

Plumas County Community Development Commission & Housing Authority

WEATHERIZATION APPLICATION INSTRUCTIONS

(Plumas and Sierra County **ONLY**)

The Weatherization Program is a low-income assistance program that can install energy efficient measures in your home at no cost to you. If you are a renter, you still can be eligible for services if your Landlord signs the Weatherization Services Agreement.

The 2014 funding year has very limited funding, so please remember you are **NOT GUARANTEED** to be served, so please plan accordingly.

The 2014 income guidelines are as follows:

Family size	1	2	3	4	5	6	7	8
Monthly GROSS income	2,020	2,641	3,262	3,884	4,505	5,127	5,243	5,360

Please note that the procedure for processing Weatherization applications has changed.

- Fill out the attached Weatherization application. Both sides must be filled out.
- **NO DOCUMENTATION IS REQUIRED AT THIS TIME**
- You may either drop off completed applications at 183 West Main Street in Quincy, CA or you may mail it to:

PCCDC
ATTN: WX
P. O. Box 319
Quincy, CA 95971

Once we receive the completed application you will be placed on the waiting list. If and when you reach the top of the waiting list we will contact you by phone and/or mail. Please note that it is your responsibility to keep us current on your phone number and mailing address. If you cannot be reached you will not receive assistance. Once contacted you will be required attend a meeting and provide copies of the following documents:

- **Birth Certificate:** For the individual that is applying for HEAP assistance.
- **Current proof of Income:** Income documentation for all members of the household. One month of current income documentation. If there is someone in the household who is over 18 and not receiving any income, they must fill out a Zero Income Form.
- **Current Electric bill:** This is required for every application.
- **Current Propane / Oil:** Or an estimate from Provider.

All documents must be provided. Your application will not be processed if you are missing any of the required documents.

If you have questions please call 530-283-2466 EX. 113

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.

PO Box 319 ~ 183 West Main Street ~ Quincy, CA 95971
(530) 283-2466 ~ Fax (530) 283-2478
www.plumascdc.org

ENERGY SERVICE AGREEMENT FOR OCCUPIED/UNOCCUPIED SINGLE OR MULTI-UNIT RENTAL UNITS

Dwelling Information

Single-Family <input type="checkbox"/>	Multi-Family <input type="checkbox"/>	No. of Multi-Family Units	# of Vacant Units
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Tenant and Owner Authorization

Tenant (Print or type name)	Address
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Apt./Unit No.	City	ZIP Code	Tenant telephone number
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Owner (Print or type name)	Address
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Apt./Unit No.	City	ZIP Code	Owner telephone number
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If the Owner uses an agent for the above-referenced property, complete both Owner and Agent information.

Agent (Print or type name)	Address
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Apt./Unit No.	City	ZIP Code	Agent telephone number
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By signing this form, the owner or owner's agent and the tenant grant the contractor permission to enter the dwelling unit to perform an assessment and install feasible weatherization measures in accordance with CSD weatherization program policies and standards to the above-described unit and agree to the following:

1. The owner or owner's agent shall not raise the rent of the unit for a period of two years or evict the unit's resident because of the increased value of the unit due solely to weatherization measures provided by the Contractor
2. The owner or owner's agent and the tenant shall retain all applied measures in the residence where installed.
3. 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 charge utilities costs in accordance with California Public Utilities Commission Code Section 739.5.
4. The tenant authorizes the contractor access to utility company records to obtain only energy usage data for a period of one year before and one year after rehabilitation, minor home repair, and/or weatherization measures are installed.
5. Failure of the Contractor to enforce this Agreement upon breach by the Owner shall not be construed as a waiver of the Contractor's right to enforce this Agreement.

Tenant's Signature	Date
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Owner's (or Owner's Agent's) Signature	Date
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Owner Certification ONLY if Unoccupied Multi-Unit Dwellings

1. I certify that I am the Owner/Authorized Agent (Owner/Agent) for the property located at:
2. I certify I will rent to low-income tenants that meet the income qualifications for the Department of Energy Weatherization Assistance Program or Low-Income Home Energy Assistance Program within 180 days of work completion.

3. Should any of the agreements contained in this document not be met or are found to be out of compliance with the above stated program, the above named Owner or Agent shall be financially responsible for the entire amount of weatherization work performed on the non-compliant units at the above address and will remit this amount to the above named Contractor immediately.
4. I shall submit to the Contractor a schedule of rents prior to commencement of work.
7. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
5. I certify that rents shown on this schedule shall not increase for a period of two years beginning the day an eligible tenant moves in unless the rent increase is based on factors other than the increased value of the unit due to the work performed by the Contractor (allowable factors 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, or actual increases in expenses of maintaining and operating this property).
6. I certify that I shall provide a copy of this Agreement and a synopsis explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. This synopsis shall include the complaint procedure and current telephone number of the Contractor should the provisions of this Agreement not be met.
7. I authorize (Contractor) to make the following minor home repair and/or weatherization measures and improvements at the above-referenced property, depending upon feasibility, cost effectiveness, and/or other factors.

8. I hereby release and pledge to hold harmless the above-named Contractor, and its staff, from any liability in connection with the work listed above.

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

Contractor (Print or type name)		Address	
Room No.	City	ZIP Code	Contractor telephone number

The contractor agrees to the following:

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the
2. Shall ensure that the Contractor is insured and shall be responsible for damage to unit premises, furnishing, and/or resident(s) that is caused by weatherization activities.
3. Shall schedule weatherization services at the convenience of all parties.
4. Shall provide weatherization services only to eligible rental units or to unoccupied multi-unit buildings that will become eligible within 180 days under program requirements.
5. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
6. Shall provide in writing all weatherization measures installed in the unit.
7. 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.

Program Manager's Signature	Date
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Agency:	Intake Initials:	Intake Date:	Eligibility Cert Date:
First Name	Middle Initial	Last Name	Date of Birth
			M M D D Y Y
Mailing Address <input type="checkbox"/> Check if same as service address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing ZIP Code
Service Address (Do not use P.O. Box)			Unit Number
Service City	Service County	Service State CA	Service ZIP Code
Social Security Number (SSN):		Telephone Number: ()	<input type="checkbox"/> Message Only?

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including the applicant --> <input type="text"/> Enter the number of people who are: 2 years old or younger Ages 3 - 5 years Ages 6 - 18 years Ages 19 - 59 (Adult) Ages 60 or older (Elderly) Disabled Native American Limited-English Speaking Seasonal or Migrant Farmworker	INCOME Enter the total number of household members who receive income --> <input type="text"/> Enter total gross monthly income for all people living in the household: TANF \$ SSI/SSP \$ SSA/SSDI \$ Paycheck(s) \$ Interest \$ Pension \$ Other \$ TOTAL INCOME \$	UTILITY BILL DISCOUNT You may be eligible for a discount on your monthly utility bill! Contact your local utility company and ask about reduced rate programs. Which utility company do you want paid? <input type="text"/> Account Number: <input type="text"/> Name of customer on the utility bill: <input type="text"/> <input type="checkbox"/> Check here if your utilities are included in rent or sub-metered. <input type="checkbox"/> Check here if utilities are all electric
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1. What is the main fuel you use to HEAT your home? (**SELECT ONLY ONE**)

Natural Gas Propane Wood
 Electricity Fuel Oil Other Fuel (explain): _____

2. In addition to the main heating fuel you listed in Question 1, do you ever use any of the following to HEAT your home (you can check more than one):

Electricity (such as space heaters) Wood (in a fireplace or wood stove)

3. Only answer this question, if you chose NATURAL GAS or ELECTRICITY in Question 1:

Have you received a past due notice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your gas or electricity currently shut off / disconnected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

4. Only answer this question, if you chose PROPANE, FUEL OIL, WOOD, or OTHER in Question 1:

Approximately <u>how many days</u> until you run out of fuel completely (enter number of days):	
Are you currently out of propane, fuel oil, wood or another fuel?	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. Do you or someone in your household currently receive CalFresh (Food Stamps)?

YES NO

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. 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.

 Applicant's Signature Date Witness' Signature (if signed with an X)

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.

Cash Assistance being provided under which program -->	<input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> Supplement \$ _____	Total Benefit \$ _____
<input type="checkbox"/> HEAP WPO <input type="checkbox"/> ECIP WPO	Referral -->	<input type="checkbox"/> Home referred for weatherization <input type="checkbox"/> Referred for ECIP HCS <input type="checkbox"/> Home already weatherized
Weatherization being billed under which program -->	<input type="checkbox"/> DOE <input type="checkbox"/> LIHEAP WX <input type="checkbox"/> ECIP HCS	
Type of Dwelling:	<input type="checkbox"/> MFD - Owner, 2 - 4 units <input type="checkbox"/> Mobile Home - Owner <input type="checkbox"/> Shelter: # of units _____	<input type="checkbox"/> Unoccupied MFD: 2 - 4 units
<input type="checkbox"/> SFD - Owner, 1 unit <input type="checkbox"/> MFD - Rental, 2 - 4 units	<input type="checkbox"/> Mobile Home - Rental	Total # of residents: _____
<input type="checkbox"/> SFD - Rental, 1 unit <input type="checkbox"/> MFD - Owner, 5 or more units		<input type="checkbox"/> Unoccupied MFD: > 5 units
<input type="checkbox"/> MFD - Rental, 5 or more units	Energy Cost = \$ _____	Energy Burden = _____ %
Agency Defined Priorities:	<input type="checkbox"/> Medically Needy <input type="checkbox"/> Frail Elderly <input type="checkbox"/> Severe Financial Hardship	<input type="checkbox"/> Hard To Reach <input type="checkbox"/> Priority Offsets

WX APPLICATION PART 2

1. Does any individual in your household fall under PG&E’s definition of who qualifies for Medical Baseline?
YES NO

More specifically, a licensed California Medical Doctor must have certified that a full-time resident in your home is:

- Dependent on life-support equipment used in the home
- A paraplegic, hemiplegic, quadriplegic, or multiple sclerosis patient with special heating and/or air-conditioning needs
- A Scleroderma patient with special heating needs
- Being treated for a life-threatening illness, compromised immune system, or other medical condition with heating and/or air-conditioning requirement necessary to sustain the patient’s life or prevent deterioration of the patient’s medical condition.

2. Do you receive any type of Housing Assistance? (Public Housing, Section 8, USDA Rural Development) **YES NO**

3. Please circle the following that applies to your current housing situation: **OWN RENT HOMELESS OTHER _____**

4. Please circle the following that applies to your current household situation:
Single Parent/Female Two-parent Household Two Adults- No children
Single Parent/Male Single Person Other

PLEASE LIST ALL PEOPLE LIVING IN YOUR HOUSEHOLD, including yourself:

First & Last Name	Relation	Age	Veteran		Disabled		Ethnicity/Race Please circle	Income Amount	Income Source
			Y	N	Y	N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y	N	Y	N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y	N	Y	N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y	N	Y	N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y	N	Y	N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y	N	Y	N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		
			Y	N	Y	N	Asian - American Indian and Alaskan Native Black or African American Hispanic, Latino or Spanish Native Hawaiian & Other Pacific Islander White - Multi-Race - Other		

PLEASE LIST YOUR MONTHLY EXPENSES:

Electricity		Heating (Oil, propane and/or Firewood)		Water	
Food		Medical		Child Care	
Transportation		Insurance		TV/Internet	
Phone		Rent		Other	

I certify under penalty of perjury that the information provided on this form is true and complete to the best of my knowledge. I understand that I can be fined up to \$10,000, imprisoned up to five years and/or disqualified from any program administered by the Plumas County Community Development Commission.

Signature of Applicant

Date