



Merced County Community Action Agency

Energy and Weatherization Department
Proudly Serving Merced and Madera Counties

Weatherization Program

Program Eligibility: Weatherization service is available once every 4 years to households which meet program Income Guidelines. Applicants must reside in the home for which they are applying for

Checklist: *** copies of all items are required for a complete application!

- Completed Application Form:** (Energy Intake Form CSD 43) Fill out in its entirety, sign and date the bottom.
- Current Energy Bill(s):** All pages of the bill are required. Include gas, electric, propane, and wood costs from the past month.
- Income:** Document gross income from the past month for ALL household occupants with income. Examples: paycheck stubs, award letters for SSI/SSA/pensions and unemployment.
- Adult Occupants:** Current government-issued photo ID (FEDERAL LIMITS APPLY PLEASE ALSO BRING US BIRTH CERTIFICATE, US PASSPORT, NATURALIZATION CERTIFICATE N-550 OR N-570, AMERICAN INDIAN CARD WITH A CLASSIFICATION CODE KIC, OR DOCUMENT OF DIRECT RECEIPT OF SSI OR SSA BENEFITS) and Social Security Card for all occupants 18 years or older.
- Child Occupants:** Social Security Cards, birth certificates, or immunization records for all occupants younger than 18 years.
- Applications from Owners:** Provide a copy of the deed, title, or property tax papers, as proof of ownership.
- Applications from Renters:** Provide the owner's name, mailing address, and telephone number — MCCA must contact the owner to complete some mandatory paperwork before we will be able to continue.

Submit your complete application package by mail, fax, or in person.

MAIL:
MCCA WX DEPT
P.O. Box 2085
Merced, CA 95344-0085

OFFICE:
109 Airpark Road
Atwater CA 95301
(209) 723-1225

Hours:
Mon-Fri 8 am-5 pm
Closed weekends & Holidays

FAX:
209-676-2237

service.

**THIS IS A FEDERALLY-FUNDED PROGRAM,
THERE IS NO COST TO TENANT OR OWNER.**

Please Note: We receive many more applications than we can service and we cannot guarantee service to all qualifying applications. You may also experience very long waiting periods for the program, and some applicants may need to apply repeatedly for consecutive years before they are contacted for service. Your waiting period is determined by your application, funding levels, as well as other factors not within this Agency's control. To maximize your availability for service, provide a phone number where we can reach you or leave you a message; respond to our missed calls and/or messages promptly; and let us know whenever your contact information changes.

Overview of the Weatherization process:

- Step 1:** Assessors will typically make calls between 8 a.m.-10 a.m. to schedule your first inspection, which determines what Weatherization improvements we can provide for your home.
- Step 2:** Recommendations are sent to the foreman, who assigns a crew to come out and perform repairs and improvements. Some improvements may require multiple visits.
- Step 3:** When improvements have been completed, a final inspection visit will be scheduled.





Merced County Community Action Agency

Departamento de Energía y Climatización
Orgullosamente Sirviendo los Condados de Merced y Madera
Departamento de Climatización



Elegibilidad del Programa: Servicio de climatización está disponible una vez cada 4 años a los hogares que cumplan los lineamientos del programa de ingresos. Los solicitantes deben residir en el hogar para los que se solicita servicios.

Lista de verificación: ***copias de todos los documentos son necesarios para una aplicación completa !

- Solicitud Completa:** (Formulario de energía CSD 43) Llénela completamente, fírmela y póngale la fecha.
- Recibos Reciente de la Electricidad:** Todas las paginas son requeridas. Incluye costos de gas, electricidad, propano, y leña del ultimo mes.
- Ingreso:** Documentar el mes pasado de ingresos en bruto para TODOS los ocupantes en el hogar. Ejemplos: talones de cheque, cartas de otorgamiento de SSI/SSA/pensión y desempleo.

Ocupantes Adultos: Tarjeta de ID (FEDERAL LIMITS APPLY” FAVOR DE TRAER CERTIFICADO DE NACIMIENTO DE EE.UU., PASAPORTE DE LOS EE.UU., CERTIFICADO DE NATURLIZACION N-550 O N-570, TARJETA DE INDO AMERICANO CON EL CODIGO DE CLASIFICACION KIC O UN DOCUMENTO QUE COMPRUEBE QUE RECEIBE BENEFICIOS DE SSI O SSA).

actual emitida por el gobierno (con foto) y tarjeta del Seguro Social para todos los ocupantes mayores de 18 años.

- Niños Menores:** Tarjeta del Seguro Social, acta de nacimiento, o tarjetas de vacunas para todos los ocupantes menores de 18 años.
- Solicitudes de Dueños:** Proporcionar una copia de la escritura, titulo, o documentos de los impuestos de la casa, como comprobante de dueño.
- Solicitudes de Arrendatarios:** Proporcionar el nombre del dueño, dirección postal, y numero de teléfono — MCCAAC debe ponerse en contacto con el dueño para completar algunos formularios necesarios antes de empezar cualquier trabajo.

Envíe su paquete completo de solicitud por correo, fax o en persona.

CORREO:
MCCAAC WX DEPT
P.O. Box 2085
Merced, CA 95344-0085

OFICINA:
109 Airpark Road
Atwater CA 95301
(209) 723-1225

Horas:
Lun-Vie 8 am-5 pm
Cerrado fines de semana y días festivos

FAX:
209-676-2237



ESTE ES UN PROGRAMA DE FONDOS ESTATALES. NO HABRA COSTO A USTED O PARA EL DUEÑO DEL HOGAR.

Nota: Recibimos muchas más solicitudes de lo que podemos servir y no podemos garantizar el servicio a todas las solicitudes que calificaron. También puede experimentar períodos de espera muy larga para el programa, y algunos solicitantes pueden necesitar aplicar varias veces durante años consecutivos antes de que les contactemos para servicio. Su período de espera se determina por la aplicación, nuestros niveles de financiación, así como otros factores fuera del control de esta Agencia. Para maximizar su disponibilidad para el servicio, proporcione un número de teléfono donde podamos comunicarnos con usted o dejarle un mensaje, responder a nuestras llamadas perdidas y/o mensajes sin demora, y que nos comuniquemos cualquier cambio en su información de contacto.

Visión general del proceso de Climatización:

Primer Paso: Asesores típicamente hacen llamadas de 8 a.m.-10 a.m. para programar su primera inspección, que determina que mejoras de climatización podemos proveer a su hogar.

Segundo Paso: Las recomendaciones son enviados al foreman, que asigna un equipo para salir y llevar a cabo reparaciones y mejoras. Algunas mejoras pueden requerir varias visitas.

Tercer Paso: Cuando las mejoras se han completado, una visita de inspección final se programara.



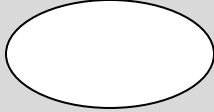

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2022)

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
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			
Do you own or rent your home?..... <input type="checkbox"/> Own <input type="checkbox"/> Rent			
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 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):	Source of Income:		

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 Manufactured log Pellets 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 Manufactured log Pellets 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 Manufactured log Pellets 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:



Merced County
Community Action Agency
WEATHERIZATION DEPARTMENT

WEATHERIZATION CUSTOMER AGREEMENT

Thank you for applying for the Merced County Community Action Agency (MCCAA) Weatherization Program. Our goal is to help you save energy (and money), and help make your home safer and more comfortable. **In order to make our visits to your home safe for both your family and the Weatherization staff, you must read and sign this document before MCCAA will begin any weatherization work on the property.**

The Weatherization staff will be performing work on the outside and inside of your residence. In order to minimize the risk of loss to you and to MCCAA please observe the following during all visits to your home by MCCAA Weatherization staff.

1. **MCCAA is not responsible for any lost, stolen, missing, or misplaced items during any of our visits to your home. It is your responsibility to secure any items or personal belongings of value.** If you have any questions as to what parts of your home the staff will need access to, please ask.
2. **Please keep all pets away from areas where the weatherization staff will be working. You will need to secure your pets during the entire visit.** The staff will need to be able to come in and out of doors and gates and are not responsible for watching out for your pets. Please note that doors, gates, and windows may need to remain open while the crew is performing certain work.
3. **Please make sure that children who are present during our visits are under your supervision at all times and kept away from the areas where staff members are working.** Do not allow children to be left unsupervised in areas where the weatherization staff is working, in or around MCCAA vehicles, or near any tools, equipment, ladders, and extension cords.
4. **An adult resident must remain present at the home while MCCAA staff is working.** Staff members are not allowed to remain on your property without an adult resident present.

We thank you for your cooperation. Should you have any questions, please contact the MCCAA Weatherization Department at (209) 723-1225.

Signature of Client

Date

Signature of MCCAA Staff

Date



Merced County
Community Action Agency
WEATHERIZATION DEPARTMENT

ACUERDO DEL CLIENTE DE CLIMATIZACION

Gracias por aplicar para el programa de climatización del Merced County Community Action Agency (MCCAA). Nuestra meta es ayudarle ahorrar energía (y dinero), y hacer su hogar mas cómodo y seguro. **Con el fin de hacer que nuestras visitas a su hogar sean seguras, tanto para su familia y para el personal de Climatización, debe leer y firmar este documento antes que MCCAA comience los trabajos de climatización en la propiedad.**

El personal de Climatización estará realizando el trabajo en el exterior y en el interior de su residencia. Con el fin de minimizar el riesgo de pérdida para usted y para MCCAA tenga en cuenta lo siguiente durante todas las visitas a su casa por el personal de Climatización de MCCAA.

1. **MCCAA no se hace responsable por objetos perdidos, robados, o extraviados durante cualquiera de nuestras visitas a su hogar. Es su responsabilidad de asegurar artículos y objetos personales de valor. Si usted tiene alguna pregunta en cuanto a que partes de su casa el personal tendrá acceso, favor de preguntar.**
2. **Por favor, mantenga todas las mascotas alejadas de las áreas donde el personal de climatización va a trabajar. Usted tendrá que asegurar a sus mascotas durante toda la visita. El personal tendrá que poder entrar y salir de las puertas y no son responsables de velar por sus mascotas. Tenga en cuenta que las puertas y ventanas pueden tener que permanecer abiertas mientras el equipo está llevando a cabo ciertos trabajos.**
3. **Por favor asegúrese que los niños que están presentes en nuestras visitas estén bajo su supervisión en todo momento y manténgalos alejados de las zonas en las que los miembros del personal están trabajando. No permita que los niños se queden sin supervisión en las áreas donde el personal de climatización está trabajando, en o alrededor de los vehículos de MCCAA, o cerca de cualquier herramienta, equipo, escaleras y cables de extensión.**
4. **Un residente adulto debe permanecer presente en la casa mientras que el personal de MCCAA esta trabajando. Miembros del personal no están permitidos permanecer en su propiedad sin un residente adulto presente.**

Gracias por su cooperación. Si tiene alguna pregunta, favor de contactar el programa de climatización del MCCAA al (209) 723-1225.

Firma de Cliente

Fecha

Firma del Personal de MCCAA

Fecha

For household at Address:	City:
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PLEASE NOTE: The demographics information collected in conjunction with your application will be used by various state and federal agencies to improve targeted/focused services in your area. Your answers will not require documentation and will not be used to determine eligibility for services. When shared, this information will not be identifiable to you or your family.

1. How many household members of each gender?	
How many male? : _____	How many female? : _____

2. How many household members in each age group?			
0-5 years: _____	12-17 years: _____	24-44 years: _____	55-69 years: _____
6-11 years: _____	18-23 years: _____	45-54 years: _____	70+ years: _____

3. Ethnicity & Race <i>(Note: Your answers are OPTIONAL. Ethnicity and Race are terms which may refer to biological, genetic, social, or cultural characteristics. The acceptable answers here are whatever you are most comfortable with.)</i>	
a. How many household members are of Hispanic, Latino or Spanish ethnicity? : _____	
b. How many members are <u>not</u> of Hispanic, Latino or Spanish ethnicity? : _____	
c. How many household members identify with the following Racial categories?	
White/Caucasian: _____	Asian American: _____
African American: _____	American Indian & Inuit: _____
Pacific Islander: _____	Other: _____
	Multi-Race (2 or more): _____

4. How many household members (aged 24 years and older) fall into each educational category, based on their highest level of achievement to date?		
Up to Grade 8: _____	HS diploma/GED: _____	Some College: _____
Grade 9-12 (non-graduate) : _____		College Graduate: _____

5. Health Insurance <i>(Note: Medicare and Medicaid are considered health insurance.)</i>	
How many household members have health insurance? : _____	

6. Disabled Persons <i>(Note: Defined by the Americans With Disabilities Act of 1990: "disability" means, (a) a physical or mental impairment that substantially limits one or more of the major life activities of an individual, (b) a record of such an impairment, (c) being regarded as having such an impairment."')</i>	
How many household members are disabled? : _____	

7. Which choice best describes your Household Composition (aka family structure)?	
<input type="checkbox"/> Single-Parent, Mother	<input type="checkbox"/> Single Adult, No Children
<input type="checkbox"/> Single-Parent, Father	<input type="checkbox"/> Adult Couple, No Children
<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Other

8. Indicate if at least one household member is a... <i>(Note: In this section, check all that apply.)</i>	
<input type="checkbox"/> Farmer	
<input type="checkbox"/> Migrant Farmworker	<i>(A Migrant Farmworker is any individual who is employed in agricultural labor of a seasonal nature and is required to be absent overnight from his/her permanent place of residence.)</i>
<input type="checkbox"/> Seasonal Farmworker	<i>(A Seasonal Farmworker is any individual who is employed in agricultural labor of a seasonal or temporary nature, is not required to be absent from his/her permanent place of residence, and who derives at least 20% of his/her income from agricultural labor or related industries.)</i>

Para el hogar en la dirección:

Ciudad:

TENGA EN CUENTA: La información demográfica recopilada en conjunto con su solicitud será utilizada por varias agencias estatales y federales para mejorar los servicios específicos/enfocados en su área. Sus respuestas no requerirán documentación y no se utilizarán para determinar la elegibilidad para los servicios. Cuando se comparta, esta información no será identificable para usted o su familia.

1. ¿Cuántos miembros del hogar de cada género?

¿Cuántos machos? : _____

¿Cuántas hembras? : _____

2. ¿Cuántos miembros del hogar de cada grupo de edad?

0-5 años: _____

12-17 años: _____

24-44 años: _____

55-69 años: _____

6-11 años: _____

18-23 años: _____

45-54 años: _____

Más de 70 años: _____

3. Etnicidad y raza (Nota: Sus respuestas son OPCIONALES. La etnia y la raza son términos que pueden referirse a características biológicas, genéticas, sociales o culturales. Las respuestas aceptables aquí son lo que más te sientas cómodo.)

a. ¿Cuántos miembros del hogar son de etnia hispana, latina o española? : _____

b. ¿Cuántos miembros no son de etnia hispana, latina o española? : _____

c. ¿Cuántos miembros del hogar se identifican con las siguientes categorías raciales?

Blanco/caucásico: _____

Asiático americano: _____

Otros: _____

Afroamericano: _____

Indio americano e inuit: _____

Isléño del Pacífico: _____

Multi-Carrera (2 o más): _____

4. ¿Cuántos miembros del hogar (mayores de 24 años) entran en cada categoría educativa, en función de su nivel más alto de logro hasta la fecha?

Hasta el grado 8: _____

Diploma HS/GED: _____

Alguna Universidad: _____

Grado 9-12 (no graduado) : _____

Graduado universitario: _____

5. Seguro médico (Nota: Medicare y Medicaid se consideran seguros de salud.)

¿Cuántos miembros del hogar tienen seguro médico? : _____

6. Personas discapacitadas (Nota: Definida por la Ley de Estadounidenses con Discapacidades de 1990: "discapacidad" significa, a) una discapacidad física o mental que limita sustancialmente una o más de las principales actividades de vida de una persona, (b) un registro de tal discapacidad, (c) ser considerado como tener tal impedimento."")

¿Cuántos miembros del hogar están discapacitados? : _____

7. ¿Qué opción describe mejor su composición familiar (también conocida como estructura familiar)?

Madre monoparentales

Adulto Soltero, Sin Hijos

Padre soltero

Pareja adulta, sin hijos

Hogar de dos padres

Otro

8. Indique si al menos un miembro del hogar es un... (Nota: En esta sección, marque todo lo que corresponda.)

agricultor

Trabajador agrícola migrante (Un trabajador agrícola migrante es cualquier persona que trabaja en trabajos agrícolas de carácter estacional y debe estar ausente durante la noche de su lugar de residencia permanente.)

Trabajador agrícola estacional (Un trabajador agrícola estacional es cualquier persona que trabaja en mano de obra agrícola de carácter estacional o temporal, no está obligada a ausentarse de su lugar de residencia permanente y que obtiene al menos el 20% de sus ingresos de mano de obra agrícola o industrias conexas.)

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
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REVOCATION OF AUTHORIZATION AND CONSENT

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

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

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

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
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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