

# EL DORADO COUNTY

## HOME ENERGY ASSISTANCE PROGRAM

Placerville HEAP Office  
937 Spring Street, Placerville, CA  
(530) 621-6150

South Lake Tahoe HEAP Office  
1360 Johnson Blvd. #103, South Lake Tahoe, CA  
(530) 573-3492

Electricity • Natural Gas • Wood • Propane • Pellets • Oil

### HEAP Application Checklist:

- 1: **APPLICATION:** All pages filled out and signed where indicated.
- 2: **ENERGY BILLS:** Copies of most recent bills with current charges for all energy expenses.
  - Electricity: PG&E (ALL PAGES), Liberty Energy, or rent statement w/ electric charges
  - Natural Gas: PG&E or Southwest Gas
  - Propane, Wood, Pellets, Oil: Most recent delivery invoice, receipt, rent statement, or written estimate
- 3: **PROOF OF INCOME:** Proof of income for all adults living in the home, current for the past 30 days, covering one complete month. **No Income?** Any adult age 18+ claiming “no income” must fill out the Certification of Income and Expenses form (included).
- 4. **PROOF OF CITIZENSHIP OR LAWFUL PERMANENT RESIDENCY:** Copy of acceptable proof.
  - Birth Certificate
  - Passport
  - State issued REAL ID
  - DD-214
  - “Green Card”
  - Naturalization Certificate
  - Ask a staff member about additional documents that may be accepted
- 5. **IF APPLICABLE:** Copies of proof of age for household members age 5 & under
- 6: **INTAKE APPOINTMENT:** Call our office to schedule your appointment. Applicants can also be seen at our off-site intake locations (see below). *Supporting documents must be current for the 30 days prior to appointment date.*

#### OFF-SITE INTAKE LOCATIONS

Cameron Park	El Dorado Hills	Georgetown	Pollock Pines	Somerset	Alpine County
Knolls at Green Valley	White Rock Village	Community Center	Community Church	Pioneer Park Community Ctr	Health & Human Services
3301 Cimarron Road	2200 Valley View Parkway	6329 Lower Main	6361 Pony Express Trl	6740 Fairplay Rd	75 A Diamond Valley
Last Tuesday/mo	3 <sup>rd</sup> Monday/mo	3 <sup>rd</sup> Wednesday of the month	2 <sup>nd</sup> Thursday/mo	1 <sup>st</sup> Wednesday of the month	3 <sup>rd</sup> Thursday/mo
12:30-3:00pm	11:00am-2:00pm	9:30am to 12pm	9:30am to 1pm	9:30am-11:30am	1:00pm-3:00pm

## Additional Information - Acceptable Documentation

### Energy Bills

- ✓ PG&E bills must include all pages and be the most recent bill issued.
- ✓ If you are applying for assistance toward an electricity or natural gas account that is in **someone else's name**, that person must initial and sign where indicated on the "Account Holder Authorization and Consent" form, included in this application.
- ✓ For propane invoices: must show charges for the most recent purchase of propane. Invoices showing *only* late fees, finance charges, or service charges are not acceptable.
- ✓ The following bills will not be accepted:
  - Detached/incomplete bills
  - Closed accounts
  - Bills showing zero current charges
  - Bills with less than 22 service days

### Proof of Income

The following are some common sources of income and acceptable proof:

- ✓ Employment: check stubs, current & consecutive
- ✓ Cash aid: Passport to Services
- ✓ Social Security (SSA/SSI/SSDI): annual award letter, verification print out, or current bank statement showing direct deposit
- ✓ VA benefits (disability or survivor's benefits): annual award letter, verification print out, or current bank statement showing direct deposit
- ✓ Pension, including military pensions: statement showing gross amount for current month
- ✓ EDD Unemployment or Disability: consecutive check stubs or current printout for one month
- ✓ Child support: Current printout
- ✓ Financial aid (for students): current award letter
- ✓ Self-employment: Self-Employment Worksheet (available from HEAP staff), signed ledger, or current tax form 1040 with 1040 Schedule 1 and Schedule C

### Important:

- ✓ Must provide copies of all documents, we will not return originals documents
- ✓ Incomplete applications will not be accepted
- ✓ Applications with white out will not be accepted

**Questions?** Please call our office before your appointment.

**Department of Community Services and Development**  
**Emergency Intake Form**  
**CSD 43 (10/2017)**

Year \_\_\_\_\_ Program \_\_\_\_\_

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)								Unit Number
Service Address						Service City		Service Zip Code
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:								

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →		○		<b>INCOME</b> 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 <b>gross</b> monthly income for <b>all</b> 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				<b>Total Monthly Income</b>		<b>\$</b>	

<b>HOUSEHOLD MEMBERS</b>					
ENTER THE INFORMATION BELOW FOR <u>ALL</u> 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			
<b>Household Total Monthly Gross Income</b>				<b>\$</b>	
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:

# VENDOR INFORMATION FORM FOR WOOD, PELLETS, OR OIL

Wood/Pellet/Oil Applicants: Fill out the following information

## Vendor Information:

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

## Estimate:

	Amount	Length	Type	Cost	Delivery/Tax	Total Cost
Wood						
Pellets						
Oil						

\* Note: Vouchers issued for WPO cannot be transferred to a new service address, to a different company, or credit to a new household. Any credit balance remaining will be returned to El Dorado County HEAP.

**STOP:** This section for agency use only.

To calculate energy burden:

If applicant has no recent wood/pellet/oil costs, how long will this delivery last the applicant?

Enter estimated number of months: \_\_\_\_\_

Any adult age 18+ with no income must fill out this form.

Department of Community Services and Development  
CSD 43B (rev.12/2013)

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?						
YES	NO	During the previous month have you been employed part time?				
YES	NO	During the previous month have you been self-employed?				
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?				
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:				
YES	NO	During the previous month did you receive any of the following: (circle any that apply)				
		WORKER'S COMP	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
YES	NO	Do you receive any of the following (circle any that apply)				
		ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME	INSURANCE BENEFITS

Put Notary stamp below, if needed (DOE only) or have Executive Director Sign here

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____ Address: _____ Phone: _____
Utility Bills	\$		Name: _____ Address: _____ Phone: _____
Food	\$		Name: _____ Address: _____ Phone: _____

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

**Signature:**

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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”;
  - 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



**CLIENT EDUCATION CONFIRMATION OF RECEIPT**

Name of Occupant			Age of Dwelling		
Address of Dwelling					
<b>Confirmation of Receipt</b>					
I have received the following information:					
<input type="checkbox"/> <b>Lead-Safe Education</b> – A copy of the pamphlet, <i>Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools</i> , informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.					
<input checked="" type="checkbox"/> <b>Energy Education</b> – Information regarding changes I can make in order to reduce the energy consumption of my household.					
<input type="checkbox"/> <b>Mold and Moisture Education</b> - A copy of the pamphlet, <i>A Brief Guide to Mold and Moisture In Your Home</i> , informing me of how to clean up residential mold problems and how to prevent mold growth.					
<input checked="" type="checkbox"/> <b>Budget Counseling</b> - Information regarding personal financial management.					
<input type="checkbox"/> <b>Radon Education</b> - A copy of the pamphlet, <i>A Citizen's Guide to Radon</i> , informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.					
Signature of Recipient				Date	
<b>Self-Certification Option</b>					
I certify that I attempted to deliver the following educational information to the dwelling listed above:					
<input type="checkbox"/> <b>Lead-Safe</b> <input type="checkbox"/> <b>Energy</b> <input type="checkbox"/> <b>Mold/Moisture</b> <input type="checkbox"/> <b>Budget Counseling</b> <input type="checkbox"/> <b>Radon</b>					
<i>If the information was delivered but a signature was not obtainable, you may check the appropriate box below.</i>					
<input type="checkbox"/> <b>Refusal to Sign</b> — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.					
<input type="checkbox"/> <b>Unavailable for Signature</b> — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door.					
Attempted delivery dates and times					
Date	Time	Date	Time	Date	Time
Signature (Agency Representative)			Print name		
<b>Mailing Option:</b>					
I certify that I have mailed the following educational information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only):					
<input type="checkbox"/> <b>Lead-Safe</b> <input type="checkbox"/> <b>Energy</b> <input type="checkbox"/> <b>Mold/Moisture</b> <input type="checkbox"/> <b>Budget Counseling</b> <input type="checkbox"/> <b>Radon</b>					
Signature (Agency Representative)			Print name		Date mailed

**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 EI Dorado County - HHSA
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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