

DOCUMENTS NEEDED FOR THE UTILITY ASSISTANCE & WEATHERIZATION PROGRAMS

(800) 999-5584 - (951) 955-6448

- **CURRENT BLUE GAS BILL** (showing 22+ days of usage)
- **CURRENT ELECTRIC BILL** (showing 22+ days of usage)
- **ANY DISCONNECTION NOTICES** or **URGENT NOTICES**
- **INCOME FOR EVERYONE IN THE HOUSEHOLD** (the last 4-weeks)
 - **Paycheck stubs**
 - **SSI or SSA Award letter**
 - **Current bank statement showing direct deposit only for SSI, SSA, TANF or Pension**
 - **Unemployment check stubs**
 - **Current TANF Notice of Action**
 - **Child support receipts**
 - **Alimony – spousal support**
 - **Disability insurance payments**
 - **Job paid in cash**
- **CURRENT - VALID PICTURE I.D.**
- **SOCIAL SECURITY CARD**
- **PROOF OF U.S. CITIZENSHIP**
(one of the following)
 - **U. S. Birth Certificate**
 - **Current U.S. Passport**
 - **Valid Permanent Resident Alien Card**
 - **Certificate of Naturalization or Citizenship**
 - **Military DD2-14 Form (showing applicant's place of birth)**
 - **Military I.D. (showing applicant's place of birth)**
 - **Baptism Certificates (showing applicant's place of birth)**



NO DOCUMENT WILL BE ACCEPTED AS PROOF OF CITIZENSHIP UNLESS IT CLEARLY SPECIFIES PLACE OF BIRTH IN THE USA OR SHOWS PROOF OF CURRENT LEGAL IMMIGRATION STATUS

- **DOCUMENT REQUIRED FOR WEATHERIZATION ONLY:**
CSD-515 – Master Rental Agreement (if you are a renter)

**TO BETTER SERVE YOU, THESE DOCUMENTS ARE REQUIRED FOR
THE UTILITY PAYMENT ASSISTANCE AND WEATHERIZATION
PROGRAMS
– THANK YOU –**



COMMUNITY ACTION PARTNERSHIP OF RIVERSIDE COUNTY *Helping People. Changing Lives.*

PROGRAMS

ENERGY

Utility Assistance
(951) 955-6448
(951) 955-6478
1-800-999-5584

Weatherization
(951) 955-6418

DISPUTE RESOLUTION CENTER

Mediation
Arbitration
(951) 955-4903

ASSET BUILDING

Earned Income Tax Credit

Inland Empire Individual
Development Accounts
(IE.IDA)
(951) 955-3571

Project BLISS
Family Development
(951) 955-4900

YOUTH PROGRAMS

Pre-Apprenticeship
(951) 955-3220

Riverside County Mentoring
Collaborative Hotline
1-888-MENTOR or
1-888-636-8676

PLANNING

Research & Development
The Training Institute
(951) 955-3220

FISCAL

(951) 955-6461

FIELD OFFICES

Blythe
(760) 921-5080
Indio
(760) 863-7246
Hemet
(951) 791-3567

Maria Juarez
Executive Director

LIHEAP / WEATHERIZATION PROGRAMS

You may qualify for utility assistance through the LIHEAP program and also for no-cost Weatherization of your home or rental unit. Eligibility for these programs requires that you **first** meet the income guidelines (see attached income guidelines to determine if your **total household income** meets the requirements.) Final eligibility is determined only after receipt of the completed application and required documents.

To apply for assistance, you must complete the attached application. Print clearly utilizing an ink pen. Do not use a pencil. Include the following documents with your application:

- **Copies of current gas and electric bill showing last 4-weeks of usage. (No opening, closing, or outdated utility bills.)**
- **Proof of all household income, covering the past 4 weeks.**
- **Proof of citizenship (birth certificate, resident card, etc.)**
- **Social Security card & photo I.D.**
- **For renters: If utilities are included in rent, you need to provide a rental agreement.**
- **Statement of Citizenship form completed and signed**
- **Application Form completed and signed (both included in this packet.)**

Incomplete or unsigned applications will delay the process. Completed applications will be compared with those of other applicants to determine the greatest need based on the following criteria:

- Household income.
- Number and age of individuals in the household.
- Total monthly energy costs (gas, electricity, wood, propane & oil.)
- Frail, elderly and life-threatening (medical proof required) conditions.

Utility assistance is provided one time per program year. Funding is limited. Not all income-qualified individuals will be assisted. Customers (excluding seniors and disabled), who have been assisted for three prior years will not be assisted for a fourth year. If an applicant qualifies, the application process, from receipt of application to payment, takes approximately 6 to 8 weeks.

**YOU MUST CONTINUE TO PAY YOUR BILL DURING
APPLICATION REVIEW**



Address: 2038 Iowa Avenue, Suite B102, Riverside, CA 92507
P.O. Box 5760, Riverside, California 92517-5760
Phone: (951) 955-4900 1-800-511-1110
Fax: (951) 955-0944 TTY: (951) 955-5126

Department of Community Services and Development

Energy Intake Form

CAP-Riverside-43 (Rev. 03/18/2011)

1	1							0	0	0	0				
PRIORITY POINTS				A.C.C.											
Job Control Code:															

Utility Assistance:				Weatherization:			
<input type="checkbox"/> HEAP	<input type="checkbox"/> Fast Track	<input type="checkbox"/> Supplement	<input type="checkbox"/> DOE	<input type="checkbox"/> DOE ARRA	<input type="checkbox"/> LIHEAP WX	<input type="checkbox"/> ECIP HCS	

Agency: CAP Riverside Intake Initials: Intake Date: / / Eligibility Cert Date: / /
 60073

APPLICANT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH					
			M	M	D	D	Y	Y

MY MAIDEN NAME AND/OR OTHER NAMES BY WHICH I HAVE BEEN KNOWN ARE:	FIRST NAME	LAST NAME

MAILING ADDRESS <input type="checkbox"/> Check if same as service address	UNIT NUMBER
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MAILING CITY	MAILING COUNTY	MAILING STATE	MAILING ZIP CODE
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SERVICE ADDRESS (Do not use P.O. Box)	UNIT NUMBER
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SERVICE CITY	SERVICE COUNTY	SERVICE STATE CA	SERVICE ZIP CODE
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SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 TELEPHONE NUMBER ()

Which utility company do you want paid?	Account Number:	Name of customer on the utility bill:

UTILITY BILL DISCOUNT: You may be eligible for a discount on your monthly energy cost for each utility company's reduced rate program. Contact your utility for information.

Check here if utilities are included in the rent or sub-metered

HAVE YOU APPLIED FOR HEAP? YES NO

IF **YES**, ENTER DATE OF MOST RECENT APPLICATION / /

PEOPLE LIVING IN HOUSEHOLD:

Enter the **total** number of people living in the household, including the applicant:

Enter the **number** of people who are:

2 years old or younger	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59 (Adult)	
Ages 60 or older (Elderly)	
Disabled	
Native American	
Limited-English Speaking	
Seasonal or Migrant Farmworker	

INCOME:

How many household member receive income:

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

TANF	\$
SSI/SSP	\$
SSA	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
TOTAL INCOME	\$

FOR OFFICIAL USE ONLY:

Energy Cost:

Energy Burden:

%

Total Billing Days (primary bill):

LIST EVERY ONE INCLUDING YOURSELF WHO CURRENTLY LIVE IN TH THE SAME DWELLING (If no one else, write NONE under your name). ALL H/H MEMBERS 18 AND OLDER MUST PROVIDE PROOF OR INCOME OR FILL OUT A "DECLARATION OF NO INCOME" (CSD43A-attached)

HM	FIRST NAME	MI	LAST NAME	DATE OF BIRTH			RELATION TO ME	(if 18 or older) TYPE OF INCOME	PERMANENTLY DISABLED	
				MO	DAY	YR			Yes	No
1							SELF		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2									<input type="checkbox"/> Yes	<input type="checkbox"/> No
3									<input type="checkbox"/> Yes	<input type="checkbox"/> No
4									<input type="checkbox"/> Yes	<input type="checkbox"/> No
5									<input type="checkbox"/> Yes	<input type="checkbox"/> No
6									<input type="checkbox"/> Yes	<input type="checkbox"/> No
7									<input type="checkbox"/> Yes	<input type="checkbox"/> No
8									<input type="checkbox"/> Yes	<input type="checkbox"/> No
9									<input type="checkbox"/> Yes	<input type="checkbox"/> No
10									<input type="checkbox"/> Yes	<input type="checkbox"/> No

If there are more members in your household, please attach a separate sheet of paper.

ARE YOU INTERESTED IN WEATHERIZATION Yes No

Type of Dwelling: <input type="checkbox"/> SFD - Owner, 1 unit <input type="checkbox"/> SFD - Rental, 1 unit <input type="checkbox"/> MFD - Owner, 2 - 4 units <input type="checkbox"/> MFD - Rental, 2 - 4 units <input type="checkbox"/> MFD - Owner, 5 or more units <input type="checkbox"/> MFD - Rental, 5 or more units <input type="checkbox"/> Mobile Home - Owner <input type="checkbox"/> Mobile Home - Rental <input type="checkbox"/> Shelter - # of units <input type="checkbox"/> Total # of residents: <input type="checkbox"/> Unoccupied - MFD, 2 - 4 units <input type="checkbox"/> Unoccupied - MFD, > 5 units	Heating Type <input type="checkbox"/> No primary Heating <input type="checkbox"/> Window/Wall <input type="checkbox"/> Portable Device <input type="checkbox"/> FAU <input type="checkbox"/> Other: _____	Heating Fuel <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____	Cooling Type <input type="checkbox"/> Window/Wall <input type="checkbox"/> Central <input type="checkbox"/> Evap Cooler <input type="checkbox"/> Fan(s) <input type="checkbox"/> Portable Device <input type="checkbox"/> None <input type="checkbox"/> Other: _____	Water Heater Type <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____	Range Type <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____	Other <input type="checkbox"/> HUD Built <input type="checkbox"/> Year Built _____ <input type="checkbox"/> Lead-Free Cert <input type="checkbox"/> Non Applicable	For Official Use Only <input type="checkbox"/> Life Threatening <input type="checkbox"/> Poverty Group 1 <input type="checkbox"/> Food Stamps <input type="checkbox"/> Rental Assistance
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For official use only

House Weatherized Referred for Weatherization Referred for RRP Referred for ECIP HCS

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share information with other offices of the state and federal governments. 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.

Applicant's Signature *Date* *Witness' 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.

LIHEAP UTILITY ASSISTANCE AND WEATHERIZATION PROGRAMS

2011 POVERTY GUIDELINES – Valid through 12/31/11

Household Size	Monthly Income	Yearly Income
1	\$2,072.28	\$24,867.44
2	\$2,709.91	\$32,518.96
3	\$3,347.54	\$40,170.48
4	\$3,985.16	\$47,822.00
5	\$4,622.79	\$55,473.52
6	\$5,260.42	\$62,125.04
7	\$5,379.97	\$64,559.70
8	\$5,499.53	\$65,994.36
9	\$5,619.08	\$67,429.02
10	\$5,738.64	\$68,863.68
11	\$5,858.19	\$70,298.34
12	\$5,977.75	\$71,733.00
13	\$6,097.30	\$73,167.66
14	\$6,216.86	\$74,602.32
15	\$6,336.41	\$76,036.98

NOTE: Income amounts for family sizes greater than ten persons were determined based on the following calculation: Add \$119.55 monthly, \$1,434.66 annually for each additional family member. Example: to determine a household size of 8, take \$5,379.97 + \$119.55 = \$5,499.53 monthly, \$64,559.70 + \$1,434.66 = \$65,994.36 annually.

INCOME VERIFICATION

- Proof of income must be current and must cover the most current four (4) weeks from the date submitted. (Documents must cover a full month)
- Total gross** (before deductions) income for all members living in the household at the time application is submitted must be reported.
- PLEASE SEND COPIES. ORIGINALS CANNOT BE RETURNED**

GOOD: Considered Income	BAD: Not Considered Income
<ul style="list-style-type: none"> • Temporary Assistance for Needy Families (TANF): Notice of Action, computer printout, benefit letter, copy of welfare check. • Supplemental Security Income: Notice of Planned Action or Form 2458, computer printout from Social Security Office, copy of bank statement showing SSI direct deposit, copy of SSI check. • Social Security: copy of current check(s), SSA Form 4926, or 2458, computer printout from Social Security Administration Office, Bank Statement showing direct deposit,. • Pension and Annuities: copy of a current check, verification on letterhead or annual statement from pension plan. • Wages: Copy of current paycheck stub(s) covering a one-month period and showing gross income. • Interest Income: monthly or quarterly bank statement, statement of interest income from bank or agency. • Disability Compensation: copy of a current check, printout or letter from agency or insurance company verifying the compensation amount. • Unemployment Benefits: copy of current checks(s), printout from Employment Development Department. • Child and/or Spousal support: copy of current check. • Support from an Individual: copy of check and statement signed by person providing the support. • General Assistance: Notice of Action from County Social Services, copy of a current check. • Veteran's Benefits: letter indicating receipt of Veteran's Pension, copy of Veteran's Administration check. • Signed Federal Tax Form 1040 (valid through April 15, 2011): WILL ONLY BE ACCEPTED FOR SELF-EMPLOYED. 	<ul style="list-style-type: none"> • Capital Gains. • Adoption Assistance. • Foster Grandparents and Senior Companion Programs. • Educational assistance - Student income grants loans – Pell grants. • Any Assets Withdrawn from a Bank. • Draw down from Reverse Mortgages. • The Sale of Property (Car or House). • Tax Refunds. • Gifts. • Loans. • Lump-Sum Inheritances. • One-Time Insurance Payments. • Compensation for Injury. • Employer or Union Paid Portion of Health Benefits. • Fringe Employee Benefits. • Withdrawal from Savings. • Medical Stickers. Food Stamp with NO dollar amount. • Food or Housing Received in Lieu of Wages. • Federal Non-case Benefit Programs (Medicare, Medicaid, School Lunches, and Housing Assistance). • W2 Forms and Medi-Cal cards are not accepted as proof of income.

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 Section **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 **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 these categories. You can provide other acceptable evidence of your non-citizens 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-5512 (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 "A3"; or
 - 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 Document) anoted "A3"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - 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)"; or
 - INS Form I-766 (Employment Authorization annotated "A3").
7. An alien who is a Cuban or Haitian entrain (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 I551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-094 with stamps showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status of 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 as 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 OR 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

Attachment: Lists A and B

PROOF OF CITIZENSHIP – ACCEPTABLE DOCUMENTS

If you are a resident of the United States any of the following documents are acceptable as proof of citizenship:

A. Primary Evidence

- Applicants Certificate of Birth showing name and place of birth
- United States Passport showing place of birth
- Report of Birth Abroad of a U.S. citizen
- Certificate of Naturalization
- Certificate of Citizenship
- United States Citizen Identification Card
- Northern Mariana Identification Card
- Statement provided by a U.S. Consular Officer
- American Indian Card with a Classification code “KC”

B. Secondary Evidence

If the applicant cannot present one of the documents listed in A. above, the following may be relied upon to establish U.S. citizenship or nationality:

- Religious Record recorded within 3 months after birth showing a place and date of birth
- Evidence of civil service employment by the U.S. government before June 1, 1976
- Early school records showing school date of admission, child and parent name, date, and place of birth
- Census record showing US citizenship, or place and date of birth, or age of applicant
- Adoption Finalization Papers showing place of Birth in any of the 50 States, District of Columbia, or other US. Jurisdiction such as: Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa or Northern Mariana Islands.
- DD214 (as long as it shows place of birth).
- Any other document that establishes a U.S. place of Birth or in some way indicates U.S. citizenship,

C. Collective Naturalization

If the applicant cannot present one of the documents listed in A or B above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands

Northern Mariana Islands (NMI):

- Evidence of birth in the NMI

Department of Community Services and Development

CSD 43B (08/19/2011)

SURVEY OF INCOME AND EXPENSES

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
				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

For Weatherization purposes when was your house built? _____
--

COMMUNITY ACTION PARTNERSHIP OF RIVERSIDE COUNTY _____ agrees to provide certain program
 (Contractor)

Services at no cost to the owner's dwelling unit:

Tenant/Applicant (print or type name):		IMPORTANT: Name should be the same as in application	
Address:		Apt./Unit No.:	
City:		ZIP Code:	
Tenant's Telephone Number:			
Tenant's Signature:		Date:	
Owner (print or type name):			
Owner's Address:			
City:		ZIP Code:	
Owner's Telephone Number:			
Owner's (or Owner's Agent's) Signature:		Date:	

By signing this form, the owner or owner's agent and the contractor permission to enter the dwelling unit and to perform or install rehabilitation, minor home repair, and/or weatherization measures, depending on the program(s) to the above-described unit and agree to the following:

1. The owner or owner's agent shall not raise the rent of the unit for a period of two years or evict the unit's resident because of the increased value of the unit due solely to rehabilitation, minor home repair, and/or weatherization measures provided by the contractor.
2. The owner or owner's agent and the tenant shall retain all applied measures in the residence where installed.
3. The tenant authorizes the contractor access to utility company record to obtain only energy usage data for a period of one year before one year after rehabilitation, minor home repair, and/or weatherization measures are installed.

The contractor agrees to the following:

1. Shall be responsible for the cost of rehabilitation, minor home repair, and/or weatherization measures performed.
2. Shall ensure that the agency is insured and shall be responsible for damage to unit-premises, furnishing, and/or residents) that is caused by rehabilitation, minor home repair, and/or weatherization activities.
3. Shall schedule rehabilitation, minor home repair, and/or weatherization services at the convenience of all parties.
4. Shall provide rehabilitation, minor home repair, and/or weatherization services only to tenants eligible under program requirements.
5. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
6. 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 (print or type name): Community Action Partnership of Riverside County

Address: 2038 Iowa Avenue Room No.: Suite B-102

City: Riverside Zip Code: 92507

Program Manager's Signature: _____ Date: _____

**COMMUNITY ACTION PARTNERSHIP
OF RIVERSIDE COUNTY**
P.O. BOX 5760
RIVERSIDE, CA 92517-5760

Name: _____

Date: _____

Dear **Weatherization** Applicant,

Thank you for your interest in the **Weatherization** program. Based on the information you provided on your **Low Income Home Energy Assistance Program (LIHEAP)** application, you **might** be eligible to have your home or apartment evaluated for **Weatherization**.

Because you are a renter, it is necessary for you to obtain permission from your landlord or property manager before we can begin work on your property. Enclosed you will find a rental agreement form. Please complete the top portion and have your landlord or property manager complete the bottom portion.

It would be to your advantage to complete and return the rental agreement form within the next 10 days since **Weatherization** services are on a first come, first serve basis, and we can not guarantee you will receive these services.

If you have any questions regarding this matter, please contact me directly at (951) 955-6418

Cordially,

COMMUNITY ACTION PARTNERSHIP OF RIVERSIDE COUNTY
Weatherization Department