



## County of Riverside Community Action Partnership

*Helping People. Changing Lives.*

P.O. BOX 5760

RIVERSIDE, CA 92517-5760



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dear **Weatherization** Applicant,

Thank you for your interest in the **Weatherization** program. Based on the information you provided on your Intake form **CSD43**, you **might** be eligible to have your home or apartment evaluated for **Weatherization**.

In order to perform an assessment and install feasible weatherization measures in accordance with the funding source, you need to fill out the following forms:

- **CSD515A (Rev.11/12/09)** – Energy Service Agreement for Occupied/Unoccupied single or Multi-Unit Rental Units. **This form needs to be filled out whether you rent or own.** If you are a tenant please ensure that the owner fills out the form correctly.
  - **CSD515C (Rev. 4/29/16)** – Energy Services Agreement for Rental Property owner. **This form is to be filled out by rental property management/owner.** (ONLY)
- And;
- **Consent Form CSD 081 (NEW. 5/2015)** hereto attached.

No job can be performed in the property without these forms.

It would be to your advantage to complete and return the forms above mentioned as soon as possible since **Weatherization** assistance is on great demand and we cannot guarantee you will receive these services.

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

Cordially,

COMMUNITY ACTION PARTNERSHIP OF RIVERSIDE COUNTY  
Weatherization Department



## ENERGY SERVICE AGREEMENT FOR OCCUPANT

### Dwelling Information

Select the Dwelling Type Single-Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/>	I am the Owner-Occupant <input type="checkbox"/> Tenant <input type="checkbox"/>
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### Owner-Occupant or Tenant Information

Owner-Occupant or Tenant (Print or type name)		Address	
Apt./Unit No.	City	ZIP Code	Telephone Number
Owner-Occupant or Tenant Email Address			Owner-Occupant or Tenant FAX Number

### Owner-Occupant or Tenant Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner-Occupant or Tenant)

I agree to accept the following TERMS required for my primary residence to receive services from the Department of Community Services and Development (CSD) weatherization programs(s):

1. I certify that the above-listed property is my primary residence.
2. I (the Owner-Occupant or Tenant), grant the Contractor/Agency permission to enter my dwelling to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization services and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed dwelling.
3. I acknowledge that an assessment of my dwelling is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my residence. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with the work identified on a summarized list, except as a consequence of gross negligence or willful and wanton misconduct.
5. I authorize the Contractor/Agency to access my utility company records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
6. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
7. I shall not remove any permanently installed energy conservation measures unless they are damaged or no longer functional in the residence from where they were installed.

**Additional Certifications For Owner-Occupants ONLY:**

8. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
9. Mobile home units only: I acknowledge that I may not receive services that require a permit if the registration on the mobile unit is not up-to-date.

**Additional Certifications For Tenants ONLY:**

10. I acknowledge that the Rental Property Owner must grant the Contractor/Agency the same permissions by signing CSD 515B Energy Service Agreement for Rental Property Owner before any services are rendered.



## ENERGY SERVICE AGREEMENT FOR OCCUPANT

11. I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
12. I acknowledge that I have been provided a copy of this Agreement explaining its terms effective for a two year period after weatherization services have been completed. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."
13. I may retain the replacement energy conservation measure installed by the CSD weatherization program(s) if the replaced appliance was my personal property .

I CERTIFY THAT I am the Owner-Occupant or Tenant residing in the dwelling listed above that serves as my primary residence and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order to receive weatherization services under the CSD weatherization program(s).

Owner-Occupant or Tenant's Signature	Date

### Contractor/Agency Assurance

Contractor/Agency (Print name)		Address	
Community Action Partnership of Riverside County		2038 Iowa Ave., Suite B-102	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
	Riverside	92507	(951) 955-4900
Contractor/Agency Email Address			Contractor/Agency FAX Number
<a href="mailto:info@capriverside.org">info@capriverside.org</a>			(951) 955-2230

*The Contractor/Agency agrees to the following:*

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Agency Program Manager's Signature	Agency Program Manager's Name (Print name)	Date
	Lin Vong	



## ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

SECTION 1: Single-Family/Mobile Home Dwelling Information				
Tenant Name		Dwelling Address		
City	Zip Code	Type Single <input type="checkbox"/> Mobile <input type="checkbox"/>		
SECTION 2: Multi-Family Dwelling/Complex Information				
Number of Eligible Buildings in Complex:		If there are more than three buildings in the complex, use the CSD 515B Additional Buildings page.		
Building #1				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #2				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
Building #3				
Complex/Building Name (if applicable)		Building Address		
City	ZIP Code	# of Units in Building	# of Units to be Weatherized	# of Vacant & Unqualified Units
List Qualified Units		List Vacant and Unqualified Units		
SECTION 3: Owner and Owner's Agent Information				
Owner (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Owner Telephone Number	
Owner Email Address			Owner FAX Number	
<i>If the Owner uses an agent for the above-referenced property, complete <u>both</u> Owner and Agent information.</i>				
Agent (Print or type name)		Address		
Apt./Unit No.	City	ZIP Code	Agent Telephone Number	
Agent Email Address			Agent FAX Number	



## ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

### SECTION 4: Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner or Owner's Agent)

I agree to accept all of the following TERMS required for my rental property to receive services from the Department of Community Services and Development (CSD) weatherization program(s):

1. I certify that I am the Owner (or Owner's Agent) of the above-listed rental property.
2. I grant the Contractor/Agency permission to enter my property to perform assessments, conduct diagnostics, take photos only of weatherization work to be performed or deferred (as it relates to individual or whole house services), install feasible weatherization measures and perform inspections in accordance with CSD weatherization program policies and standards to the above-listed rental property.
3. I acknowledge that an assessment of my property is necessary to determine the work that can be performed and that the work that is available may be limited due to the needs and condition of my property. Identified work may not be provided if it does not meet all program requirements and specifications and may lead to full or partial deferral of work. My refusal of certain work may prevent the installation of other identified work in accordance to program requirements.
4. I shall not remove any energy conservation measures unless they are damaged or no longer functional in the rental property from where they were installed. If the replaced item (i.e. refrigerator or other appliance) was the personal property of my tenant, the tenant shall retain the replacement energy conservation measure installed by the CSD weatherization program(s).
5. Mobile home units only: I acknowledge that my property may not receive services that require a permit if the registration is not up-to-date.
6. I hereby release and pledge to hold harmless the Contractor/Agency listed below, and its staff, from any liability in connection with any work identified on a summarized list except as a consequence of gross negligence or willful and wanton misconduct.
7. I authorize the Contractor/Agency to access my complex's utility company master-metered records to obtain only energy usage data for a period of one year before and two years after weatherization measures are installed.
8. I grant the Contractor/Agency, local, State and/or Federal inspectors permission to enter the dwelling after reasonable notice to perform inspections to verify the existence and quality of work performed by the Contractor/Agency and compliance with local, State, and/or Federal building codes and programmatic guidelines and acknowledge that a permit may be required for specific weatherization work. I understand that I may be held financially responsible for the weatherization work if I refuse to allow access for inspection and permitting purposes.
9. I certify that I, as the Owner or Owner's Agent, shall ensure that gas or electric service, or both, that is provided by a master-meter to tenants shall be charged at the utilities' costs in accordance with California Public Utilities Commission Code Section 739.5 or other applicable government regulations.
10. I certify that I, as the Owner or Owner's Agent, shall not raise the rent of any weatherized unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property).
11. I acknowledge and agree that this property is not for sale at the time of qualifying for the program and will not be offered for sale or otherwise distributed for at least sixty days following the completion of weatherization services.
12. I certify that I shall provide a copy of this Agreement explaining its terms to all tenants and subsequent tenants residing in the unit within the two year period. Complaint Process: In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

#### **Additional Certification for Unoccupied Multi-Unit Dwellings ONLY:**

13. I agree that "rent" is defined as the tenant's monthly payment to the Owner (non-subsidized housing) or the contract rent (subsidized housing).
14. I shall submit to the Contractor/Agency a schedule of rents prior to commencement of work.
15. Federal, State or Local Government Rehabilitation Projects only: I certify that if a vacant unit is counted as being an eligible household for purposes of meeting the minimum threshold for whole building weatherization (66% rule), then the unit will become occupied by an eligible family within 180 days after the completion of weatherization (CFR 440.22(b)(2)(ii)).



## ENERGY SERVICE AGREEMENT FOR RENTAL PROPERTY OWNER

### SECTION 4: Owner or Owner's Agent Acceptance of Terms for CSD Weatherization Services (to be completed by the Owner or Owner's Agent) - continued

I CERTIFY THAT I am the Owner or Owner's Agent of the Dwelling or Complex listed above, and that all given statements are true and correct to the best of my knowledge. I have read and understand these TERMS and RELEASE, and agree to be bound by all of its terms and conditions in order for my property to receive weatherization services under the CSD weatherization program(s).

Owner's (or Owner's Agent's) Signature	Date
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### SECTION 5: Whole Building Weatherization Acknowledgment

I CERTIFY THAT I am the Owner or Owner's Agent of the Multi-Family Building(s) listed above, and that the Contractor/Agency has informed me that buildings on my property may qualify for Whole Building Weatherization, provided that the building is income-qualified. Based on the information provided, I choose one of the following options:

\_\_\_\_\_ If the required number of units are income-qualified, I authorize the Contractor to install Whole Building Measures. Whole Building Measures include weatherization services to all units in a building and may include ceiling insulation and exterior lighting where feasible.

\_\_\_\_\_ I authorize the Contractor/Agency to install individual unit weatherization measures, which does not include ceiling insulation, exterior lighting or other whole building measures.

Owner's (or Owner's Agent's) Signature	Date
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### SECTION 6: Contractor/Agency Assurance

Contractor/Agency (Print or type name)		Address	
Community Action Partnership, Riverside County		2038 Iowa Ave., Suite B-102	
CSLB Number (if applicable)	City	ZIP Code	Contractor/Agency Telephone Number
	Riverside	92507	(951) 955-4900
Contractor/Agency Email Address		Contractor/Agency FAX Number	
<a href="mailto:info@capriverside.org">info@capriverside.org</a>		(951) 955-2230	

*The Contractor/Agency agrees to the following:*

1. Shall be responsible for the feasible cost of weatherization measures performed other than cash contribution from the Owner or Owner Agent, if applicable, and any subsequent non-compliance.
2. Shall ensure that the Contractor/Agency is properly insured.
3. Shall ensure that work is conducted in a professional manner and meets program and building code standards.
4. Shall not make any significant structural changes to the dwelling without requesting written permission specifically describing the change from the dwelling owner.
5. Shall provide in writing a list of all weatherization measures installed in the rental unit.
6. Shall assure that the owner, or owner's agent, and tenant data shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

Contractor/Agency Program Manager's Signature	Contractor/Agency Program Manager's Name (Print name)	Date
	Lin Vong	

Required Documentation:

Rent schedule received from Property Owner, if applicable?	Y	N	If applicable, CSD 75P completed?	Y	N
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Required Contractor Response:

Building is eligible for whole-building weatherization?	Y	N
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# Customer Intake Form



CUSTOMER INFORMATION			
Last Name	First Name	Date of Birth	Today's Date
Phone ( )	Email		Office Location
Address		City	Zip Code
GENDER	MARITAL STATUS		ETHNICITY
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
INDICATE YOUR RACE (SELECT ONE)			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Other <input type="checkbox"/> Unspecified	
INDICATE YOUR EDUCATION (SELECT ONE)			
<input type="checkbox"/> 0-8 <sup>th</sup> Grade <input type="checkbox"/> 12+ Some Postsecondary <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree	<input type="checkbox"/> 9-12 Education <input type="checkbox"/> GED <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Unspecified <input type="checkbox"/> Vocational School	
INDICATE YOUR HEALTH INSURANCE (SELECT ONE)			
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Provided by Employer	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care	<input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Unknown	
MILITARY STATUS (SELECT ONE)	DO YOU RECEIVE FOOD STAMPS?	ARE YOU DISABLED?	
<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> No Military	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	
FARMER (SELECT ONE)	WORK STATUS (SELECT ONE)		
<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer	<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term > 6mos <input type="checkbox"/> Unknown	
DO YOU RECEIVE WIC? (SELECT ONE)	NON-CASH BENEFITS (SELECT ONE)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP/Food Stamps	<input type="checkbox"/> LIHEAP <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> WIC	
INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE:			\$
<input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Pension <input type="checkbox"/> Alimony <input type="checkbox"/> Rental <input type="checkbox"/> EITC <input type="checkbox"/> Work Comp <input type="checkbox"/> Private Disability Insurance	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> VA Service - Disability <input type="checkbox"/> VA Non-Service - Disability	
HOUSING STATUS (SELECT ONE)			
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Own - Multi-Family	<input type="checkbox"/> Own - Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> Homeless	<input type="checkbox"/> Runaway <input type="checkbox"/> Temp Stable <input type="checkbox"/> Temp Unstable	

Please complete this side of the form for additional members of your household.

Customer Information				Using the key below please answer the following questions					Using (Y) for Yes or (N) for No please answer the following			Income								
Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Source of Income	Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Served in Military	Food Stamps	WIC	Disabled	Farmer	Income	Primary Income Source	
A. Single B. Married C. Domestic Partner D. Divorced E. Separated	A. Brother B. Child C. Father D. Foster Child E. Foster Parent F. Friend G. Grandchild H. Grandparent I. Mother J. Other K. Other Related L. Other Relative M. Sister N. Spouse O. Stepfather P. Stepmother	A. Hispanic or Latino B. Non-Hispanic or Non-Latino	A. American Indian or Alaskan Native B. Asian C. Black/African American D. Caucasian (White) E. Hawaiian/Pacific Islander F. Multi-Race G. Other	A. American Indian or Alaskan Native B. Asian C. Black/African American D. Caucasian (White) E. Hawaiian/Pacific Islander F. Multi-Race G. Other	A. 0-8th grade B. 9-12th grade C. High School Grad D. GED E. 12 + some secondary school F. 2 -year College graduate G. 4-year College graduate H. N/C Child under age of 18	A. No Health Insurance B. Direct Purchase C. Employment Based D. Medicaid E. Medicare F. Military Health Care G. State Children's Health Insurance H. State Insurance for Adults I. Unknown	A. Employment B. TANF C. Public Assistance D. Self-Employment E. Alimony F. Child Support G. Interest/Dividends H. Pension I. Rental J. Social Security K. SSDA L. SSI M. Veterans Work Comp N.	If household member is over age of 18 indicate highest grade completed	Please indicate your source of Health Insurance	Please indicate your primary income source										





***Community Action Partnership  
of Riverside County  
Helping People. Changing Lives.***

Dear Applicant,

Community Action Partnership programs are designed to produce outcomes that result in changed lives. These programs provide county residents with a variety of support to encourage economic stability.

Some of the programs County of Riverside Community Action Partnership offers are the following:

- **Energy** : Utility Assistance • Weatherization
- **Education**: Grant Writing • Budgeting • Healthy Living
- **Tax Preparation**: Free Certified Tax Assistance (VITA)
- **Mediation**: Conflict Resolution • Neighbor and Family Disputes
- **Youth Programs**: Workplace Mentoring • Tutoring • Financial Savings
- **Savings Match**: Home Purchase • College • Business Start Up (IDA)
- **Non Profit Assistance**: Start Up and Grant Funding
- **Veteran Services**: Employment Training

You can find more information on these programs in the brochure attached or on our website: [www.capriverside.org](http://www.capriverside.org)

Please let us know if our agency may contact you regarding other services we provide?

YES

NO

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_



**Address:** 2038 Iowa Avenue, Suite B-102, Riverside, CA 92507  
P.O Box 5760, Riverside, California 92517-5760  
**Phone:** (951) 955-4900 1-800-511-1110  
**TTY:** (951) 955-5126