



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

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

AUTHORIZATION AND CONSENT

By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	Date	Name of CSD Contractor/Partner Organization MERCED COUNTY COMMUNITY ACTION AGENCY
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REVOCAION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program

STATEMENT OF CITIZENSHIP or NON-CITIZEN 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 Citizens And Non-Citizens

Citizens and Nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out **Sections A and D**.

Non-Citizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete **Sections A, B or C, and D**.

Section A: Citizenship/Non-Citizen 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/she born? City/State

2. To establish citizenship or naturalization, please submit one of the documents on **List A** (attached hereto) which 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 applicable, Section C**.

Section B: Non-Citizen Status Declaration

Important: Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA).

Evidence includes:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

2. An alien who is granted asylum under section 208 of the INA. Evidence includes:

- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- INS Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of INS; or
- Order of an immigration judge granting asylum.

3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:

- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
- INS Form I-766 (Employment Authorization Document) annotated "A3"; or
- INS Form I-571 (Refugee Travel Document)

4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:

- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.

(Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

- 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
 - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10)”;
 - INS Form I-766 (Employment Authorization Document) annotated “A10”; or
 - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
 - INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
 - INS Form I-766 (Employment Authorization Document) annotated “A3.”
- 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence 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 alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

Section C: Declaration for Certain Battered Aliens

Important: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
- 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

Section D: Certification

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature	Date
Signature of Person Acting for Applicant	Date

Attachments: Lists A and B

Departamento de Servicios Comunitarios y Desarrollo

Formulario de ingreso para la prestación de energía

CSD 43 (10/2017)

Solo para uso oficial	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency:	Intake Initials:	Intake Date:	
Nombre	Inicial del segundo nombre	Apellido	Fecha de nacimiento DD/MM/AA
DOMICILIO DE SERVICIO – Domicilio de residencia (no casilla de correo)			
Domicilio de servicio		Número de unidad	
Ciudad	Condado	Estado	Código postal
¿Ha vivido en este domicilio durante los últimos 12 meses corridos? <input type="checkbox"/> Sí <input type="checkbox"/> No			
¿Su domicilio de servicio es el mismo que su domicilio de residencia?..... <input type="checkbox"/> Sí <input type="checkbox"/> No			
Domicilio postal			Número de unidad
Ciudad	Condado	Estado	Código postal
Número de seguridad social (SSN):		Número telefónico ()	
Correo electrónico:			

PERSONAS QUE VIVEN EN EL HOGAR Ingrese la cantidad total de personas que viven en el hogar incluido usted →		INGRESOS Ingrese la cantidad total de personas que reciben ingresos →	
<i>Datos demográficos: Ingrese la cantidad de personas en el hogar que son:</i>		<i>Indique e el ingreso mensual bruto total de todas las personas que viven en el hogar:</i>	
Edades 0 – 2 años		TANF / CalWorks	\$
Edades 3 - 5 años		SSI / SSP	\$
Edades 6 - 18 años		SSA / SSDI	\$
Edades 19 - 59		Cheque(s) de pago	\$
Edades mayor de 60 años		Intereses	\$
Discapacitado		Pensión	\$
Nativo Americano		Otro	\$
Trabajador agrícola estacional o migrante		Ingreso mensual total	\$

INTEGRANTES DEL HOGAR
INGRESE LA INFORMACIÓN DE **TODOS** LOS INTEGRANTES DEL HOGAR
Si en su hogar viven más de 7 personas, incluya su información en una hoja adicional.

Nombre	Apellido	Relación con el solicitante	Fecha de nacimiento DD/MM/AA	Monto del ingreso bruto total (Antes de impuestos y deducciones)	Fuente de ingresos
		Usted			
Monto del ingreso bruto mensual total del hogar				\$	
¿Usted o alguien de su familia recibe ACTUALMENTE CalFresh (Cupones para alimentos)? <input type="checkbox"/> Sí <input type="checkbox"/> No					

FACTURA DE PAGO

¿A qué factura de energía (ELIJA SÓLO UNA) desea que se aplique el beneficio LIHEAP? (Adjunte una copia completa de la factura o recibo más reciente).

Gas Natural Electricidad Madera Propano Aceite combustible Kerosene Otro combustible

Ingrese la empresa de energía y el número de cuenta:

Nombre de la empresa: _____ No. de cuenta: _____

¿Su servicio público está interrumpido? Sí No

¿Recibió una notificación por atraso? Sí No

¿Sus servicios públicos están incluidos en la renta? Sí No

¿Sus servicios públicos son todos eléctricos? Sí No

¿Su empresa de gas natural es la misma que su empresa eléctrica? Sí No

SERVICIO DE MADERA, PROPANO o ACEITE COMBUSTIBLE (WPO)

¿Actualmente no tiene combustible? (madera, propano, aceite, kerosene, otros combustibles) Sí No N/A

Indique la cantidad aproximada de días que quedan antes de que se quede sin combustible

(madera, propano, aceite, kerosene, otros combustibles). Cantidad de días: _____ N/A

INFORMACIÓN SOBRE ENERGÍA

Las siguientes preguntas son **OBLIGATORIAS**. Marque todas las fuentes de energía utilizadas para calentar su hogar.

Debe presentar una copia de todas las facturas o recibos de energía recientes por todos los costos de energía doméstica.

NOTA: Debe incluirse una copia de una factura eléctrica aun cuando no use electricidad para calentar su hogar.

¿Cuál es el combustible que más utiliza para CALENTAR su hogar? DEBE marcar una fuente principal.

Gas Natural Electricidad Madera Propano Aceite combustible Kerosene Otro combustible

Además de su fuente de calefacción principal, ¿usa alguno de los siguientes para calefaccionar su hogar? (puede elegir más de uno):

Gas Natural Electricidad Madera Propano Aceite combustible Kerosene Otro combustible N/A

¿Usted es el titular de: La factura de Electricidad Yes No La factura de Gas Natural Yes No

La información de la presente solicitud se utilizará para determinar y verificar mi elegibilidad para recibir asistencia. Al firmar a continuación, presto mi consentimiento (permiso) al CSD, sus contratistas, consultores y otras oficinas federales o estatales (socios del CSD) y a mi empresa de servicios públicos y a sus contratistas para entregar información acerca de mi cuenta de servicios públicos doméstica, consumo de energía u otra información necesaria para prestarme los servicios y beneficios descritos al final del presente formulario. Mi consentimiento tendrá vigencia por un plazo de 24 meses anteriores a la fecha de firma que se consigna a continuación y hasta 36 meses después. Entiendo que si mi solicitud para los beneficios o servicios LIHEAP/DOE es denegada, o si recibo una respuesta fuera de término o una prestación no satisfactoria, podré presentar una apelación escrita ante el proveedor del servicio local, y esta apelación será evaluada no más de 15 días después de su recepción. De no estar conforme con la decisión del proveedor del servicio, podré apelar ante el Departamento de Servicios Comunitarios y Desarrollo conforme al Artículo 100805, Título 22 del Código de Normas de California. De resultar aplicable, autorizo la instalación de medidas de climatización en mi residencia sin costos a mi cargo. Declaro, bajo pena por falso testimonio, que la información incluida en la presente solicitud es verdadera, correcta, y que los fondos recibidos se utilizarán exclusivamente para los pagos de mis costos de energía.

X	*** FIRMA DEL SOLICITANTE ***	Fecha
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NOMBRE DE LA OFICINA: Servicios Comunitarios y Desarrollo (CSD). UNIDAD RESPONSABLE DEL MANTENIMIENTO: Programa de Asistencia en Energía Doméstica (HEAP). AUTORIDAD: El Artículo 16367.6 del Código de Gobierno (a) nombre a CSD como oficina responsable del manejo del HEAP. OBJETO: La información que usted proporciona será utilizada para decidir si resulta apto para el pago de LIHEAP o los servicios de climatización. ENTREGA DE INFORMACIÓN: Este programa es voluntario. Si decide solicitar asistencia, debe entregar toda la información solicitada. OTRA INFORMACIÓN: CSD emplea definiciones estadísticas de la actualización anual de las Pautas sobre Pobreza, Ingresos Federales e Ingresos Medios del Estado del Departamento de Servicios Médicos y Humanos para determinar la aptitud al programa. Durante el procesamiento de la solicitud, el subcontratista designado de CSD podría necesitar más información para decidir respecto de su aptitud para uno o ambos programas. ACCESO: El subcontratista designado de CSD conservará su solicitud completa y toda otra información, de ser utilizada, para determinar su aptitud. Tiene derecho a acceder a todos los registros que contengan información sobre usted. CSD no discrimina al momento de prestar sus servicios como consecuencia de la raza, religión, color, nacionalidad, ancestros, discapacidad física, discapacidad mental, enfermedad, estado civil, sexo, edad ni orientación sexual.

SOLICITANTE: NO COMPLETE LA SIGUIENTE INFORMACIÓN. ESTA SECCIÓN ES SOLO PARA USO OFICIAL.			
Utility Assistance being provided under which program →	<input type="checkbox"/> HEAP	<input type="checkbox"/> Fast Track	<input type="checkbox"/> HEAP WPO
Base Benefit \$ _____	Supplement \$ _____	Total Benefit \$ _____	<input type="checkbox"/> ECIP WPO
Total Energy Cost \$ _____	Energy Burden _____		
Energy Services Restored after disconnection:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Disconnection of Energy Services Prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Referred for WX:	<input type="checkbox"/>	Home Already Weatherized:	<input type="checkbox"/>

Department of Community Services and Development
Formulario de autorización y consentimiento del titular de la cuenta
CSD Form 081 (Rev. 12/17)

NOMBRE Y DIRECCIÓN POSTAL DEL TITULAR DE LA CUENTA

Nombre completo del titular de la cuenta		
Dirección postal del titular de la cuenta (número y calle)		Número de unidad (si tiene)
(Ciudad)	Estado	Código postal
¿La dirección donde recibe servicios públicos es la misma que la dirección del titular de cuenta? <input type="checkbox"/> Sí <input type="checkbox"/> No		
Nombre completo del solicitante de beneficios (del formulario 43)		
Dirección donde recibe el servicio público (número y calle)		Número de unidad (si tiene)
(Ciudad)	Estado CA	Código postal

INFORMACIÓN DE LOS SERVICIOS PÚBLICOS

Escriba el nombre de la empresa de servicios públicos y su número de cuenta a continuación (puede encontrar el número de cuenta en la factura). Si diferentes empresas le proveen los servicios de gas y electricidad, escriba el nombre y número de cuenta de ambas empresas.

Nombre de la empresa de servicios públicos	Número de cuenta del servicio
Nombre de la empresa de servicios públicos (si tiene una segunda empresa que le provee servicios públicos)	Número de cuenta del servicio

AUTORIZACIÓN Y CONSENTIMIENTO

Al firmar este formulario, usted (el titular de la cuenta) da su autorización y consentimiento (permiso) a CSD, sus contratistas, consultores, otras agencias federales o estatales (asociados de CSD) y a su empresa de servicios públicos y sus contratistas, para que compartan la información sobre la cuenta de servicios públicos, información del medidor de uso y el consumo de energía y otra información según sea necesario de su propiedad durante el período que inicia 24 meses antes y finaliza 36 meses después de la fecha firmada abajo. La información que nos autoriza a obtener y compartir se usará para fines de evaluar el uso doméstico de energía de los beneficiarios del programa para que CSD pueda: a) medir la efectividad de los servicios que proporcionamos al determinar cuánto se reducen sus facturas de servicios públicos y cuánto nuestros servicios reducen las emisiones de carbono (contaminación atmosférica) y b) informar estos resultados a las autoridades federales y estatales que financian y supervisan los programas de asistencia de energía de California. CSD, sus contratistas, consultores, otras agencias estatales o federales y programas afiliados (asociados de CSD), en colaboración con su empresa de servicios públicos y sus contratistas, utilizan esta información para brindar servicios que ayudan a familias de bajos ingresos, como la del solicitante, a pagar sus facturas de energía de consumo doméstico y administrar estas necesidades energéticas para los fines indicados en esta autorización.

Firma del titular de la cuenta	Fecha	Nombre del contratista/organización asociada de CSD MERCED COUNTY COMMUNITY ACTION AGENCY
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REVOCACIÓN DE LA AUTORIZACIÓN Y EL CONSENTIMIENTO

Usted acepta que su consentimiento permanecerá en vigencia por 36 meses a partir de la fecha en que firma esta autorización, a menos que lo revoque mediante una notificación escrita enviada a: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. La revocación entrará en vigor tras su recepción, pero no se aplicará a ninguna información que fue compartida mientras esta autorización estaba vigente.

PROGRAMAS APLICABLES

Algunos de los programas que CSD supervisa o con quienes está asociado incluyen a:

- 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