

HEAP APPLICATION CHECKLIST

Please read BOTH SIDES of this Instruction sheet.
ALL INCOMPLETE APPLICATIONS WILL BE DENIED!!!

*******THIS IS NOT A GUARANTEED PROGRAM*******

NOTE: We can only process applications that contain the first four pages and proof of INCOME (For all household members 18 years or older) and ALL UTILITIES BILLS. See type of income and verifications of Utility bills that are required on the backside of this page, these are MANDATORY, regardless of what you are applying for. PLEASE COMPLETE APPLICATION NEATLY. ILLEGIBLE APPLICATIONS WILL BE DENIED.

1. **Department of Community Services and Development Energy Intake form** – Fill out completely, then sign and date. *This is where you will state which Utility Co. you want paid. We can only pay one company on your behalf.*
2. **List for all household members** - You must list all household members that live at the address that you put on the first page. You must include yourself.
3. **Client Education Confirmation of Receipt** – Must be signed and dated.
4. **Weatherization Service Agreement** - Complete Section 1 and Section 2 is for the owner or landlord must complete.

Please complete the following forms if any of them apply to you or your household. If you have spoken to an intake worker at North Coast Energy Services, the forms that apply to your situation should be attached.

- A. **Survey of Income and Expenses** – Must be completed by any person that is over 18 and claims they have no income, they must sign and date form. You will need a separate form for each person.
- B. **Utility Bill Responsibility Statement** – Complete if your bills are in someone else's name.
- C. **Profit and Loss Statement** – Complete only if anyone in the household is self-employed. This statement needs to cover a 90 day period.

Please do not return the budget counseling & energy education forms with your application; these are for you to keep!!

See verification of Income and of Utility bills that are required on the backside of this page. Applications submitted without copies of income for all adult household members and/or copies of all utility bills will be denied.

Please return applications to the address that applies to you below:

Lake, Mendocino, Solano, Sonoma,
& Napa Counties:

North Coast Energy Services, Inc.
P. O. Box 413
Ukiah, CA 95482
HEAP Line 1-800-233-4480
Fax (707) 463-0637

Yolo County:

North Coast Energy Services, Inc.
1250 Harter Ave, Suite D
Woodland, CA 95776
Phone (530) 669-5700
Fax (530) 669-5800

YOU MUST PROVIDE CURRENT PROOF OF INCOME AND ENERGY COST WITH YOUR APPLICATION, COVERING THE PAST 30 DAYS, IF NOT PROVIDED IT WILL BE DENIED!

Proof of income and energy bills **must** be dated within the past six weeks!!!!

Note: Income verification must show the name of the employee and the dates/period covered.

INCOME

- **Wages/Earned Income** - Current copy of paystubs covering one full month of gross income; letter from employer with gross amount and periods covered.
- **Pensions and Annuities** – copy of check; annual statement from pension plan.
- **TANF/General Assurances** – current “Passport to services” or “Notice of Action” showing the amount and date.
- **SSI/SSA** – Copy of bank statement showing direct deposit; dated annual benefit letter for current year; computer printout from Social Security office; Form 2458 from Social Security office. Please note: if you use your bank statement you will need to verify all income (deposits) on the statement.
- **Interest/Dividend income** - Current statement from bank(s); current copy of financial statement(s) showing direct deposits; copy of check.
- **Workers Comp/Disability/Unemployment Benefits** – You will need to submit all payment stubs for a full month or current printout.
- **Child/Alimony/Individual Support** – current court document; benefit letter; print out from Family Services or signed and dated letter from person providing support.
- **Veterans Benefit** – copy of check; benefits letter or letter of verification from VA office; current bank statement showing direct deposit.
- **Self-Employed** - Use our form “Profit and Loss Statement” for a 90 day period or current taxes Form 1040 and Schedule C.
- **Other Sources of Income** – Current receipts for recycled materials; signed sworn statement with dollar amounts received for odd jobs or family/friends. This statement must include the name address & phone number of the person who paid you. HUD recertification stating your rent or a Utility Reimbursement Payment (URP) printout both must be within the last month.
- **No Income Verification** – Ask for our form “Survey of Income and Expenses” each family member over 18 must submit this.

VERIFICATION OF UTILITIES

- **Electric bills** – Current copy of bill (all pages) and any notices of shut off.
- **Gas bills** – Current copy of bill (all pages)
- **Propane/Kerosene/Oil bill** - Need letter from your fuel company stating the cost to fill your tank or a printout from your account showing the last delivery date of fuel.

MUST RETURN

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling
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Address of Dwelling

Confirmation of Receipt

I have received the following information:

- Lead-Safe Education** – A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools* (effective 12/22/08), informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.
- Energy Education** – Information regarding changes I can make in order to reduce the energy consumption of my household.
- Mold and Moisture Education** - A copy of the pamphlet, *A Brief Guide to Mold and Moisture In Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.
- Budget Counseling** - Information regarding personal financial management.

Signature of Recipient	Date
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Refusal or Unavailable Option

I certify that I attempted to deliver the following information to the dwelling listed above:

- Lead-Safe Education Energy Education Mold and Moisture Budget Counseling

If the information was delivered but a signature was not obtainable, you may check the appropriate box below.

- Refusal to Sign** — 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.
- Unavailable for Signature** — 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
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Mailing Option

I certify that I have mailed the following information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only):

- Lead-Safe Education Energy Education Mold and Moisture Budget Counseling

Signature (Agency Representative)	Print name	Date mailed
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FILL OUT AND RETURN

WEATHERIZATION SERVICE AGREEMENT

North Coast Energy Services (Contractor) agrees to install certain weatherization and energy conservation measures at no cost to the owner for the following dwelling unit(s).

SECTION 1: MUST BE COMPLETED BY APPLICANT. IF YOU ARE THE OWNER OF THE DWELLING YOU MUST ALSO COMPLETE SECTION 2 (PLEASE PRINT).

Applicant Name:	
Home Address:	Unit Number:
City/Zip:	Numero de Unidad
Mailing Address:	
Home Phone:	Work or Daytime Phone:
Telephone:	Trabajo o numero durante el dia
When is the best time to reach you? Morning _____ Afternoon _____ Evening _____	
Cuando es el mejor tiempo para llamarle? En la mañana _____ Tarde _____ Noche _____	
Applicant Signature:	Date:
Name:	Fecha:

SECTION 2: MUST BE COMPLETED BY OWNER OR OWNER'S AUTHORIZED AGENT (PLEASE PRINT).

Debera completar par el dueño

Was unit built before 1979? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is this a HUD assisted unit: YES <input type="checkbox"/> NO <input type="checkbox"/>
¿La casa construida antes de 1979? Si <input type="checkbox"/> No <input type="checkbox"/>	La casa asistido con HUD? Si <input type="checkbox"/> No <input type="checkbox"/>
Name of Owner or Owner's Authorized Agent	
Nombre del dueño	
Name of Managing Company (if applicable):	
Nombre de la compañía de manejo (si es aplicable)	
Mailing Address:	Unit Number:
Post Office Box:	Numero del apartamento
City/Zip:	
Mailing Address / Código Postal	
Home Phone:	Work or Daytime Phone:
Telephone:	Trabajo o numero durante el dia:
Signature:	Date:
Name:	Fecha:

By signing this form, the owner or owner's agent and the tenant grant the contractor permission to enter the dwelling unit and to perform or install weatherization measures, minor home repair, and/or rehabilitation including but not limited to repair or replacement of doors and windows, caulking, door thresholds, water heater blankets and pipe wrap, insulation, setback thermostat, carbon monoxide detectors, repair or replacement of inefficient or unsafe gas appliances (furnances/stoves/water heaters), and additional measures to prevent the loss of heat and reduce the amount of energy consumption to the above-described unit, and agree to the following:

The owner or owner's agent shall not raise the rent of the unit or evict the unit's resident because of the increased value of the unit due solely to weatherization measures, minor home repair, and/or rehabilitation provided by the contractor.

The owner or owner's agent and the tenant shall retain all applied measures in the residence where installed.

The tenant authorizes the contractor access to utility company records to obtain only energy usage data for a period of one year before and one year after weatherization measures, minor home repair, and/or rehabilitation are completed.

The contractor agrees to the following:

Shall be responsible for the cost of weatherization measures, minor home repair, and/or rehabilitation performed.

Shall ensure that the agency is insured and shall be responsible for damage to unit premises, furnishing, and/or resident(s) that is caused by weatherization activities, minor home repair, and/or rehabilitation.

Shall schedule weatherization services, minor home repair, and/or rehabilitation at the convenience of all parties.

Shall provide weatherization services, minor home repair, and/or rehabilitation only to tenants eligible under program requirements.

Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor Office Use Only:	DJSN	AppSN	Recert Date	Notes
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North Coast Energy Services
P.O. Box 413 Ukiah, CA 95482 Phone: 707-463-0303 Fax: 707-463-0637
CA Contractor's License #455152

THIS IS A FREE PROGRAM - - NO COST TO TENANT / HOMEOWNER

ANYONE 18 AND OVER
 THAT HAS NO INCOME MUST
 FILL THIS OUT AND

SURVEY OF INCOME AND EXPENSES SIGN IT

You are being asked to complete this form because you (or someone in your household) requested utility assistance, and it was reported that you have no proof of income. The State of California requires all adults (anyone 18 years and over) living in the household to report all sources of income. If an adult claims to have no proof of income, this form must be completed so we can understand how that person is 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
YES	NO	Do you receive any of the following (circle any that apply)		
		ANNUITY PAYMENT	PENSION	TRIBAL CASINO PAYMENTS
				RENTAL INCOME
				INSURANCE BENEFITS

If none, write below if needed (DOE only) or have someone else fill in 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:	Phone:
			Address:	
Utility Bills	\$		Name:	Phone:
			Address:	
Food	\$		Name:	Phone:
			Address:	

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.

PROFIT & LOSS STATEMENT ESTADATO de PERDIDAS y GANANCIAS

This form is for self-employed applicants only
Este formulario es solamente para solicitantes que trabajan por su cuenta propia

Name: _____

Business Name / Type of Business: _____

Address of Business: _____

City / State / Zip /
Ciudad Estado Codigo Postal _____

Telephone/Telefono: _____

Month-Year / Mes-Año:	Month-Year / Mes-Año:	Month-Year / Mes-Año:
Gross Receipts / Ingreso Bruto: \$ _____	Gross Receipts / Ingreso Bruto: \$ _____	Gross Receipts / Ingreso Bruto: \$ _____
Expenses / Gastos:	Expenses / Gastos:	Expenses / Gastos:
1. \$ _____	1. \$ _____	1. \$ _____
2. \$ _____	2. \$ _____	2. \$ _____
3. \$ _____	3. \$ _____	3. \$ _____
4. \$ _____	4. \$ _____	4. \$ _____
5. \$ _____	5. \$ _____	5. \$ _____
6. \$ _____	6. \$ _____	6. \$ _____
7. \$ _____	7. \$ _____	7. \$ _____
8. \$ _____	8. \$ _____	8. \$ _____
Total Expenses / Gastos Totales: \$ _____	Total Expenses / Gastos Totales: \$ _____	Total Expenses / Gastos Totales: \$ _____

(PLEASE NOTE: For the Gross Receipts - this is the amount before taxes or expenses)

(TENGA EN CUENTA: Para los ingresos brutos - esta es la cantidad de impuestos o gastos)

(PLEASE NOTE: Expenses listed above are for the business only - NOT the household you reside in)

(TENGA EN CUENTA: Los gastos antes mencionados son para el único negocio - no el hogar que residen en)

SIGNATURE / FIRMA _____

DATE / FECHA _____

ENERGY EDUCATION

Follow these tips to save on energy costs:

Install these energy-efficient measures:

- Replace & recycle your old refrigerator & purchase energy-efficient models. Units only 10 years old can use twice as much electricity as a new ENERGY STAR labeled model.
- Insulate ceilings to R-30 standards if your attic has less than R-19.
- Caulk windows, doors & anywhere air leaks in or out. Do not caulk around water heater and furnace exhaust pipes.
- Weather strip around windows and doors.
- Wrap heating and cooling ducts with duct wrap, or use mastic sealant.
- Install energy-saver showerheads.

When buying new appliances, be sure to purchase energy-efficient ENERGY STAR labeled models.

Set the furnace thermostat to 68 degrees or lower, and air conditioner thermostat at 78 degrees or higher, health permitting. 3 percent to 5 percent more energy is used for each degree the furnace is set above 68° and for each degree the air conditioner is set below 78°.

If your old air conditioner is on its way out, replace it with an ENERGY STAR labeled energy-efficient model.

Use compact fluorescent lamps. You can lower your lighting bill by converting to energy-efficient low-wattage compact fluorescent lighting and fixtures.

Replace old windows with new high performance dual pane windows.

Clean or replace furnace & air conditioner filters regularly, follow manufacturer's instructions.

Set the water heater thermostat at 140° or "normal". Otherwise, set it at 120° or "low". Check your dishwasher to see if you can use 120° degree water. Follow the manufacturer's direction on yearly maintenance to extend the life of your unit.

Fix defective plumbing or dripping faucets. A single dripping hot water tap/pipe can waste 212 gallons of water a month. That not only increases water bills, but also increases the gas or electric bill for heating the water.

Wash only full loads in the dishwasher & use the shortest cycle that will get your dishes clean. If operating instructions allow, turn off the dishwasher before the drying cycle, open the door and let the dishes air dry.

Defrost refrigerators and freezers before ice build-up becomes ¼ inch thick.

Install shades, awnings or sunscreen on windows facing south and/or west to block summer light. In winter, open shades on sunny days to help warm rooms.

BUDGET COUNSELING

North Coast Energy Services, Inc. and the State of California Community Services Department would like to offer you this Cash Management Worksheet. The worksheet is designed to help you better understand where your money goes each month and perhaps discover areas where your expenses can be reduced. Step by step instructions for completing the form are outlined on the back of the worksheet along with some helpful hints for reducing your monthly expenses.

STEP 1: List all of your fixed expenses (those expenses that do not change) under the appropriate heading below.

Fixed Expenses

Rent/Mortgage \$ _____
(If mortgage, include
Taxes & Insurance)

Other \$ _____
Other \$ _____
Other \$ _____
Other \$ _____

TOTAL \$ _____

Monthly Income \$ _____

(-) Fixed Expenses \$ _____

(=) Balance \$ _____

(Put this amount on the "Disposable
Income" line below)

STEP 2: List all of your Flexible Expenses under the heading below.

Flexible Expenses

PG & E \$ _____
Phone \$ _____
Water \$ _____
Medical \$ _____
Charge Accounts \$ _____
Clothing \$ _____
Transportation \$ _____
Entertainment \$ _____
Other \$ _____

TOTAL \$ _____

Disposable Income \$ _____

(-) Flexible Expenses \$ _____

(=) Balance \$ _____

THIS IS FOR YOUR USE. PLEASE DO NOT RETURN.

INSTRUCTIONS:

STEP 1: Add up your fixed expenses and subtract them from your total monthly income. This will leave you a balance.

STEP 2: Add up your flexible expenses and subtract them from the balance STEP 1. This will give you that total amount of money that you will have left over after bills each month. If your bills exceed your income or if you see that there isn't enough money set aside for your needs, proceed to STEP 3.

STEP 3: Go down your list of flexible expenses and rank them in order of importance to you (#1 being most important and #3 being least important). Look through your list of flexible expenses and reduce as many of the #3 items as you can. If you're still over your monthly income, reduce as many #2 items as you can. Continue with this procedure until your "flexible expenses total" equals or is less than your balance from STEP 1. Keep your #1 items as generous as you can since these are the items that are most important to maintaining your household.

PHONE BILL

- ◆ Apply for the phone company's reduced phone rate for low income customers.
- ◆ Write letters instead of making long distance phone calls.
- ◆ Set a monthly phone budget and do your best to live within its limits.

PG&E BILL

- ◆ **WEATHERIZE YOUR HOME**
- ◆ Practice energy conservation. Set a monthly energy conservation goal with the added bonus of reducing your energy costs.
- ◆ Follow the tips on the enclosed "Energy Education"

OTHER IDEAS

- ◆ Use your credit cards only when absolutely necessary. Make sure to set aside the money for the purchase as soon as you can. Pay the bill off as soon as you can to avoid high finance charges and a large monthly bill.
- ◆ Consult the library for more information on money management techniques.

Please share this Budget Counseling sheet with your family and friends

THIS IS FOR YOUR USE. PLEASE DO NOT RETURN