HOME ENERGY ASSISTANCE PROGRAM (HEAP)

APPLICATION PACKET

Helping Alameda County residents with paying their PG&E/Alameda Municipal Power Bill

www.SpectrumCS.org

HEAP APP

For quick processing, MAIL the completed application with REQUIRED DOCUMENTS to:

Spectrum Community Services
HEAP Program
P.O. Box 4317
Hayward, CA 94540
www.SpectrumCS.org

PLEASE DO NOT USE WHITE OUT.
HEAP Eligibility Applicant Agreement

The federal HEAP (Home Energy Assistance Program) program requires states to assist qualified low-income households. Assistance is prioritized for households with SENIORS, DISABLED PERSONS, and households with CHILDREN FIVE and UNDER. The chart below shows the gross income guidelines for this program:

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZES</th>
<th>MONTHLY GROSS INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,170.74</td>
</tr>
<tr>
<td>2</td>
<td>$2,838.66</td>
</tr>
<tr>
<td>3</td>
<td>$3,506.58</td>
</tr>
<tr>
<td>4</td>
<td>$4,174.50</td>
</tr>
<tr>
<td>5</td>
<td>$4,842.42</td>
</tr>
<tr>
<td>6</td>
<td>$5,510.34</td>
</tr>
</tbody>
</table>

2019 Monthly Gross Income Guidelines

Please remember HEAP is not an entitlement program. Spectrum also offers weatherization services to help households’ lower their utility bills. All applicants are encouraged to continue paying on their energy bill.

I understand and have read the above.

__________________________________________________________________________  __________
Signature                                Date

Questions? Please call us at 510 881-0300.
## Energy Intake Form

### Personal Information
- **First name:**
- **Last name:**
- **Date of Birth:** MM/DD/YY
- **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?** ☐ Yes ☐ No
- **Is your service address the same as mailing address?** ☐ Yes ☐ No
- **Social Security Number:**
- **Telephone Number:** (-)
- **E-mail Address:**

### Household Information
#### People Living in Household
- **Enter the total number of people living in the household, including yourself:**

#### Demographics: Enter the number of people in the household who are:
- 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

#### Income
- **Enter the total gross monthly income for all people living in the household:**

#### Household Total Monthly Gross 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.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relation to Applicant</th>
<th>Date of Birth MM/DD/YY</th>
<th>Amount of Gross Monthly Income (Before Taxes and Deductions)</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Household Total Monthly Gross Income: $**

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? ☐ Yes ☐ 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 #: ___________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your utility service shut-off?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a past due notice?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are your utilities included in rent or submetered?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are your utilities all electric?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your Natural Gas Company the same as your Electric Company?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

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 ***  

<table>
<thead>
<tr>
<th>Fire</th>
<th>Date</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility Assistance being provided under which program</td>
</tr>
<tr>
<td>Base Benefit $_______</td>
</tr>
<tr>
<td>Total Energy Cost $_______</td>
</tr>
<tr>
<td>Energy Services Restored after disconnection: [ ] Yes [ ] No</td>
</tr>
<tr>
<td>Home Referred for WX: [ ] Home Already Weatherized: [ ]</td>
</tr>
</tbody>
</table>
ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

<table>
<thead>
<tr>
<th>Account Holder’s Full Name</th>
<th>Unit Number (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Holder’s mailing address (Street)</td>
<td>State</td>
</tr>
<tr>
<td>(City)</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

Is the utility service address the same as the account holder’s mailing address?  ☐ Yes  ☐ No

Full Name of Applicant for Benefits (from Form 43)

Utility Service Address (Street)  Unit Number (if any)

(City)  State  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.

<table>
<thead>
<tr>
<th>Name of Utility Company</th>
<th>Service Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Utility Company (if you have a second Utility Company)</td>
<td>Service Account Number</td>
</tr>
</tbody>
</table>

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 |

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
Home Energy Assistance Program

Please remember to submit:

1. **YOUR APPLICATION**

2. **COMPLETE PG&E or ALAMEDA MUNICIPAL BILL** must be within 30 days, please include your 15-day, 48-hour, or Shut-off notice if you have one.
   
a) **PROOF OF INCOME**—within the last 30 days, payroll checks (if weekly=4; biweekly=2)
   
b) Identification and Social Security Card
   
c) **SSI/SSA**—2019 Award Letters, bank statements, Treasury deposit, or copy of SSI/SSA
   
d) **EDD**—Last 4 weeks of pay stubs or payment history
   
e) **GA (General Assistance)**—Cal-Learn, CalWORKS, Food Stamp notice of action letter or printout within the last 30 days
   
f) **Loans**—If you are receiving help from friends and relatives, (if it is monthly, we will need a signed letter with the specific amount, dates, and telephone number).
   
g) **Self-employed**—We will need signed taxes (all pages on the bottom signed) with the Schedule C, or Ledger, or Receipt book with the last 30 days.
   
h) **Pensions, Annuities and IRA's**—We will need the Award Letter for the last 30 days or Lifetime Award Letter.

**PROOF OF DISABILITY** *(at least one of following):*

   a) **SSI/SSA**—Award letter 2019
   
b) Physician’s statement letter
   
c) EDD letter indicating disability and payment history
   
d) DMV Placard with letter stating disability

**HOUSEHOLD MEMBER OVER 60** *(at least one of following):*

   a) **ID card**
   
b) **Insurance card**
   
c) **Birth Certificate**

**CHILDREN 5 AND UNDER** *(at least one of following):*

   a) **Birth Certificate**
   
b) **Immunization record**
   
c) **Insurance Card with birthdate**
   
d) **Medical Record with birth date**
<table>
<thead>
<tr>
<th>Name of Occupant</th>
<th>Age of Dwelling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Dwelling</td>
<td></td>
</tr>
</tbody>
</table>

## 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*, 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

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

## Self-Certification Option

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

- **Lead-Safe**
- **Energy**
- **Mold/Moisture**
- **Budget Counseling**
- **Radon**

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

### Refusal to Sign

- **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

- **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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

### Mailing Option:

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):

- **Lead-Safe**
- **Energy**
- **Mold/Moisture**
- **Budget Counseling**
- **Radon**

### Date mailed

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>
Budget Counseling Form

Why a budget?

A budget is a spending plan that makes your aware of where your money is going and what is important to you. This is a one-month budget plan to give you an example of how to spend your money. Please fill out the budget information below so you can see for yourself where your money goes.

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Monthly Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Gross Income (Before Taxes)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rent / Mortgage</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly Net Income (Minus taxes)</td>
<td>Food</td>
</tr>
<tr>
<td></td>
<td>Water</td>
</tr>
<tr>
<td>Total Income</td>
<td>Telephone</td>
</tr>
<tr>
<td></td>
<td>Garbage</td>
</tr>
<tr>
<td></td>
<td>Gas</td>
</tr>
<tr>
<td></td>
<td>Electric</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

=

Income

Expense

Remaining Funds $
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
- ANNUITY PAYMENT
- PENSION
- TRIBAL CASINO PAYMENTS
- RENTAL INCOME
- INSURANCE BENEFITS

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:

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>MONTHLY COST</th>
<th>HOW HAS THE EXPENSE BEEN PAID?</th>
<th>IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or Mortgage</td>
<td>$</td>
<td>Name: _________________________</td>
<td>Phone: ________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address: _____________________</td>
<td></td>
</tr>
<tr>
<td>Utility Bills</td>
<td>$</td>
<td>Name: _________________________</td>
<td>Phone: ________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address: _____________________</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td>Name: _________________________</td>
<td>Phone: ________________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address: _____________________</td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________
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:

<table>
<thead>
<tr>
<th>Name and Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

**Section 1: Do you have sources of income you forgot to report?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the previous month have you been employed part time?</td>
<td></td>
</tr>
<tr>
<td>During the previous month have you been self-employed?</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>During the previous month did you receive any of the following: (circle any that apply)</td>
<td></td>
</tr>
<tr>
<td>WORKER’S COMP</td>
<td>UNEMPLOYMENT</td>
</tr>
<tr>
<td>ANNUITY PAYMENT</td>
<td>PENSION</td>
</tr>
</tbody>
</table>

**Section 2: Are you spending your savings or borrowing money to cover monthly expenses?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you using savings or a home equity loan?</td>
<td></td>
</tr>
<tr>
<td>How much?</td>
<td></td>
</tr>
<tr>
<td>Are you using some other asset?</td>
<td></td>
</tr>
<tr>
<td>How much?</td>
<td></td>
</tr>
<tr>
<td>Are you borrowing from credit cards?</td>
<td></td>
</tr>
<tr>
<td>How much?</td>
<td></td>
</tr>
<tr>
<td>Are you borrowing from some other source?</td>
<td></td>
</tr>
<tr>
<td>How much?</td>
<td></td>
</tr>
</tbody>
</table>

**Section 3: Please tell us how you paid these monthly expenses during the previous months:**

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>MONTHLY COST</th>
<th>HOW HAS THE EXPENSE BEEN PAID?</th>
<th>IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or Mortgage</td>
<td>$</td>
<td>Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Utility Bills</td>
<td>$</td>
<td>Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td>Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

**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: |
Energy Tips

INSTALL THESE ENERGY-EFFICIENT MEASURES

- Replace your old refrigerator, washer/dryer, and dishwasher with energy-efficient models. Energy Star®
- Buy a water heater that fits your needs.
- Insulate ceilings.
- Caulk windows, doors and 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.
- Use Light Emitting Diode (LED) light bulbs.

HEATING

- Set the furnace thermostat at 68 degrees or lower during the day.
- Health permitting set thermostat at 55 ° at night or off.
- Have a professional inspect and tune up your furnace.
- Clean or replace furnace filters once a month.
- Check air vents, radiators, and registers.
- Wear a sweater or clothing in layers to trap body heat.
- Open drapes to let sun heat your home during the day and close them at night to help insulate.
- Close off unused rooms and vents that heat those rooms.
- Close your fireplace damper tightly when not in use.
- Close doors and windows.
- Replace old windows with new dual pane windows.
- Never use the kitchen stove, oven or BBQ to heat your home.
COOLING

- Set the thermostat at 78 degrees in summer or off.
- Use a fan and natural ventilation first.
- Wear cooler clothing.
- Window coverings should be closed during the day in summer to keep the heat out.

WATER

- Buy a water heater that is sized for your household needs. Energy Star®
- Turn down the water heater thermostat to 120° F.
- Insulate your water heater tank.
- Install low-flow showerheads.
- Take shorter showers.
- Fix leaky water faucets and install low-flow aerators on the faucets.
- Wash full loads in your dishwasher and use air-dry option on your dishwasher.
- Wash full loads and use cold water when washing clothes.
- Dry clothes outside in good weather.
- Turn off the lights.
- Close off rooms and vents in those rooms not in use.
- Unplug power adapters and chargers.

For information on our programs, or to download our HEAP application, please visit our web site: www.SpectrumCS.org or please contact us at 510-881-0300.

Follow us on Facebook @SpectrumCommunityServicesinc or on Twitter @Spectrum_CS.