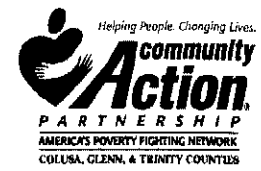




**GLENN COUNTY
HUMAN RESOURCE AGENCY
HRA**



SOCIAL SERVICES
DIVISION
P.O. BOX 611
420 E. Laurel St.
Willows, Ca. 95988
(530) 934-6514

**HEAP/Weatherization Application Instructions
(Colusa, Glenn and Trinity Counties ONLY)**
HEAP Voicemail: 530-934-1484 or 1-800-287-8711 ext 1484

**COMMUNITY ACTION
DIVISION**
420 E. Laurel St.
Willows, Ca. 95988
(530) 934-6510

PLEASE READ BOTH PAGES CAREFULLY; INCOMPLETE APPLICATIONS WILL BE RETURNED.

The Home Energy Assistance Program (HEAP) is a low-income energy assistance program that can help pay **ONE** utility bill of choice per year. Eligibility is based on income and a Priority Plan that has been established as requirement by the State of California. Utility assistance can cover one of the following:

- Electric;
- Oil;
- Propane;
- Kerosene, or;
- Wood.

HEAP is available **ONCE** per year to eligible households.

The Weatherization Program (WX) is a federally funded program that can make energy efficient home improvements at no cost to the eligible homeowners and renters.

Once a completed application is processed for WX, your name will be placed onto a waiting list. Wait time varies based on the number of applicants, the priority points of those applicants, and program funding. Your position on the wait list is determined by the number of priority points you receive.

When your name is pulled from the waiting list, you will receive a letter notifying you that you have been reached.

ALL required documentation (see pg. 2) **MUST** be included with your application or it will be returned.
NO EXCEPTIONS! NO WHITE OUT ALLOWED ON APPLICATION!!

<p>Completed applications can be <u>mailed</u> to or <u>dropped off</u>:</p> <p>Glenn County HRA Attn: HEAP 420 E Laurel St Willows, CA 95988</p>	<p>Completed applications can also be <u>dropped off</u> at:</p> <p>Glenn County HRA Attn: HEAP 604 E. Walker St. Orland, CA 95963</p>
<p>ONLY applications with <u>48 Hour/15 Day/Shut Off</u> notices will be accepted via fax. Fax Number: (530)934-6711</p>	

NOTE:

The processing of HEAP/WX applications can take up to 2 weeks from date application was received.

The following page will provide guidance on all required documentation that must accompany your HEAP/WX Application...

HEAP Staff cannot retrieve ***personal information*** (birth certificates, etc.) from client files that are administered by HEAP or other programs offered in this office. Applicants will be responsible for gathering their own documentation.

Required HEAP/WX Application Documentation:

Proof of Legal Status for the person applying. Any of the following are acceptable...

- a. Birth Certificate
- b. Immigration Card
- c. US Passport
- d. Tribal Registration Card

Social Security Cards with a photo ID are **not acceptable proof of legal status. **

Proof of Income must be submitted for **each adult** member of the household and:

- a. Reflect a one-month period of income and the dates must be consecutive. Example: if a person is paid weekly, they will need four check stubs with dates that are back to back, and;
- b. must not be more than six weeks old from the date of the signed application.
- c. Proof of Social Security benefits received on behalf of a minor child must also be submitted.

Any adult, age 18 and over, with no income must complete and sign the "Survey of Income and Expenses" (form; 43B of application)

Current Utility Bills: (all pages of bill). If your utilities are included in your rent, you must have a copy of your rent receipt stating the cost of utilities.

If you are applying for wood, propane, oil, and/or Weatherization you will also need the following additional documents:

Weatherization:

- a. If you are a renter, you must have the **Energy Service Agreement for Rental Units** form signed by the owner of the unit.
- b. If you are the home-owner, you must submit **proof of ownership** of the unit.

Propane/Oil/Kerosene: current bill from current provider

Wood: Please put your provider's name and address on the "Monthly Living Expenses" form where applicable.

For questions specific to the application, call: (530) 865-6129 or 1-800-287-8711 ext. 6129

Programa de Asistencia de Energía Del Hogar

2012

Por Favor tenga los siguientes documentos con usted antes de entregar su aplicación.

Comprobante de Estatus Legal para la persona que está aplicando. Cualquiera de los siguientes son aceptados...

- a. Acta de Nacimiento
- b. Mica (INS form I-551)
- c. Pasaporte EEUU
- d. Tarjeta de Registración Tribal

****Tarjetas de Seguro Social o Tarjeta de Identidad con foto no son aceptables como su comprobante de estatus legal. Documentos Personales no pueden obtenerse de otros archivos o de otros programas****

Comprobante de Ingreso para cada adulto en el hogar tiene que acompañar su aplicación y debe:

- a. Reflejar un mes de ingresos con las fechas consecutivas. Por ejemplo: si una persona se le paga semanal, usted tendrá que acompañar cuatro (4) talones del trabajo y con fechas seguidas, y;
- b. No deben de ser más de seis (6) semanas de la fecha de su aplicación.

****Todos los adultos, edad de 18 años, que no tengan ingreso deben llenar y firmar la forma "Survey of Income and Expenses" (form; 43B)****

Su Factura corriente de la Luz: (con todas las páginas).

Si usted está aplicando para asistencia con Madera, propano, o aceite, usted necesita lo siguiente...

Propano/Aceite: su factura de la compañía

Madera – Por favor indique el nombre y domicilio de su proveedor de madera en la forma "Monthly Living Expenses".

SURVEY OF INCOME AND EXPENSES

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

Name and Address	
Name:	
Address:	

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

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.

Signature _____ Date _____

SURVEY OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and stated 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:

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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)		
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		RENTAL INCOME	INSURANCE BENEFITS	

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Utility Bills	\$		Name: _____ Address: _____ Phone: _____
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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.

STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS

Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant

Public Benefits To Citizens And Non-Citizens

Citizens and Nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out *Sections A and D*.

Non-Citizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete *Sections A, B or C, and D*.

Section A: Citizenship/Non-Citizen Status Declaration

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

To establish citizenship or naturalization, please submit one of the documents on *List A* (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to *Section D*.

If you are a **Non-Citizen**, please complete *Section B, or, if applicable, Section C*.

Section B: Non-Citizen Status Declaration

Important: Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA).

Evidence includes:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

2. An alien who is granted asylum under section 208 of the INA. Evidence includes:

- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- INS Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of INS; or
- Order of an immigration judge granting asylum.

3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:

- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
- INS Form I-766 (Employment Authorization Document) annotated "A3"; 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 Document) annotated "A3."
7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

Section C: Declaration for Certain Battered Aliens

Important: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

Section D: Certification

DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature	Date
Signature of Person Acting for Applicant	Date

Attachments: Lists A and B

Monthly Living Expenses

Expenses (Monthly)

Rent or Mortgage _____

Utilities & telephone _____

Food & household items _____

Clothing _____

Medical Prescriptions _____

Child Care _____

Transportation (gas, car payment, insurance, etc.) _____

Credit Card Payments _____

Total _____ **

Income (monthly) _____

Food Stamps _____

Total _____ **

**If your expenses are more than your income, see if there are items that you can cut back on. For example clothes and personal items are the easiest.

Name

Signature

Date

County of Residence

This information is Confidential

Must Answer: Are you or anyone in your home on Calworks? _____

If yes, how many people? _____

Please check what type of assistance you are applying for **(one only)**:

<input type="checkbox"/>	PG&E	<input type="checkbox"/>	Propane
<input type="checkbox"/>	PUD	<input type="checkbox"/>	Oil
<input type="checkbox"/>	Wood*	<input type="checkbox"/>	Kerosene

***If you check wood assistance, please complete below:**

Wood provider Name: _____

Wood providers Mailing address: _____

Wood Provider phone #: _____

Are you also applying for weatherization?:

Yes No

Please explain what has happened that you are applying for HEAP and/or Weatherization and how you will better plan in the future: _____

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling
------------------	-----------------

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*, 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.
- Radon Education** - A copy of the pamphlet, *A Citizen's Guide to Radon*, informing me of the potential risk of radon and how to lower the radon level in my dwelling unit.

Signature of Recipient	Date
------------------------	------

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** — 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
-----------------------------------	------------

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

Signature (Agency Representative)	Print name	Date mailed
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ENERGY SERVICE AGREEMENT FOR RENTAL UNITS

Tenant and Owner Authorization

Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Tenant telephone number
Owner (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Owner telephone number

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 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 records to obtain only energy usage data for a period of one year before and one year after rehabilitation, minor home repair, and/or weatherization measures are installed.

Tenant's Signature	Date
Owner's (or Owner's Agent's) Signature	Date

Contractor Assurance

Contractor (Print or type name)		Address	
Room No.	City	ZIP Code	Contractor telephone number

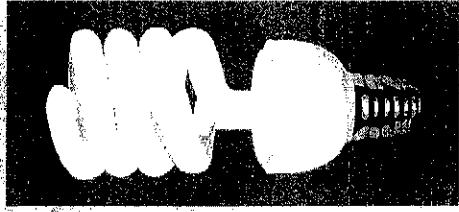
The contractor agrees to the following:

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 resident(s) 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 Contractors 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.
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.

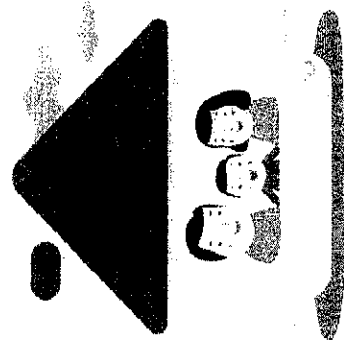
Program Manager's Signature	Date
-----------------------------	------

Energy &

Budgeting Tips



review your budget monthly.



Equal Opportunity Employer/Program. Auxiliary aids and services available upon request to individuals with disabilities.



have accurately identified and listed all your expenses the goal would be to have your income and expense columns to be equal. This means all of your income is accounted for and budgeted for a specific expense.

Set your water heater to the "normal" setting or 20 degree, unless your dishwasher requires a higher setting

Open drapes to let the heat your home during the day and close them at night to help insulate.

Defrost refrigerators and freezers before ice buildup becomes 1/4-inch thick.

Keep warm-air registers, baseboard heaters, and radiators clean and make sure they're not blocked by furniture, carpeting, or drapes.

Move furniture around so you are sitting near interior walls instead of exterior walls and windows.

Close your fireplace damper tightly when not in use.

Take shorter showers.

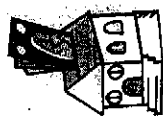
Wash only full loads in your dishwasher and clothes.

Use cold water when washing clothes.

Low-cost Energy Saving Tips

Clean or replace furnace filters once a month.

Install weather-stripping or caulk on leaky floors and windows.



Glenn, Colusa, & Trinity
HEAP & Weatherization
program

Glenn County
Human Resource Agency
420 E Laurel St
Willows, CA 95988

HEAP applications are available either by calling:
(530) 934-1484 voicemail
(800) 287-8711 ext. 1484
Or at our website:
www.cgtcap.org

WHY BUDGET

Budgeting is the foundation of every financial plan. It doesn't matter if you're living paycheck to paycheck or earning six-figures a year, you need to know where your money is going if you want to have a handle on your finances. Budgeting isn't all about restricting what you spend money on and cutting out all the fun in your life. It's about understanding how much money you have, where it goes, and then planning how to best allocate those funds. Here's what you need to help you create and maintain a budget.

HOW TO BUDGET

Creating a budget may not be the most exciting thing in the world to do, but it is vital in keeping your financial house in order. Before you create your budget, it is important to realize that in order to be successful you have to provide as much detailed information as possible. The end result will show where your money is coming from, how much there is, and where it is all going.



HERE'S HOW:

Gather every financial statement you can like bank statements, recent utility bills, investment accounts, and any information regarding a source of income or expense, the key for this process is to create a monthly budget

Record all of your sources of income.

Create a list of monthly expenses. Write down a list of all the monthly expenses you have over the course of a month. Mortgage payment, car payments, auto insurance, groceries, utilities, dry cleaning, auto insurance, retirement or college savings, entertainment,

any information regarding a source of income or expense, the key for this process is to create a monthly expenditure list.



Break expenses into two categories: fixed and variable. Fixed expenses are those that stay relatively the same each month and are required parts of your life, they included expenses like mortgage or rent, car payments, cable and internet service, trash pickup, credit card payments and so on. These expenses are essential yet not likely to change in the budget

Variable expenses are the type that will change from month to month, like groceries, gasoline, entertainment, eating out and gifts to name a few. This category will be important when making adjustments.

Total your monthly income and monthly expenses. If your end result shows more income than expenses, you are off to a good start. This means you can prioritize this excess to areas of your budget such as retirement savings or paying more on credit cards to eliminate that debt. If you are showing a higher expense column than income, it means some changes need to be made.

Health and Safety Tips

Install smoke and carbon monoxide alarms in your home.

Provide proper venting systems for all heating equipment.

Never use your range or oven to heat your home or garage.

Place space heaters on level, hard and nonflammable surfaces, not on rugs or carpets.



Keep space heaters at least three feet from bedding, drapes, furniture, and other flammable materials.

Never leave a space heater on when you go to sleep or leave the area.

Watch children and pets closely in rooms with heating equipment.

Always use generators outdoors and always from doors, windows, and vents

Energy Saving Tips

Add plastic sheeting to your windows or purchase plastic windows covering kits or interior storm window kits.

Install a programmable thermostat.

Install low flow showerheads and faucets.

Wrap your hot water tank with jacket insulation. Be sure to leave the air intake vent uncovered when insulating a gas water heater.

Insulate the water pipes leading from your hot water heater.