half of the average family's energy costs.
- Lower your thermostat a few degrees or turn it off all together when sleeping or away.
- Heat only the rooms you are using, instead of the whole house.
- Clean your filters on your furnace or heat-pump monthly.
- In cold weather, a ceiling fan helps to circulate warm air more efficiently.

### Cooling:

- Use fans for circulation of air, they use much less electricity than air conditioners.
- Clean or replace your air conditioner's filter monthly.
- Seal gaps in air conditioning ducts with high quality duct tape.
- Weather-strip and caulk doors and windows.
- Use stove and bathroom fans only for short periods, as they suck cooled or heated air outside.

#### ASSISTANCE PROGRAMS

These programs can help pay your energy bills if you qualify:

- CARE (California Alternative Rates for Energy) offers a 20% monthly discount on gas and electricity, as well as helping you through the rising prices.
- HEAP (Home Energy Assistance Program) helps eligible households with home energy bills (wood, propane, fuel oil, electricity) by making a payment to a utility company on behalf of the household.
- Contact PCCDC or your energy utility company to receive an application for CARE or HEAP.

PG&E: 800-743-5000

Sierra Pacific Power: 800-782-2506

PCCDC: 530-283-2466 ex: 13

\* FNERGY STAR \*

## - Turn off lights when not in rooms or home.

Many new appliances, from refrigerators to VCRs, have the Energy Star label. It means they meet energy efficient standards set by the U.S. Environmental Protection Agency (EPA) and the U.S. Department of Energy. The appliance may also offer a rebate. For more information call Energy Star hotline (1-888-782-7937).

 Replace incandescent light bulbs with compact fluorescent light bulbs.

Lighting

#### **Weatherization Service Agent Agreement Rental Units**

NAME	ADDRESS	UNIT#	RESIDENT SIGNATURE (Require
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By signing above, the unit resident grants the Contractor permission to enter and install weatherization measures to the above described unit.

The Client agrees that weatherization measures provided by PCCDC shall remain at above dwelling and not be removed. This includes: replaced appliances, hot water heaters, ceiling fan(s), carbon monoxide and/or smoke detectors ect.

The Owner or Owner's Agent is in agreement that:

- A. The Contractor has permission to enter and install weatherization measures in the above described unit(s).
- B. The Resident will not be evicted and rent will not be increased because value of unit raises due to weatherization measures provided by the contractor.
- C. All applied weatherization measures must remain at the above unit.

The Contractor agrees to the following:

- A. Responsibility for the weatherization services performed.
- B. Responsibility for damages as a result of weatherization measures.
- C. Weatherization services shall be scheduled at the convenience of the unit resident.
- D. Eligibility of unit resident will be determined under the Low-Income Home Energy Assistance Program (LIHEAP), and Department of Energy eligibility requirements funded through State of California, Department of Economic Opportunity, by the Federal Government.
- E. Once eligibility is established all weatherization measures are free of charge to the owner and the applicant listed above.

Owner or Owner's Agent: (Please print)	Contractor: Plumas County Community Development Commission
Address, City, State, Zip:	Address: P.O. Box 319 Quincy, CA 95971
Signature Owner/Owner's Agent & Date	Signature of WX Program Manager Date

Department of Community Services	and	De	velor	omer	ıt												0	0		0	0				
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Seasonal or Migrant Farmworker		ТО	TAL	INCO	ME	\$							Chec	k here	if you	r utiliti	es are	inclu	ded	l in you	ır rent c	or su	b-mete	ered.	
The information on this application will be used to and federal governments, their designated subcolumbers and that if my application for LIHEAP/DC service provider and my appeal shall be reviewed Department of Community Services and Develop measures to my residence at no cost to me. I depurpose of paying my energy costs.	ntrad DE be d no men	ctors enefi later t pur	, my u ts or s than ' suant	tility co ervice 15 day to Title	ompa s is o s aft e 22,	iny(ie denied er the Califo	es), an d, or i appe ornia	nd for my f I receiv eal is rec Code of	utility e untir eived. Regula	comp mely ro If I ar ations	esp m r se	y(ies) to onse o ot satis ction 10	share r unsat fied wit 0805.	inform isfacto th the l If appl	nation ory per local s licable	with o forma ervice , I he	ther o nce, I provi reby a	ffices may i ider's uthori	of ti initia deci ze i	he stal ate a w ision l Installa	te and f rritten a may the ition of	feder ippea en a weat	al gov al with opeal t heriza	ernn the l to th ation	nents. local e
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AGENCY NAME: Community Services and Deve Section 16367.6 (a) Names CSD as the agency r and/or weatherization services. GIVING INFORM CSD uses statistical definitions from the annual u eligibility. During application processing, CSD's designated subcontractor will keep your complete you. CSD does not discriminate in the provision of	espo MATI pdat desig	onsib ON: te of inate oplica	le for i This p the De d subo ation a	manag rograr epartm contra ind oth	ging l n is v ent c ctor i ner in	teap folunt of Hea nay n forma	P. PUI ary. I alth ar need t ation,	RPOSE: If you che nd Huma to ask you if used, to	The in cose to in Serv u for in co dete	nforma o appl vices' nore ir ermine	atio Sta ofor	n you p or assis ite Med mation ur eligit	rovide tance, ian Inc to dec oility. Y	will be you mu ome, F ide you (ou ha	used ust giv edera ur eligi ve the	to ded e all r Inco bility t right	cide if equire me Po for eith to acc	you a ed info overty ner or ess al	re e orma Gui boti Il re	eligible ation. ideline h prog cords l	for a LI OTHER s, to de rams. A holding	IHEA R INF eterm ACC info	P pay ORMA ine pro ESS: 0	men ATIO ogra CSD n ab	it )N: m 's out
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#### Weatherization Application PART 2

1. Have you re	eceived <b>Weatheri</b>	zation A	ssistar	nce ir	the p	ast?			Yes	No
unhealthy/uns	erious deficiency i afe condition? If Yes please expl							Ye		es an No
-	eive any type of H	_			Volume	of Circle	yes o	. No for	Yes	No
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LIST YOUR MO	NTHLY LIVING EXPI	ENSES		<u>H</u>	eating	g/Oil/F	Propar	ne/Fire	wood	
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TV/Internet					<u>ther</u>					w
Rent										
4. Would you	ı like and applica	tion for t	he HE	AP P	rogra	m?			Yes	No
5. I have rece	eived Energy Edu	ication n	nateria	ls fro	m P.C	C.C.D.	C.?		Yes	No
Signature										Date

CSD 600 (Rev. 3/24/06)

STATEMENT OF CITIZENSHIP OF NON-CIT	IZEN STATUS FOR PUBLIC BENEFITS
Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant
Public Benefits To Citizen	ns And Non-Citizens
Citizens and Nationals of the United States who meet all elication. Low-Income Home Energy Assistance Program and/or the De Assistance Program and must fill out Sections A and D.	- 17 C 1. 17 C. 18 C 18 C. 18
Non-Citizens who meet all eligibility requirements may receit Assistance Program and/or the Department of Energy Low-Incomplete Sections A, B or C, and D.	
Section A: Citizenship/Non-C	itizen Status Declaration
1. Is the applicant a citizen or national of the United States?	☐ Yes ☐ No
If the answer to the above question is yes, where was he/sh	ne born? City/State
2. To establish citizenship or naturalization, please submit or is legible and unaltered to establish proof.	
If you are a Citizen or National of the United States, please	go directly to Section D.
If you are a Non-Citizen, please complete Section B, or, if ap	plicable, Section C.
Section B: Non-Citizen	Status Declaration
<ul> <li>Important: Please indicate the applicant's non-citizen status. The no citizen status documents listed for each category are the States Immigration and Naturalization Service (INS) provides other acceptable evidence of your non-citizen status even if note that the content of the status and in the status even if note that the status even if note in the status even in the status even if note in the status even in the status even if note in the status even if note in the status even in the</li></ul>	ne most commonly used documents that the United to non-citizens in those categories. You can provide of listed below.  Ider the Immigration and Naturalization Act (INA).  Commonly known as a "green card"); or ort or on INS Form I-94.  The INA. Evidence includes:  The of asylum under section 208 of the INA;  The innotated "274a.12(a)(5)";
<ul> <li>3. A refugee admitted to the United States under section 2</li> <li>INS Form I-94 annotated with stamp showing admition INS Form I-688B (Employment Authorization Cardon INS Form I-766 (Employment Authorization Document)</li> <li>INS Form I-571 (Refugee Travel Document)</li> <li>4. An alien paroled into the United States for at least one includes:</li> <li>INS Form I-94 with stamp showing admission for an employee admission for an employee in the Instance of the</li></ul>	ssion under section 207 of the INA; d) annotated "274a.12(a)(3)"; ment) annotated "A3"; or  year under section 212(d)(5) of the INA. Evidence

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□ 5.	An alien whose deportation is being withheld under section 243(h) of the INA 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of divis	개념하다 가지 않는 사람이 아름이 이렇게 하는 것이 하는 것이 없다면 하는데 살아 없다.
	Evidence includes:	2 kg 1 kg 2
	<ul> <li>INS Form I-688B (Employment Authorization Card) annotated "274a.12(a</li> </ul>	F TO TELL TO
	• INS Form I-766 (Employment Authorization Document) annotated "A10"	
	<ul> <li>Order from an immigration judge showing deportation withheld under section effect prior to April 1, 1997, or removal withheld under section 241(b)(3)</li> </ul>	of the INA.
	An alien who is granted conditional entry under section 203(a)(7) of the INA a Evidence includes:	as in effect prior to April 1, 1980.
	• INS Form I-94 with stamp showing admission under section 203(a)(7) of t	he INA;
	<ul> <li>INS Form I-688B (Employment Authorization Card) annotated "274a.12(a</li> </ul>	a)(3)"; or
	<ul> <li>INS Form I-766 (Employment Authorization Document) annotated "A3."</li> </ul>	
☐ 7.	An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Act of 1980). Evidence includes:	e Refugee Education Assistance
110	<ul> <li>INS Form I-551 (Alien Registration Receipt Card, commonly known as a 'CU6, CU7, or CH6;</li> </ul>	"green card") with the code
	<ul> <li>Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94</li> <li>INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" und</li> </ul>	der section 212(d)(5) of the
	INA; or paroled after 10/10/80 in the special status for nationals of Cuba o	
	An alien paroled into the United States for less than one year under section 21	2(d)(5) of the INA. (Evidence
the second second	includes INS Form I-94 showing this status.)	
	An alien not in categories 1 through 8 who has been admitted to the United St (a nonimmigrant). Non-immigrants are persons who have temporary status fo includes INS Form I-94 showing this status.)	
□ 10.	I self-certify that I am a U.S. citizen or non-citizen national or qualified alient documentation. (Only allowable under the Energy Crisis Intervention Program LIHEAP Program.)	
	Section C: Declaration for Certain Battered Alies	ns
Impor	tant: Complete this section if the applicant, the applicant's child, or the applicant	
battere	d or subjected to extreme cruelty in the United States by a spouse or parent. Has the INS or the EOIR granted a petition or application filed by or on behal applicant's child, or the applicant child's parent under the INA or found that a prima facie case for granting permission to stay in the United States? Evidence documents on List B (attached hereto).	f of the applicant, the pending petition sets forth a
□ 2.	Has the applicant, the applicant's child, or the applicant child's parent been be cruelty in the United States by a spouse or parent, or by a spouse's or parent's same house (where the spouse or parent consented to or acquiesced in the batt	family member living in the
Sec. 11.	Section D: Certification	and or entirely.
I DECI	ARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CA	ALIFORNIA THAT THE
	ERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLE	
	nt's Signature	Date
Signatu	re of Person Acting for Applicant	Date

#### AUTHORIZATION FOR RELEASE OF INFORMATION

#### TO WHOM IT MAY CONCERN:

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to: PLUMAS COUNTY COMMUNITY DEVELOPMENT COMMISSION (PCCDC) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rent Rehabilitation, Low-Income Public or other assisted housing and/or other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Agriculture-Rural Development (USDA-RD), California State Department of Rental Housing & Construction Program (RHCP) and the Department of Community Services and Development (CSD) in administering and enforcing program rules and policies.

In the event I am no longer participating in program(s) administered or managed by this agency and the PCCDC needs to contact me regarding any aspect of my participation in any PCCDC program, I authorize the release of any information that may assist the PCCDC in locating me.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical and Child Care Allowance, Credit and Criminal Activity and Household Composition.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the continued participation in any program administered or managed by PCCDC.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: Groups or individuals that may be asked to release the above information (depending on program requirements) include but are not himited to:

Previous/Current Landlords Public Housing Agencies Municipal/Justice Courts Schools/Colleges/Universities **Utility Companies** 

District Attorney's Offices

Past/Present Employers Social Service Agencies

Post Offices Social Security Administration

Medical Providers

Veterans Administration Retirement Systems

Bank & Financial Institutions Credit Providers/Bureaus Support/Alimony Providers

Local, State & Federal Law Enforcement Agencies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD, CSD, USDA-RD, RHCP, and/or the PCCDC may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and that I shall be given a chance to disprove the information. HUD, USDA-RD, CSD, RHCP, or PCCDC may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Development Department, Social Security offices, Department of Defense, Local, State and/or Federal Law Enforcement Agencies, Office of Personnel Management, the U.S. Postal Service, and the Department of Social Services.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and four months from the date signed below.

TURES:		
Head of Household	Print Name	Date
Spouse/Other Adult Member	Print Name	Date
Other Adult Member	Print Name	Date