



Merced County Community Action Agency

Energy and Weatherization Department

Proudly Serving Merced and Madera Counties

Weatherization Program

Program Eligibility: Weatherization service is available once every 4 years to households which meet program Income Guidelines. Applicants must reside in the home for which they are applying for

Checklist: *** copies of all items are required for a complete application!

- Completed Application Form: (Energy Intake Form CSD 43) Fill out in its entirety, sign and date the bottom.
- Current Energy Bill(s): All pages of the bill are required. Include gas, electric, propane, and wood costs from the past month.
- Income: Document gross income from the past month for ALL household occupants with income. Examples: paycheck stubs, award letters for SSI/SSA/pensions and unemployment.
- Adult Occupants: Current government-issued photo ID (FEDERAL LIMITS APPLY PLEASE ALSO BRING US BIRTH CERTIFICATE, US PASSPORT, NATURALIZATION CERTIFICATE N-550 OR N-570, AMERICAN INDIAN CARD WITH A CLASSIFICATION CODE KIC, OR DOCUMENT OF DIRECT RECEIPT OF SSI OR SSA BENEFITS) and Social Security Card for all occupants 18 years or older.
- Child Occupants: Social Security Cards, birth certificates, or immunization records for all occupants younger than 18 years.
- Applications from Owners: Provide a copy of the deed, title, or property tax papers, as proof of ownership.
- Applications from Renters: Provide the owner's name, mailing address, and telephone number — MCCA must contact the owner to complete some mandatory paperwork before we will be able to continue.

Submit your complete application package by mail, fax, or in person.

MAIL:
MCCA WX DEPT
P.O. Box 2085
Merced, CA 95344-0085

OFFICE:
109 Airpark Road
Atwater CA 95301
(209) 723-1225

Hours:
Mon-Fri 8 am-5 pm
Closed weekends & Holidays

FAX:
209-676-2237

service.

**THIS IS A FEDERALLY-FUNDED PROGRAM,
THERE IS NO COST TO TENANT OR OWNER.**

Please Note: We receive many more applications than we can service and we cannot guarantee service to all qualifying applications. You may also experience very long waiting periods for the program, and some applicants may need to apply repeatedly for consecutive years before they are contacted for service. Your waiting period is determined by your application, funding levels, as well as other factors not within this Agency's control. To maximize your availability for service, provide a phone number where we can reach you or leave you a message; respond to our missed calls and/or messages promptly; and let us know whenever your contact information changes.

Overview of the Weatherization process:

Step 1: Assessors will typically make calls between 8 a.m.-10 a.m. to schedule your first inspection, which determines what Weatherization improvements we can provide for your home.

Step 2: Recommendations are sent to the foreman, who assigns a crew to come out and perform repairs and improvements. Some improvements may require multiple visits.

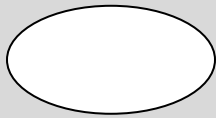
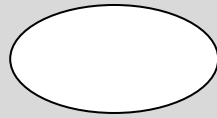
Step 3: When improvements have been completed, a final inspection visit will be scheduled.



State of California
Department of Community Services and Development
 Energy Intake Form
 CSD 43 (07/2024)

<i>Official Use Only:</i>	
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 <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			
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 <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 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 <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 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 <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 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"/>

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

For household at Address:	City:
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PLEASE NOTE: The demographics information collected in conjunction with your application will be used by various state and federal agencies to improve targeted/focused services in your area. Your answers will not require documentation and will not be used to determine eligibility for services. When shared, this information will not be identifiable to you or your family.

1. How many household members of each gender?	
How many male? : _____	How many female? : _____

2. How many household members in each age group?			
0-5 years: _____	12-17 years: _____	24-44 years: _____	55-69 years: _____
6-11 years: _____	18-23 years: _____	45-54 years: _____	70+ years: _____

3. Ethnicity & Race <i>(Note: Your answers are OPTIONAL. Ethnicity and Race are terms which may refer to biological, genetic, social, or cultural characteristics. The acceptable answers here are whatever you are most comfortable with.)</i>	
a. How many household members are of Hispanic, Latino or Spanish ethnicity? : _____	
b. How many members are <u>not</u> of Hispanic, Latino or Spanish ethnicity? : _____	
c. How many household members identify with the following Racial categories?	
White/Caucasian: _____	Asian American: _____
African American: _____	American Indian & Inuit: _____
Pacific Islander: _____	Multi-Race (2 or more): _____

4. How many household members (aged 24 years and older) fall into each educational category, based on their highest level of achievement to date?		
Up to Grade 8: _____	HS diploma/GED: _____	Some College: _____
Grade 9-12 (non-graduate) : _____	College Graduate: _____	

5. Health Insurance <i>(Note: Medicare and Medicaid are considered health insurance.)</i>	
How many household members have health insurance? : _____	

6. Disabled Persons <i>(Note: Defined by the Americans With Disabilities Act of 1990: "disability" means, (a) a physical or mental impairment that substantially limits one or more of the major life activities of an individual, (b) a record of such an impairment, (c) being regarded as having such an impairment."')</i>	
How many household members are disabled? : _____	

7. Which choice best describes your Household Composition (aka family structure)?	
<input type="checkbox"/> Single-Parent, Mother	<input type="checkbox"/> Single Adult, No Children
<input type="checkbox"/> Single-Parent, Father	<input type="checkbox"/> Adult Couple, No Children
<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Other

8. Indicate if at least one household member is a... <i>(Note: In this section, check all that apply.)</i>	
<input type="checkbox"/> Farmer	
<input type="checkbox"/> Migrant Farmworker	<i>(A Migrant Farmworker is any individual who is employed in agricultural labor of a seasonal nature and is required to be absent overnight from his/her permanent place of residence.)</i>
<input type="checkbox"/> Seasonal Farmworker	<i>(A Seasonal Farmworker is any individual who is employed in agricultural labor of a seasonal or temporary nature, is not required to be absent from his/her permanent place of residence, and who derives at least 20% of his/her income from agricultural labor or related industries.)</i>



Merced County
Community Action Agency
WEATHERIZATION DEPARTMENT

WEATHERIZATION CUSTOMER AGREEMENT

Thank you for applying for the Merced County Community Action Agency (MCCAA) Weatherization Program. Our goal is to help you save energy (and money), and help make your home safer and more comfortable. **In order to make our visits to your home safe for both your family and the Weatherization staff, you must read and sign this document before MCCAA will begin any weatherization work on the property.**

The Weatherization staff will be performing work on the outside and inside of your residence. In order to minimize the risk of loss to you and to MCCAA please observe the following during all visits to your home by MCCAA Weatherization staff.

1. **MCCAA is not responsible for any lost, stolen, missing, or misplaced items during any of our visits to your home. It is your responsibility to secure any items or personal belongings of value.** If you have any questions as to what parts of your home the staff will need access to, please ask.
2. **Please keep all pets away from areas where the weatherization staff will be working. You will need to secure your pets during the entire visit.** The staff will need to be able to come in and out of doors and gates and are not responsible for watching out for your pets. Please note that doors, gates, and windows may need to remain open while the crew is performing certain work.
3. **Please make sure that children who are present during our visits are under your supervision at all times and kept away from the areas where staff members are working.** Do not allow children to be left unsupervised in areas where the weatherization staff is working, in or around MCCAA vehicles, or near any tools, equipment, ladders, and extension cords.
4. **An adult resident must remain present at the home while MCCAA staff is working.** Staff members are not allowed to remain on your property without an adult resident present.

We thank you for your cooperation. Should you have any questions, please contact the MCCAA Weatherization Department at (209) 723-1225.

Signature of Client

Date

Signature of MCCAA Staff

Date