

FREE Weatherization Services for eligible households



Spectrum's Weatherization Program provides free Weatherization Services that can reduce energy costs and improve the health & safety of homes.

The Weatherization Program includes multiple *mandatory* appointments:

1. ASSESSMENT of the household with walk-through appointment(s).
 2. INSTALLATION of energy efficiency measures by Spectrum staff and/or subcontractors.
 3. INSPECTION of work completed by Spectrum staff and/or subcontractors. This may include City/State final building permit inspections, etc.
-

Weatherization can provide

- Heater Replacement
- Water Heater Replacement
- Attic, Floor, Wall Insulation
- Window & Exterior Door Repair or Replacement
- Low-flow Showerheads & Faucet Aerators
- Fridge Replacement
- Range Replacement
- Weather-Stripping
- Energy-Saving Light Bulbs
- Smoke & Carbon Monoxide Alarms
- Microwave
- Dishwasher
- Clothes Washer & Clothes Dryer

Weatherization does not provide

- Mold & Moisture, Asbestos, Pest, and Lead Abatement
- Structural Improvements
- Electrical
- Plumbing
- Carpentry
- Solar Panels

Please seek other professional assistance if you are seeking these services.

Required Documents for Weatherization

Your application **must** include the following:

1. **Complete** application forms
 - Tenants (renters): property owner/manager must sign the paperwork.
 - Properties held in a trust: Trustees must provide paperwork showing they are authorized by the trust.
 - Mobile homes: copy of current mobile home registration is required.
2. Make **copies** of the Required Documents. **Originals will not be returned.**
3. Submit the **completed** application and ***all*** Required Documents by mail.

Mail your completed application to:

**Spectrum Community Services
Weatherization
PO Box 4317
Hayward, CA 94540**

SpectrumCS.org | 510-881-0300

Weatherization Program Policies



IMPORTANT: We can only proceed with dwellings that are in good condition and not under or in need of major remodeling/repairs (e.g. leaky roof/ceiling, filled with clutter/trip hazards, severe mold).

If the policies below are not met, we cannot proceed with our no-cost Weatherization Program work.

1. Respond to phone messages in regards to appointment scheduling, be available by phone on the day of appointments; allow for follow-up appointments and inspections and photo documentation (if necessary).
2. Allow for scheduling availability during weekdays (only) and 18-year-old or older present during all appointments.
3. Allow workers access to home appliances (hot water heater, furnace, refrigerator, stove, microwave, washer, dryer, etc.), attic, and crawlspace/basement (if applicable) – with minimal clutter.
4. Personal belongings in the attic and/or crawlspace/basement must be cleared and, if required, owner/manager must be present to provide access to the hot water heater and furnace.
5. Workers must have suitable access to the outside area for trucks and other equipment.
6. Children and pets must be kept out of the way of workers and equipment at all times.
7. The yard should be free of debris, the roof have no water leaks, the house have no major structural issues, and - in some cases – the client and/or landlord have the asbestos, pest infestation, and/ or mold be abated by a licensed certified contractor while providing Spectrum with that certification.
8. If any illegal substance is used on the premises, workers will walk away from the job.
9. Spectrum is not responsible for any damage to personal items in the normal course of work if the above policies are not met.

Spectrum Weatherization NO-SHOW Policy

Spectrum's Weatherization Program provides a range of free weatherization services to qualified clients. In order for Spectrum to abide by our contractual obligations and to meet the weatherization needs of all applicants, clients must not fail to make scheduled appointments (no-show). No-shows include – but are not limited to – multiple unreturned phone calls, failure to answer the door during a scheduled appointment, cancellation of work the day of an appointment, or anything that prevents the Weatherization crew or subcontractors from completing their scheduled work.

Clients who miss **THREE (3)** scheduled Weatherization appointments or fail to respond to three scheduling phone call attempts, shall have their Weatherization Program file closed.

Frequently Asked Questions

What is LIHEAP?

LIHEAP is a federally-funded program that helps households experiencing low income with payment assistance for electricity and/or natural gas costs. LIHEAP can also help with free home weatherization services for eligible households.

How does LIHEAP help me?

LIHEAP can provide a one-time per calendar year payment assistance benefit, in the form of a direct payment from the State of California, to a benefitted applicant's electricity and/or natural gas utility provider.

Am I eligible for a LIHEAP benefit?

Eligibility is based on the applicant household's total gross monthly income, which cannot exceed the LIHEAP gross income guidelines. Additionally, Federal law requires that LIHEAP funds go to households with low incomes and high energy costs, prioritizing households with seniors (60+ years of age), persons with disabilities, and/or children ages five and under.

SPECIAL NOTICE FOR 2026

Due to limited funding and a high demand for LIHEAP, a priority plan is in effect to serve those with the most critical need. We encourage you to apply but *cannot guarantee assistance* even if you meet the income eligibility guidelines.

2026 Income Limits

Household Size	Gross Monthly Income Limit
1	\$3,331.66
2	\$4,356.83
3	\$5,382.00
4	\$6,407.16
5	\$7,432.25
6	\$8,457.41
7	\$8,649.66
8	\$8,841.83
9	\$9,034.08
10	\$9,226.25

EXCEPTION: Households with at least one person currently receiving **CalFresh** and/or **CalWORKs** are exempt from the income limits. Proof of CalFresh and/or CalWORKs required.

Due to limited funding and high demand, a priority plan is in effect. Some income-eligible households may be denied.

Larger print needed?



SpectrumCS.org



LIHEAP

Low Income Home Energy Assistance Program

*Available to
Alameda County residents*

Apply via...

CALIHEAPApply.com

— or —

Mail:

Spectrum Community Services
LIHEAP
PO Box 4317
Hayward, CA 94540-4317



510-881-0300



SpectrumCS.org

REQUIRED DOCUMENTS

Your application must include the following:

1. Intake form
2. Applicant's photo ID (copy)
3. Current energy bill (copy)
4. Household's income documents (copies)

Original documents will not be returned.

US GOVERNMENT-ISSUED PHOTO ID

*Expired ID acceptable 1 year past expiration
Seniors 60+ need not meet expiration requirement*

PROOF OF ENERGY COSTS

Most recent electricity + gas bill(s)

PROOF OF INCOME

See list of income documents

NO INCOME?

Households that do not or cannot provide proof of income must complete form Certification of Income & Expense (included with application).

Not required if your household provides documentation for income (including current CalFresh verification).

INCOME DOCUMENTS

*Must be **issued within 30 days** of your application.*

*ONLY SEND **COPIES**.*

<u>Type of Income</u>	<u>Required Document Options</u>
Employment/ Wages/ Earned Income (18+ only)	Paycheck stubs for <u>one month</u> or letter/printout from employer with gross amount and time period.
SSA/SSDI, SSI/SSP, Veteran's Benefits	Check/bank statement (showing direct deposit), or award letter.
Pensions, Annuities, IRAs	Lifetime award letter, or check stub, or current award letter.
CalFresh, CalWORKs, GA <i>EBT cards not accepted</i>	Notice of Action, or verification letter, or printout summary, or check/bank statement (direct deposit).
Workers Comp., Disability, Unemployment	Check stub, or benefit printout, or award letter.
Child/Spouse/ Individual Support	Court document, or check, or <u>signed & dated</u> statement from payer of support.
Self-Employment <i>Includes Uber, Lyft, DoorDash, etc.</i>	<u>Signed & dated</u> 1040 form (most recent) + Schedule 1 + Schedule C, or ledger/journal (one month).
Other	Written statement for odd jobs with dollar amounts & dates, current receipts for recycled materials.

Additional Resources

ENERGY PROVIDERS IN ALAMEDA COUNTY

Pacific Gas & Electric Company (PG&E)

PGE.com ♦ 800-743-5000

Save money with these programs:

- CARE/FERA
- Medical Baseline
- REACH
- Green Saver Program
- Arrearage Management Plan

Alameda Municipal Power

(City of Alameda residents only)

AlamedaMP.com ♦ 510-748-3900

Save money with these programs:

- Project EASE
- Energy Assistance Program (EAP)

Ava Community Energy

AvaEnergy.org ♦ 833-699-3223

Spectrum's other programs for Alameda County seniors (60+)

Seniors Meals	In-person meals across Alameda County.
Meals on Wheels	Home-delivered meals in Dublin, Livermore, Pleasanton, and Sunol.
Fall Prevention	Virtual & in-person classes across Alameda County to reduce/prevent falls.

510-881-0300

SpectrumCS.org



WEATHERIZATION SERVICE AGREEMENT

Spectrum Community Services (Contractor) agrees to install certain weatherization and energy conservation measures at no cost to the owner for the following dwelling unit(s). See reverse side for instructions

SECTION 1: MUST BE COMPLETED BY THE APPLICANT. *If you are the Owner of the dwelling, you must also complete Section 2.*
SECCIÓN 1: DEBE SER COMPLETADA POR EL APLICANTE. *Si usted es el Dueño de la vivienda, también complete la Sección 2.*

Applicant Name: Nombre del Apicante:		Do you own or rent your home? ☐ Own ☐ Rent ¿Es Propietario o Alquila? ☐ Propietario ☐ Alquilo	
Street Address: Domicilio:	Unit #: # de Unidad:		
City/ZIP Code: Ciudad/Código Postal:			
Home Phone: Teléfono:	Work or Daytime Phone: Número durante el día o de trabajo:		
When is the best time to reach you? ¿Cuándo es el mejor tiempo para llamarle?	☐ Morning ☐ Mañana	☐ Afternoon ☐ Tarde	☐ Evening ☐ Noche

X

Applicant's Signature / Firma del Apicante

Date / Fecha

SECTION 2: MUST BE COMPLETED BY THE OWNER OR OWNER'S AUTHORIZED AGENT *(please print)*
SECCIÓN 2: DEBE SER COMPLETADA POR EL DUEÑO O PROPIETARIO *(favor de escribir en molde)*

Was the unit built before 1978? ☐ Yes ☐ No	Is this a HUD-assisted unit? ☐ Yes ☐ No
Name of Owner or Owner's Authorized Agent: Nombre del Dueño o /Agente Autorizado:	
Name of Managing Company (if applicable): Nombre de la Compañía Encargada (si es aplicable):	
Mailing Address: Domicilio:	Unit #: # de Unidad:
City/ZIP Code: Ciudad/Código Postal:	E-Mail Address: Correo Electrónico:
Home Phone: Teléfono:	Work or Daytime Phone: Número durante el día o de trabajo:

X

Owner's or Agent's Signature / Firma del Dueño o Propietario

Date / 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, mechanical ventilation, repair or replacement of inefficient or unsafe gas appliances (furnaces/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:

1. I hereby release and pledge to hold harmless the Contractor, its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
2. 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.
3. The owner or owner's agent and the tenant shall retain all applied measures in the residence where installed.
4. 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:

1. Shall be responsible for the cost of weatherization measures, minor home repair, and/or rehabilitation performed.
2. 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.
3. Shall schedule weatherization services, minor home repair, and/or rehabilitation at the convenience of all parties.
4. Shall provide weatherization services, minor home repair, and/or rehabilitation only to tenants eligible under program requirements.
5. 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.

Spectrum Community Services

PO Box 4317, Hayward, CA 94540 | 510-881-0300 | SpectrumCS.org
 CSLB # 626275

WEATHERIZATION SERVICE AGREEMENT INSTRUCTIONS:

Before assessing a home or unit for Weatherization Services and installation of energy conservation measures, the Applicant **AND** Property Owner/Owner's Authorized Agent must sign the agreement on the reverse side of this page. There is no cost to the owner or the applicant. This is a FREE service. After Spectrum Community Services receives the signed agreement, the Applicant will be contacted for an appointment for assessment of the home or unit.

Section 1 is to be completed by the **Applicant**. If the applicant is the owner of the dwelling, Section 2 must also be completed:

- Enter the applicant's name, address and phone number.
- Mark the best time of day that you can be reached.
- The signature must be the applicant's.

Section 2 is to be completed by the **Owner** or **Owner's Authorized Agent**:

- If the dwelling was built before 1978 check yes. If the dwelling was built in 1978 or later check no.
- If the dwelling is a HUD assisted unit check yes. If the dwelling is not a HUD assisted unit check no.
- Enter the owner or authorized agent's name, address and phone number.
- The signature must be the Owner or Authorized Agent's.

The front of this form contains binding contractual terms and conditions. It is recommended you fully understand said terms and conditions upon signing.



INSTRUCCIONES PARA EL CONTRATO DE SERVICIOS DE INSULACIÓN:

Antes de asesorar la vivienda o unidad para Servicios de Insulación y medidas de eficiencia de energía, el aplicante **Y** el dueño o propietario deben de firmar el contrato al reverso de la página. Este servicio es GRATIS para dueños e inquilinos. Después de recibir el contrato firmado, Spectrum Community Services se comunicará con el aplicante para hacer una cita para la inspección de la vivienda.

Sección 1 debe ser completada por el **Aplicante**. Si el aplicante es el dueño, también debe completar Sección 2:

- Imprima el nombre, domicilio, y número de teléfono del aplicante.
- Apunte el mejor tiempo durante el día para llamarle.
- La firma debe ser del aplicante.

Sección 2 debe ser completada por el **Dueño** o **Propietario**:

- Si la casa fue construida antes del 1978, indique sí. Si la casa fue construida en 1978 o después, indique no.
- Si la casa fue financiada por el programa de HUD, indique sí. Si la casa no fue financiada por el programa de HUD, indique no.
- Imprima el nombre, domicilio y número de teléfono del Dueño o Propietario.
- La firma debe ser del Dueño o Propietario.

El dorso de este formulario contiene términos y condiciones contractuales. Se le recomienda que tenga completo entendimiento de dichos términos y condiciones antes de firmar.



The Low Income Home Energy Assistance Program (LIHEAP) provides a one-time per calendar year payment assistance benefit to a benefitted applicant's home energy bill. Please complete both sides of this form to apply for LIHEAP.

Due to limited funding and high demand, a priority plan is in effect. Income-eligible households may be denied for LIHEAP.

First Name:			Middle Initial:			Last Name:																							
Mailing Address:						Unit Number:		Do you own or rent your home? ☐ Own ☐ Rent																					
Mailing City:			Mailing County:			Mailing State:		Mailing ZIP Code:																					
Service Address (where applicant lives): ☐ Same as above (Do not use PO Box)								Unit Number:																					
Service City:			Service County: ALAMEDA			Service State: CALIFORNIA		Service ZIP Code:																					
Have you lived at this service address during the past 12 months? ☐ Yes ☐ No			E-mail Address:			Home Phone: Mobile Phone:		Best time to reach you? ☐ Morning ☐ Afternoon ☐ Evening																					
Text messages okay? ☐ Yes ☐ No																													
Applicant's Social Security Number					Applicant's Date of Birth																								
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Income Total number of persons in your household receiving income: Does anyone in your household currently receive CalFresh? ☐ Yes ☐ No					Household Information Total number of persons living in your household (including you): Enter the number of people in your household who are:																								
Enter the total GROSS monthly income for all persons living in your household. <u>You must send copies of all income documents.</u>					Enter the number of people in your household who are:																								
Employment \$ _____ SSA/SSDI/SSI/SSP/CAPI, Veteran's Benefits \$ _____ Pensions/Annuities/IRAs \$ _____ TANF/CalWORKs/GA/GR \$ _____ Worker's Comp., Disability, Unemployment \$ _____ Child/Spouse/Individual Support \$ _____ Self-Employment \$ _____ Other \$ _____ TOTAL \$ _____					0-2 years old _____ 3-5 years old _____ 6-18 years old _____ 19-59 years old _____ 60-69 years old _____ 70+ years old _____ Disabled _____ Native American _____ Limited English _____ Farm Worker _____																								
					Energy Bill Information Which energy bill should receive your LIHEAP benefit? ☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene Company Name: _____ Account Number: _____ Are you the account holder? ☐ Yes ☐ No Are your utilities included in rent or sub-metered? ☐ Yes ☐ No																								
					What is the <u>main</u> fuel you use to HEAT your home? (select only one) ☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene																								
					What is the <u>secondary</u> fuel (if any) to HEAT your home? (select all that apply) ☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene																								
					Electric Service Are ALL your utilities electric? ☐ Yes ☐ No Is your electricity shut off? ☐ Yes ☐ No																								
					Natural Gas Service Is your gas company the same as your electric company? ☐ Yes ☐ No Is your natural gas shut off? ☐ Yes ☐ No																								
					Propane, Wood, Fuel Oil Service Are you currently out of fuel? ☐ Yes ☐ No Approximately how many days until you run out of fuel? _____ days																								
Internal use: Received by _____ Intake Date _____ Certification Date _____					Revised: 11.05.25 Discontinuation of energy services prevented? Yes / No Energy service restored after disconnection? Yes / No																								

HOUSEHOLD MEMBERS

Complete the fields below for all household members. Please list information for more than 7 household members on a separate paper.

	First Name, Middle Initial, Last Name	Relation to Applicant	Date of Birth	Gross Monthly Income	Source of Income	Sex	Race	Ethnicity
1.		APPLICANT				☐ Female ☐ Male ☐ Unknown/ Decline to state	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Multi-Race ☐ Other ☐ Native Hawaiian or Pacific Islander ☐ Unknown/Decline to state	Hispanic/Latino? ☐ Yes ☐ No ☐ Unknown/ Decline to state
Have you or someone in your household served in the United States military? ☐ Yes, I have served ☐ No ☐ Decline to state ☐ Yes, I am the spouse, legal partner, parent, or child of a person who served in the United States military ☐ I CONSENT to this agency and CSD transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I or my family may be eligible. I understand that this consent is valid for 12 months. Witness consent given if the applicant on record is a minor. ☐ I DO NOT CONSENT								
2.						☐ Female ☐ Male ☐ Unknown/ Decline to state	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Multi-Race ☐ Other ☐ Native Hawaiian or Pacific Islander ☐ Unknown/Decline to state	Hispanic/Latino? ☐ Yes ☐ No ☐ Unknown/ Decline to state
3.						☐ Female ☐ Male ☐ Unknown/ Decline to state	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Multi-Race ☐ Other ☐ Native Hawaiian or Pacific Islander ☐ Unknown/Decline to state	Hispanic/Latino? ☐ Yes ☐ No ☐ Unknown/ Decline to state
4.						☐ Female ☐ Male ☐ Unknown/ Decline to state	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Multi-Race ☐ Other ☐ Native Hawaiian or Pacific Islander ☐ Unknown/Decline to state	Hispanic/Latino? ☐ Yes ☐ No ☐ Unknown/ Decline to state
5.						☐ Female ☐ Male ☐ Unknown/ Decline to state	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Multi-Race ☐ Other ☐ Native Hawaiian or Pacific Islander ☐ Unknown/Decline to state	Hispanic/Latino? ☐ Yes ☐ No ☐ Unknown/ Decline to state
6.						☐ Female ☐ Male ☐ Unknown/ Decline to state	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Multi-Race ☐ Other ☐ Native Hawaiian or Pacific Islander ☐ Unknown/Decline to state	Hispanic/Latino? ☐ Yes ☐ No ☐ Unknown/ Decline to state
7.						☐ Female ☐ Male ☐ Unknown/ Decline to state	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Multi-Race ☐ Other ☐ Native Hawaiian or Pacific Islander ☐ Unknown/Decline to state	Hispanic/Latino? ☐ Yes ☐ No ☐ Unknown/ Decline to state

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.

*LIHEAP/DOE Intake Form (Rev. 05/2025)

Applicant's Signature

Date

Witness's Signature (if signed with an X)

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.



The State of California requires LIHEAP applicants to report all sources of income for their household. **Applicants must complete this form when their household does not have any sources of income to report or they cannot provide proof of a particular source of income.** This form helps to understand how your household is meeting its expenses. Complete all information below:

Applicant's Name: _____

Applicant's Address: _____

Section 1: Does your household have sources of income you forgot to report?

YES	NO	Has anyone been employed during the previous 30 days?				
YES	NO	Has anyone been self-employed during the previous 30 days?				
YES	NO	Did anyone receive money for any work that was performed and paid in cash without a receipt during the previous 30 days? (ex: yard work, childcare, donating blood, etc.)				
YES	NO	Has anyone received any gifts of money during the previous 30 days?				
YES	NO	Has anyone received any of the following during the previous 30 days? (circle all that apply)				
		WORKERS COMPENSATION	UNEMPLOYMENT INSURANCE	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT	
YES	NO	Has anyone received any of the following during the previous 30 days? (circle all that apply)				
		ANNUITY	PENSION	TRIBAL CASINO PAYMENTS	RENTAL PROPERTY INCOME	INSURANCE BENEFITS

Section 2: Is your household spending savings or borrowing money to cover monthly expenses?

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

YES	NO	Is anyone using savings or a loan? If yes, how much? \$ _____
YES	NO	Is anyone using some other asset? If yes, how much? \$ _____
YES	NO	Is anyone using a credit card, line of credit, etc.? If yes, how much? \$ _____
YES	NO	Is anyone borrowing from some other source? If yes, how much? \$ _____

Section 3: What was the source of money used to pay these monthly expenses during the previous months?

Expense	Monthly Cost	Source of money used to pay cost (ex: employment, savings, SSI, etc.)	If someone outside of the household pays, 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 your household, explain how your household's expenses were paid:

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.

Applicant's Signature

Date

Department of Community Services and Development**Account Holder Authorization and Consent Form**

CSD Form 081 (Rev. 12/17)

Only required when the
LIHEAP applicant is not the
energy utility account holder

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? ☐ Yes ☐ 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 Spectrum Community Services, Inc.
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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