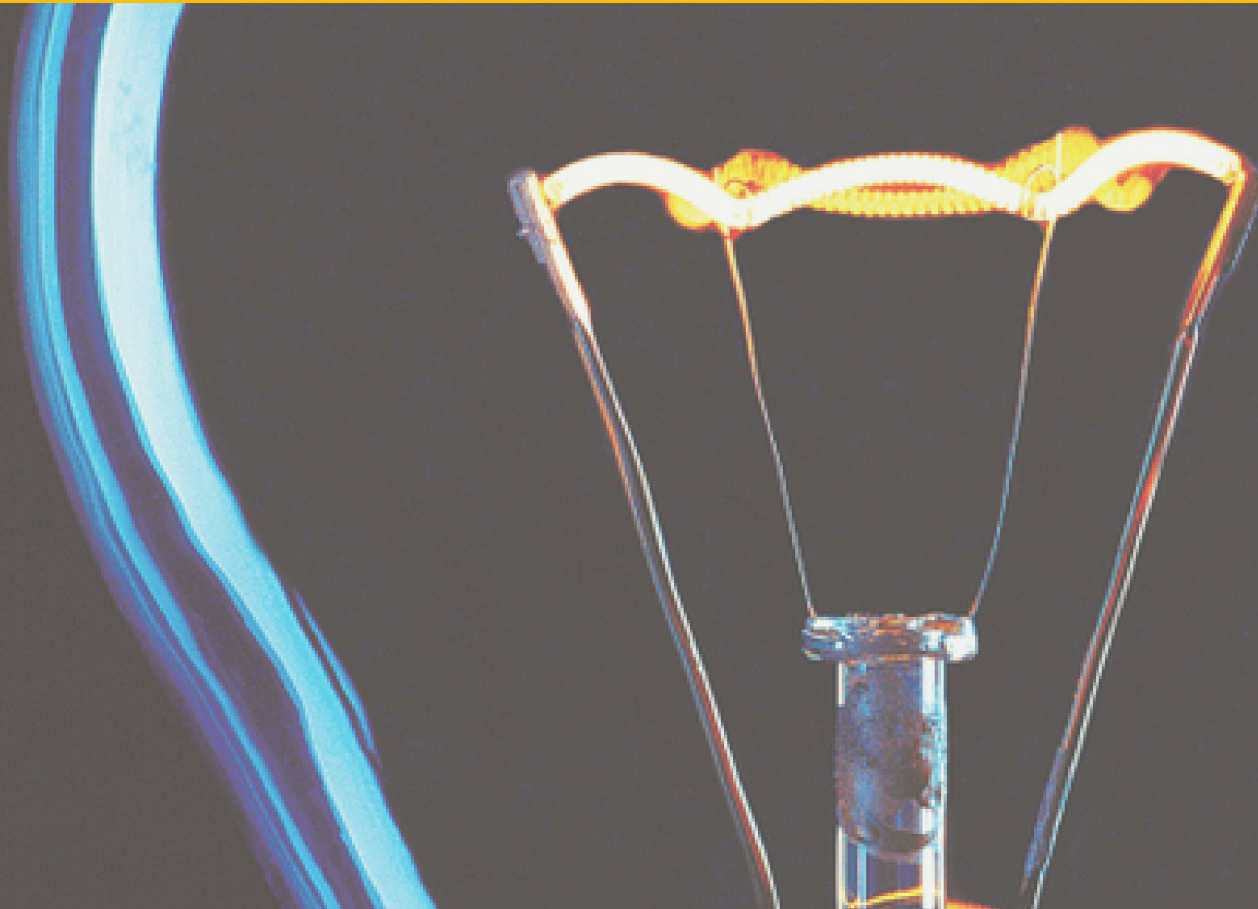


**Contra Costa County
Low Income Home Energy Assistance Program**

SPECIAL NOTICE

**Program Year 2025 Energy Crisis Assistance
maximum amount has been lowered to \$1,500**





Contra Costa County
 Employment & Human Services Department
 Community Services Bureau
 Low Income Home Energy Assistance Program



LOW INCOME HOME ENERGY ASSISTANCE PROGRAM CHECKLIST

Methods to submit your application:

Online: CALIHEAPApply.com

Mail or Walk-in to our Office:

Email: csbheap@ehsd.cccounty.us

**Low Income Home Energy Assistance Program
 1470 Civic Court, Ste. 200, Concord CA 94520**

Fax: 925-229-6784 **Phone:** 925-267-6624

ATTENTION: PRIORITY POINTS FOR 2025 LIHEAP WILL BE ENFORCED.

All LIHEAP applicants are responsible for providing the following documentation required by federal, state and local regulations. Without the requested information, your application cannot be processed and may be denied. Upon receipt and review of your application, you will receive a written notification of your eligibility and status.

Please check each box once completed to ensure all documents are received in our office:

<p>1. <input type="checkbox"/> Complete and SIGN “Energy Intake Form” (CSD 43 07/2024).</p> <p>2. <input type="checkbox"/> Complete and SIGN “Statement of Citizenship or Non-Citizen Status” CSD 600 on BOTH sides.</p> <p>3. <input type="checkbox"/> Provide a copy of a birth certificate or green card verifying legal status in the USA for the person applying for assistance.</p> <p>4. <input type="checkbox"/> Provide a copy of government-issued photo identification (ID).</p> <p>5. <input type="checkbox"/> If you or any member in the household are a current CalFresh/CalWORKs recipient, provide a copy of your benefit letter. You will not be required to provide proof of income, but must self-report income for each household member(s) on the Energy Intake Form (CSD 43 07/2024).</p> <p>6. <input type="checkbox"/> Provide a copy of your current monthly utility bill PLUS include your <u>past due</u>, <u>15-day</u> or <u>48hr notice</u> if one is received. Sending only your 15-day, 48-hour or shut off notice will delay your application process.</p> <ul style="list-style-type: none"> • Current monthly utility bill, within 6 weeks from intake date, must have at <u>least 22 billing days</u>. • The person's name on the PG&E bill must be 18 years of age or older. ID verification is required if name on utility bill is different from the name of applicant. 	<p>7. <input type="checkbox"/> Copies of the total GROSS MONTHLY INCOME for ALL household members 18 years and older (must be within 6 weeks from intake date).</p> <ul style="list-style-type: none"> • If there is zero income; a “Certification of Income and Expenses” Form (CSD 43B) will need to be completed for each adult without income. • If you are reporting zero income for a consecutive year, a “Survey of Income and Expenses” form will need to be completed for each adult without income PLUS provide documentation of your living expenses (a letter from the person/agency that supports the applicant’s rental, food and/or utility expenses). <p>8. <input type="checkbox"/> Complete and SIGN “Client Education Confirmation of Receipt” (Form CSD 321)</p> <p>9. <u>IF APPLICABLE:</u></p> <ul style="list-style-type: none"> • Form CSD 081 “Account Holder Authorization and Consent” must be signed by the account holder (only if the applicant is not the account holder on the utility bill). Copy of ID is required. • Birth certificates or documentation verifying any children ages 0-5 in the household and/or identification for any household members 60 years or older.
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Acceptable Proof of Legal Status

► Citizenship status (if you were born in the USA):

- A copy of the birth certificate for **the person applying for assistance and all children under 5 years**
- A copy of your child's birth certificate **ONLY** if it states your name and **where YOU were born**
- A copy of your marriage license **ONLY** if it states your name and **where YOU were born**
- A copy of your U.S. passport
- Military Form DD 214; **IF** it states place of birth (*if form does not state place of birth, it will NOT be acceptable proof*)
- A copy of REAL ID card

► Naturalization status:

- A copy of your naturalization certificate
- A copy of your U.S. passport, showing your nationality as the United States of America (*must not be expired*)

► Alien status:

- A copy of both sides of your green card (*must not be expired*)
- A copy of any other document listed on the "Statement of Citizenship Status" Form

Acceptable Proof of Government Identification

- State identification (ID) card
- Tribal identification (ID) card
- Driver license
- U.S. passport or passport card
- U.S. military card (front and back)
- Military dependent's ID card (front and back)
- Permanent Resident Card
- Certificate of Citizenship
- Certificate of Naturalization
- Employment Authorization Document

Providing Proof of Income

(provide ALL income that applies to you)

- Income (total monthly gross) from **ALL household members 18 years and older**.
- Income must be current to within 6 weeks from the intake date and should cover a one-month period (Example, if you get paid once a week, send in 4 check stubs).
- All documents must be official, **no hand written information**.
- All documents must be **current (within the last 6 weeks from intake date)**.
- Current CalFresh/CalWORKs recipients must self-report income for each household members on the Energy Intake Form (CSD 43 07/2024), and will not be required to provide proof of income.
- Ask a LIHEAP Representative for other acceptable income if it's not listed below.

Samples of Acceptable Proof:

- Paycheck stubs, odd jobs, self-employment, income & expenses report
- Welfare (TANF)
- Social Security (a letter from Soc. Sec. or a direct deposit statement of your bank account)
- Social Security Disability Income / State Disability Insurance award letter
- Spousal & child support award documents
- Workman's Comp check stubs
- Unemployment Insurance check stubs
- Retirement & Pension award letter or check stubs
- "Survey of Income and Expenses"; for every member in the household 18yrs or older with NO Income.



JASON WIMBLEY
DIRECTOR

State of California-Health and Human Services Agency
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833
Telephone: (916) 576-7109 | Fax: (916) 263-1406
www.csd.ca.gov



GAVIN NEWSOM
GOVERNOR

2025 FACT SHEET ENERGY ASSISTANCE PROGRAM

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Established in 1981, LIHEAP is a federally funded program that helps low-income households pay their energy bill. Assistance is in the form of a dual or single party warrant or a direct payment to a utility company on behalf of an eligible applicant. Eligibility is based on the household's total monthly income, which cannot exceed the 2025 LIHEAP Income Guidelines listed below. Current recipients of CalFresh or CalWORKs benefits are categorically eligible for the program. Because of significant funding cuts, the federal government enacted a law requiring that states target households with low-incomes and high energy costs, taking into consideration households with elderly and disabled persons, and children under six. This means there could be households that received assistance in the past and will no longer receive assistance because they fall into a low priority group and are not considered among the neediest of the needy. The amount of assistance is based on the number of persons in the household, total gross household income, the cost of energy within the county the households resides, and funding availability. LIHEAP provides one payment per program year. Under most circumstances, it takes approximately six weeks to process an application and pay the applicant. However, an incomplete/incorrect application will take additional time to process. Persons living in board-and-care facilities, nursing or convalescent homes, or in jail or prison, are not eligible for LIHEAP.

The local community services agencies are responsible for processing applications and the Department of Community Services and Development (CSD) is responsible for issuing LIHEAP payments. To find out how to apply for services, please call, **(925) 267-6624**.

Utility companies throughout the state offer reduced rate programs. Customers should contact their utility company to find out if they offer such a program and to request an application.

WEATHERIZATION ASSISTANCE PROGRAM

Weatherization is the process of making your home more "air tight" and energy efficient. The goal is to keep the warm air in and the cold air out in the winter; and keep the cold air in and the warm air out in the summer. Weatherizing your home could help lower your energy usage and utility costs. Your home will be assessed to determine what weatherization work can be done. The most common types of weatherization include: sealing the holes and cracks, insulation, weather stripping, fixing windows, water heater blankets and making sure your heating and air condition systems are working correctly.

Free weatherization services are available to low income property owners and renters. Eligibility is based on the household's total monthly income, which cannot exceed the income guidelines listed below. Current recipients of CalFresh or CalWORKs benefits are categorically eligible for the program. To find out if you qualify, you must contact your local service provider. To find out how to apply for services, please call, **(925) 655-2714**

2025 LIHEAP INCOME GUIDELINES

Size of Household	Monthly Income
1	\$3,170.00
2	\$4,145.41
3	\$5,120.83
4	\$6,096.25
5	\$7,071.58
6	\$8,047.00
7	\$8,229.91
8	\$8,412.75
9	\$8,595.66
10	\$8,778.58

NOTE: Income amounts for family sizes greater than six persons were determined based on the following calculation: Add 3% to 132% for each additional family member, multiply the new percentage by \$73,155, and divide by 12. Example: household size of 7: 132% + 3% = 135% × \$73,155 = \$98,759 ÷ 12 = \$8,229.91 per month.

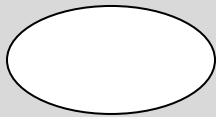
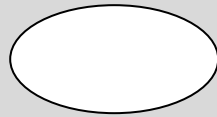
Department of Community Services and Development

Energy Intake Form

CSD 43 (07/2024)

Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency:	Intake Initials:	Intake Date:	
First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you own or rent your home?..... <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code
Social Security Number (SSN):		Home Phone ()	
Mobile Phone ()	Do you agree to opt in to receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail Address:			

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself →		INCOME Enter the total number of people who receive income →	
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
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		Total Monthly Income	\$

HOUSEHOLD MEMBERSENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.

If you have more than 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Have you served or are you an immediate family member of someone who served in the United States military? <input type="checkbox"/> Yes, I have Served <input type="checkbox"/> Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military <input type="checkbox"/> No <input type="checkbox"/> Decline to State		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 member may be eligible. I understand that this consent is valid for 12 months. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of 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 Manufactured log Pellets Other Fuel

Enter the energy company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? Yes No

Do you have a past due notice? Yes No

Are your utilities included in rent or submetered? Yes No

Are your utilities all electric? Yes No

Is your Natural Gas Company the same as your Electric Company? Yes No

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 Manufactured log Pellets 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 Manufactured log Pellets Other Fuel N/A

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 ***	Date

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.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.	
Utility Assistance being provided under which program → <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> HEAP WPO <input type="checkbox"/> ECIP WPO	
Base Benefit \$ _____	Supplement \$ _____ Total Benefit \$ _____
Total Energy Cost \$ _____	Energy Burden _____
Energy Services Restored after disconnection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnection of Energy Services prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Referred for WX: <input type="checkbox"/>	Home Already Weatherized: <input type="checkbox"/>

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

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 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”;
 - 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)”;
 - 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

I 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

LIST A

A person who is a citizen or national of the United States.

I. Primary Evidence

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;

Note: If the document shows that the individual was born in Puerto Rico, the U.S. Virgin Islands, or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen. See paragraph C below.

- United States passport (except limited passports, which are issued for periods of less than five years);
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350) (issued by the Department of State), copies of which are available from the Department of State;
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized. The N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent. The N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983, to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

II. 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 in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- Evidence of civil service employment by the U.S. government before June 1, 1976;
- Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth, and the name(s) and place(s) of birth of the parent(s);

- Census record showing name, U.S. citizenship or a U.S. place of birth, and date of birth or age of applicant;
- Adoption Finalization Papers showing the child's name and place of birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) or, where the adoption is not finalized and the State or other jurisdiction listed above in which the child was born will not release a birth certificate prior to final adoption, a statement from a state-approved adoption agency showing the child's name and place of birth in one of such jurisdictions (note: the source of the information must be an original birth certificate and must be indicated in the statement); or
- Any other document that establishes a U.S. place of birth or in some way indicates U.S. citizenship (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction)).
- A third party declaration as evidence of U.S. citizenship or nationality.

III. 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 on or after April 11, 1899, and the applicant's statement that he or she was residing in the U.S., a U.S. possession, or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917, and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession, or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating residence in the U.S. Virgin Islands as a Danish citizen on January 17, 1917, and residence in the U.S., a U.S. possession, or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory, or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI. TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975, and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974, and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

IV. Derivative Citizenship

If the applicant cannot present one of the documents listed in A. or B. above, you should make a determination of derivative U.S. citizenship in the following situations:

Applicant born abroad to two U.S. citizen parents:

- Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. noncitizen national parent:

- Evidence that one parent is a U.S. citizen and that the other is a U.S. noncitizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa, or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock to a U.S. citizen mother:

- Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904, and before October 1, 1979, and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904, and before October 1, 1979, and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

All other situations where an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories but is unable to present the listed documentation:

- If the applicant is in the U.S., refer him or her to the local INS office for determination of U.S. citizenship.
- If the applicant is outside the U.S., refer him or her to the State Department for a U.S. citizenship determination.

V. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship.
- Since foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, refer the applicant to the local INS district office for a determination of U.S. citizenship if the applicant provides no evidence of U.S. citizenship.

VI. U.S. Citizenship by Marriage

- A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Ask for: Evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B

I. Documentation Evidencing an Approved Petition or Application

- INS Form I-551 (“Resident Alien Card” or “Alien Registration Receipt Card,” commonly known as a “green card”)
- If you cannot determine the class of admission from the I-551 stamp, file INS Form G-845, and the G-845 Supplement (mark item six on the Supplement) (attached hereto) along with a copy of the document(s) presented, with the local INS office in order to determine whether the applicant gained his or her status because he or she was the spouse, widow, or child of a U.S. citizen or the spouse, child, or unmarried son or daughter of an LPR (lawful permanent resident).
- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-9.
- INS Form I-797 indicating approval of an INS I-130 petition or approval of an I-360. A derivative beneficiary may establish eligibility by providing documents that establish that the child is included as a derivative beneficiary on the parent’s visa petition approved or pending.
- A final order of an Immigration Judge or the Board of Immigration Appeals granting suspension of deportation under section 244(a)(3) of the INA as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.
- Other acceptable evidence of battered immigrant status.

II. Documentation Demonstrating that the Applicant Has Established a Prima Facie Case

- INS Form I-797 indicating that the applicant has established a prima facie case; or
- An immigration court or Board of Immigration Appeals order indicating that the applicant has established a prima facie case for suspension of deportation under INA section 244(a)(3) as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

III. Documentation Indicating that the Applicant Has Filed a Petition or that a Petition Has Been Filed on the Applicant's Behalf

The benefit provider shall determine from the documentation when the petition was filed and take the actions set forth below:

- Applicants with petitions filed before June 7, 1997, should have an INS Form I-797 indicating filing of the I-360 petition by “self-petitioning spouse [or child] of abusive U.S. Citizen or LPR,” a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).
- Applicants with petitions filed after June 7, 1997, should have an INS Form I-797 indicating filing of the I-360 petition.

IV. Documentation Indicating that the Applicant Has Filed a Petition or that a Petition Was Filed on His or Her Behalf

The following must indicate that the applicant is the widow/widower of a U.S. citizen, the husband or wife of a U.S. citizen or LPR, the unmarried child under age 21 of a U.S. citizen or LPR, or the unmarried child age 21 or older of an LPR):

- For aliens on whose behalf a petition has been filed: INS Form I-797 indicating filing of an INS I-130 petition, a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-130). (A sample copy of Form I-130 is attached to this Exhibit.)

-
- For self-petitioning widows or widowers: a file-stamped copy of the INS I-360 petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

V. Documentation Indicating that the INS Has Initiated Deportation or Removal Proceedings in which Relief

- An “Order to Show Cause”;
- A “Notice to Appear”; or
- A “Notice of Hearing in Deportation Proceedings.”

VI. Minimal or No Documentation Regarding the Claimed Filing

If the applicant has some documentation but it is insufficient to demonstrate filing, establishment of a prima facie case or approval of a petition, fax the INS Request Form on your agency letterhead, as well as a copy of any document(s) provided by the applicant, to the INS Vermont Service Center in order to determine the applicant’s status. If the applicant has no documentation but is certain that a petition has been filed by his or her spouse or parent, fax the INS Request Form to the INS Vermont Service Center.

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	UNEMPLOYME	GOVERNMENT SPONSORED BENEFITS
YES	NO	Do you receive any of the following (circle any that apply)		
		ANNUITY	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? _____

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

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: _____
Utility Bills	\$		Name: _____ Address: _____
Food	\$		Name: _____ 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

Department of Community Services and Development

Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling N/A
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Address of Dwelling

Confirmation of Receipt

I have received the following information:

- Lead-Safe Education** – A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools*, 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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Clean Up Your Laundry Habits

- o Wash your clothes in cold water using cold-water detergents whenever possible.
- o Wash and dry full loads. If you are washing a small load, use the appropriate water-level setting.
- o Dry towels and heavier cottons in a separate load from lighter-weight clothes.
- o Clean the lint filter in the dryer after every load to improve air circulation.
- o Use the cool-down cycle to allow the clothes to finish drying with the residual heat in the dryer.

Conserving Water

- o Report leaks immediately. A leaking faucet can waste hundreds of gallons of water a year; if it's hot water, that's energy down the drain.
- o Avoid letting hot water run constantly while washing dishes, shaving, brushing teeth, etc.
- o Take more showers than baths. Bathing uses the most hot water in the average household. You use 15 to 25 gallons of hot water for a bath, but less than 10 gallons during a 5-minute shower.
- o Water heating is the third largest energy expense in your home, typically accounting for about 14% of your utility bill. Shorter showers, more efficient showerheads and turning water off between tasks can help to decrease this expense.

Shut It Off !

- o Computers and particularly laser printers can really run up your power bills. Keep your printer turned off using the switch on the printer, when not in use. Some printers take as much power as 660 watts, the same as keeping a small microwave oven cooking continuously! If you are going to be away from the computer for an hour, turn it off as you will save more power in that hour than that used to power one 14 watt compact fluorescent lamp for 24 hours!

When purchasing new appliances and electronics, choose Energy Star ®-Certified models.

Contra Costa County

Home Energy Assistance Program

1470 Civic Court, Suite 200
Concord, CA 94520
PH: (925) 267-6624
Fax: (925) 229-6784

Weatherization

30 Muir Rd.
Martinez, CA 94553
PH: (925) 655-2714
Fax:(925) 655-3005

Energy Saving Tips



**Contra Costa County
Community Services Bureau
Home Energy Assistance Program**

Ph: 925-267-6624
Fax: 925-229-6784

Easy Energy Saving Tips

- o In the winter, turn your thermostats down to 68 degrees or below. Reduce the setting to 55 degrees before going to sleep or when leaving for the day. *(For each 1 degree you turn down the thermostat in the winter, you'll save up to 5% on your heating costs.)*
- o Turn off and un-plug non-essential lights and appliances.
- o Avoid running large appliances such as washers, dryers, and electric ovens during peak energy demand hours from 5:00 a.m. to 9:00 a.m. and 4:00 p.m. to 7:00 p.m.
- o Close shades and blinds at night to reduce the amount of heat lost through windows. This also applies during the day for warm climates.
- o When you leave the room, turn off the lights!

Put a Lid on Cooking Costs

- o In gas appliances, look for blue flames. Yellow flames indicate the gas is burning inefficiently and an adjustment may be needed. Consult your local utility.
- o Keep range-top burners and reflectors clean. They will reflect the heat better, and you will save energy.
- o Use a covered kettle or pan to boil water. It is faster and it uses less energy.
- o Match the size of the pan to the size of the heating element.
- o If you cook with electricity, turn the stovetop burners off several minutes before

the allotted cooking time. The heating element will stay hot long enough to finish the cooking without using more electricity. The same principle applies to oven cooking.

- o Use small electric pans /toaster ovens for small meals rather than your large stove or oven. A toaster oven uses a third to half as much energy as a full-sized oven.
- o Use pressure cookers and microwave ovens whenever it is convenient to do so. They can save energy by significantly reducing cooking time.
- o Scrape off, don't rinse off, large food pieces and bones. Soaking or prewashing is generally only recommended in cases of burned-on or dried-on food.
- o Be sure your dishwasher is full, but not overloaded.
- o Don't use the "rinse hold" function on your machine for just a few soiled dishes. It uses 3 to 7 gallons of hot water each time you use it.
- o Let your dishes air dry. If you don't have an automatic air-dry switch, turn off the control knob after the final rinse and prop the door open a little so the dishes will dry faster.
- o Don't keep your refrigerator or freezer too cold. Recommended temperatures are 37 to 40 degrees F for the fresh food compartment of the refrigerator and 5 degrees F for the freezer section.
- o Cover liquids and wrap foods stored in the refrigerator. Uncovered foods release moisture and make the compressor work harder.

- o Move your refrigerator away from the wall and vacuum the condenser coils once a year unless you have a no-clean condenser model. Your refrigerator will run for shorter periods with clean coils.

Be Bright About Lighting

- o Reduce hours of usage by turning off lights not in use.
- o Use fluorescent lighting whenever possible. A 25-watt fluorescent light produces the same amount of light as about a 75-watt incandescent bulb and saves energy by using only 25 watts of energy; it also produces less heat.
- o Use three-way bulbs in lamps, where possible. The low switch settings can be used when high levels of light are not needed for reading, etc..
- o When buying a light bulb, consider its use. Choose low wattage bulbs for closets, hallways or areas where quality work or vision is not affected.



Creating Your Budget

1. **DEDICATE** a notebook for your budget, with room for planning upcoming expenses such as car repairs, home repairs and health care costs, or use a ledger designed for budgeting,
2. **LIST** all your expenses again. Include as many specific flexible and discretionary expenses as you can think of. Record cash purchases.
3. **ALLOCATE** amounts to all your fixed expenses first.
4. **CHOOSE** your first goal and how much money it will take to meet that goal.
5. **ANALYZE** your flexible and discretionary spending and adjust with your first goal in mind

REMEMBER: You can revisit your spending plan as often as necessary to make it more workable. After all, your needs can change quickly. What's important is that you operate in the black.

1. **Keep your budget realistic.** Budgets based on lofty goals, or disagreement and resentment from a spouse, run greater risk of failing. Find common ground if this is a joint effort. In any case, build on small successes and stay the course.
2. **Shape up your attitude.** Think of the reward scrapping debt, building a financial safety net, funding retirement, saving for a vacation or just peace of mind.
3. **Spend less than you earn.** It's the single best strategy for gaining financial ground and for meeting your changing needs-today and in the future.

More Budgeting Tips

Try cash only. Does spending with credit cards simply feel different than spending with cash? Some say there's an emotional void with charging that saves the sting of parting with cash. Stick with cash and spend less.

Keep looking for ways to reduce spending.

Choose a period of time to wait (say one month) before tackling an area of your spending; then move on to another. Apply any extra savings toward debt, your emergency fund, retirement or another established goal, you might be surprised to discover what you can live without.

Add up your habits. Daily coffee from the coffee shop, trips to the snack machine, and unhealthy habits such as smoking and drinking really add up. Rely on coffee from home and prepared snacks from your own pantry, and work on giving up the bad stuff, your body will thank you for that.

Gotta have it? You've tightened your financial belt a little, but you still need or want something that you feel you can't live without right now. A few discretionary dollars can go along way if you carefully shop at yard or estate sales for what you want and hold out until you find the best price.

Stay Organized. It's easy to get off track when organization falls by the wayside. Keep receipts and other important papers in a convenient place. An accordion file can hold most items, or save a few bucks and use an old shoebox.

Final thought: Take it one day at a time. Changing your spending habits is as big a step as any other healthy lifestyle change. It will take time to get used to it. Aim for small, gradual changes and keep working at it.

Keep your goals in view

The refrigerator is a great place for important messages. Keeping a list of your goals in view all the time can boost motivation.

Low Income Home Energy Assistance Program

How To Live On A Budget



Contra Costa County Community Services Bureau
Home Energy Assistance Program
1470 Civic Court, Suite 200
Concord, CA 94520
925-267-6624



Making Ends Meet

A lot of people spend more money than they earn, accumulating debt and adding a financial burden that stresses their health and relationships. At the same time, the lure of easy credit purchases may make it harder to wait and save for what's wanted or needed. If getting ahead seems out of reach for you, try living on a budget.

5 Reasons to Budget

- CONTROL.** You take power over your money and how it works for you. Your money does not control you.
- OPPORTUNITY.** Living on a budget helps you prepare for unexpected expenses.
- DEBT.** A reasonable, realistic spending plan helps you keep debt down and pay it off.
- STRESS RELIEF.** Managing your money better can ease worries and improve relationships, which helps your overall health and well-being.

But living on a budget is easier said than done, right? Yet most financial experts would agree that a budget is critical to sound money management and stronger financial muscle. Have you considered that successful budgeting is more about self-control than income? This brochure presents some tips



STEP 1: Get Into the Right Mind-set

Can you imagine a successful corporation not following a budget or balancing the books? Money coming in, and every dollar must be accounted for.

Try to think of managing your personal finances as if you're running a successful business.



STEP 2: Pull the Numbers Together

Collect the paperwork related to your monthly expenses. You will need bank statements, check-book registers, paycheck stubs, credit card statements, recurring bill statements (utilities, cable, phone, ect.) and all loan account information.



STEP 3: Exercise Time: Put your expenses into perspective

First stand up, take a deep breath, reach your arms toward the ceiling, exhale then sit down and get your pencil. To figure out where to go from here, you need to see where you've been. Consider the following to get an overall Picture of where your money goes.

Start with **INCOME**.

Write down your **monthly net income**(that's your take-home pay after taxes and other deductions such as insurance and 401(K), ect.) → _____

Add miscellaneous income(dividends,interest payments,spouseal sup) → _____

TOTAL INCOME →

Now add up your typical monthly **TOTAL EXPENSES**.

Fixed expenses: House(rent or mortgage,including taxes&insurance)▶ _____

Auto payments → _____

Credit Cards → _____

Personal loans → _____

Student loans → _____

Alimony/child support → _____

Flexible expenses: Utilities(home phone,cell,power,water,gas) → _____

Misc(groceries,gas,laundry) ▶ _____

Discretionary Expenses: (entertainment,cable,coffee,ect) ▶ _____

Tip: The best way to get an accurate estimate of your total expenses it to write down all of your transactions in a spending diary for a month. In the meantime this exercise can provide a basic snapshot of your situation.

TOTAL EXPENSES →

What's your **BOTTOM LINE**? Subtract your expenses from your income. Are you in the red, with a negative balance? Or are you in the black, with money to spare?

THE BOTTOM LINE▶



The Bottom Line

If you're operating in the red, consider cutting discretionary expenses immediately to live within your means.

If your just shy of balancing your income with your expenses, a minor adjustment here or there can make the difference.