LIHEAP Online Application

Read the following information in its entirety to ensure that you provide an accurate and complete application. Please provide information and documents for everyone residing in the home for which assistance is being requested.

The following information will go over in detail the information obtained for each required document in the application.

CSD 43 Application Form- "Primary Applicant" will be listed on this form and will be Household Member 1 throughout the application packet.

All Household Members' information must be filled out for every person residing in the home.

First Name, Last Name, Relationship to applicant, DOB, Gender, Race, Hispanic/Latino, Amount of Gross Monthly Income, Source of Income. If anyone in the household does not obtain income, please note the $ amount as zero and source as none.

Conservation of Energy Form- Please select either "yes" or "no" for a Weatherization Referral. Weatherization Services include but are not limited to weather stripping, window repair/replacement, appliance upgrade to energy efficient ones, water heater repairs/replacement, Heating/Cooling repair/replacement, ceiling, floor, and wall insulation.

Due to the overwhelming demand of the Weatherization Program wait time can be estimated from 6months – 12months and not all eligible households will be weatherized

CSD 081 Form- Please have PG&E, MID, TID, or Propane Account Holder Sign this form.

* If the account is listed in someone else's name, please note that you will have to obtain account holders signature and then submit form separately*

Financial Management Counseling Form- Provide all your monthly financial obligations. If you do not have an expense for a category DO NOT leave blank, please note the amount as $0.

- Section 4 Problems: Please explain your hardship or reason you need utility assistance.

Client Tracker Form- Requires Social Security #'s, Last Name, First Name, DOB and AGE, Disabled (yes or no), Education (highest level) per household member, Health Insurance, (Medical, Medicare, Employer Based, etc.) and Veteran (yes or no).

A blank application will NOT be accepted, please ensure to fill out all information required.
All applications/verifications will be processed in order received
Inaccurate and/or missing information may delay the processing of your application.

PLEASE UPLOAD COPIES OF THE FOLLOWING DOCUMENTS WITH YOU APPLICATION
SCREENSHOTS OF DOCUMENTS ARE NOT ACCEPTABLE

GOVERNEMENT ISSUED ID FOR ALL ADULTS 18YRS AND OLDER IN HOUSEHOLD:
IF STATE ID FOR ANY INDIVIDUAL STATES "FEDERAL LIMITS APPLY" PLEASE ALSO UPLOAD A COPY OF US BIRTH CERTIFICATE, U.S. PASSPORT, OR DOCUMENT TO CONFIRM PERMANENT RESDICENCY OR CITIZENSHIP FOR EACH ADULT.
DOCUMENTS HAVE TO BE VALID, CANNOT BE EXPIRED

ALL PAGES OF CURRENT ENERY BILLS:
MUST SHOW ACCOUNT NUMBER, NAME, PHYSICAL ADDRESS, BILLING DATE & DUE DATE, CURRENT CHARGES & ANY PREVIOUS BALANCE. (48 HR NOTICES AND DELINQUENT NOTICES WILL NOT BE ACCEPTED.)

- PLEASE UPLOAD ALL PAGES OF YOUR ENERGY BILLS. If you have both MID or TID (electric) and PG&E (gas), please upload copies of both bills. If you have both propane (gas) and PG&E (electric) please upload both bills.

SOCIAL SECURITY CARDS: For EVERYONE LIVING IN THE HOUSEHOLD INCLUDING CHILDREN. (MEDI-CAL CARDS, IMMUNIZATION RECORDS, OR BIRTH CERTIFICATE WILL BE ACCEPTED FOR MINOR CHILDREN ONLY, BUT SSC PREFERRED)

CURRENT PROOF OF INCOME FOR THE LAST 4 Weeks for EVERYONE IN HOUSEHOLD

- Wages earned from employment please provide current copy of pay stub(s) covering most recent 4 weeks of gross income before deductions if multiple stubs, they must be consecutive.
- Social Security Income please send a copy of Current Social Security Award Letter, or Most recent copy of bank statement (all pages) showing direct deposit reflecting name of the person receiving SSA benefits, or a copy of the most recent Social Security Income check.
- Pension/Retirement Income please provide a copy of check stub or current award letter.
- Unemployment benefits Income please provide current check stubs (must be consecutive), or current printout that reflects name of person receiving benefits, or current award letter.
- Workers Compensation Income please provide copy of current check stubs(s), current award letter.
- Self-employment and/or Rental Income please provide Entire Current Year's tax filing must include Schedule 1, Schedule C , and/or Schedule E.
- Public assistance TANF/CALFRESH Benefits please provide current Verification of Benefits for everyone receiving assistance, if multi-generational household reside in same home please ensure that a Verification of Benefits is submitted for each individual case.
- Child support Income please provide copy of most current monthly statement, or printout.
  -If child support is a mutual agreement between the parents please provide a letter written by the parent paying the child support stating how much was paid in the last 4 weeks. The letter must state the name of the person paying the support along with their full contact information, signature , and date letter was written. Please note the letter must reference the name(s) of the child(ren) for which the support is being provided for.

PROOF OF INCOME MUST BE CURRENT WITHIN THE LAST 4 WEEKS from the date the application is signed and submitted.

FOR CALFRESH/CALWORKS HOUSEHOLD ONLY:
PLEASE PROVIDE CalFresh/CalWORKs Verification of benefits for CURRENT MONTH

- A Declaration/Written statement attesting to income from everyone in Household who has obtained income within the last 4 weeks must be detailed per household member.
- If any members of the household do not have income, please state that.

Example of Declaration/Written statement-
I (Name), received $(gross) in the last four weeks from: (Source)
If you submit Verification of Benefits along with the declaration of income, please DO NOT submit proof of income

Department of Community Services and Development

Energy Intake Form

CSD 43 (05/2025)

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 *cannot* 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? ☐ Yes ☐ No

Is your service address the same as mailing address? ☐ Yes ☐ No

Do you own or rent your home? ☐ Own ☐ 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? ☐ Yes ☐ 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 →	
Demographics: Enter the number of people in the household who are:		*Enter the total **gross** monthly income for **all** people living in the household:*	
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 MEMBERS

ENTER 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 *Self*
Date of Birth: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State

Have you served or are you an immediate family member of someone who served in the United States military?

☐ Yes, I have Served

☐ Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military

☐ No

☐ 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.

☐ Yes ☐ 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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ 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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ 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: Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ 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:

Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State

Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ 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:

Sex: ☐ Female ☐ Male ☐ Unknown/Decline to State

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State

Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ 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 [illegible] 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 → ☐ HEAP ☐ Fast Track ☐ HEAP WPO ☐ ECIP WPO

Base Benefit $_____ Supplement $_____ Total Benefit $_____

Total Energy Cost $_____ Energy Burden _____

Energy Services Restored after disconnection: ☐ Yes ☐ No Disconnection of Energy Services prevented: ☐ Yes ☐ No

Home Referred for WX: ☐ Home Already Weatherized: ☐

MERCED COUNTY COMMUNITY ACTION AGENCY
1235 W. Main St, Merced, CA 95340
P.O. Box 2085, Merced, CA 95344
Phone: (209) 723-3201
FAX: (209) 726-8525

WEATHERIZATION CUSTOMER AGREEMENT

Our mission is to help you save energy and money- while making your home safe, comfortable, and energy efficient!

Overview of the Weatherization process:

Step 1: Assessors will make call contact to schedule your first home inspection which may last between a few hours, to a few days depending on the size of the home. The initial home assessment will determine the items a home qualifies for.
Step 2: Item 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.

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 to begin any weatherization work on the property.

The Weatherization staff will be performing work on the outside and inside of your residence. 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 about 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 always under your supervision 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.

☐ Homeowner, provide proof of ownership (mortgage statement, deed, or most recent property tax statement)

☐ Renter, please provide landlord contact information

Landlord Name: _____ Contact Number: _____

Signature of Applicant: _____

Date Signed: _____

Merced County Community Action Agency
Energy/Weatherization Department
1235 W. Main St. – P.O. Box 2085 – Merced, CA

LIHEAP APPLICANT FINANCIAL MANAGEMENT COUNSELING

Benefit Program: _____

Participant: _____ _____ _____ _____
(Last) (First) (Street) (City/Town/Zip) (Phone#)

1. Monthly Household Income
   a. Source(s) of Income: _____
   b. Gross Monthly Income: _____
   c. Net Monthly Income: _____
      (After deductions)
2. Monthly Financial Obligations
   (Monthly bills paid by applicant)
   a. Rent/Mortgage payment: _____
   b. Food Exp (out of pocket): _____
   c. Household Exp (Toiletries): _____
   d. Credit Card Payment: _____
   e. TV/Cable Payment: _____
   f. Telephone Payment: _____
   g. Water/Garbage Payment: _____
   h. Utility Payment: _____
      (PG&E, MID, TID, PROPANE)
   i. Transportation Exp: _____
   j. Car Payment: _____
   k. Other monthly payments:
      (Be specific)

_____

_____

_____

GRAND TOTAL _____

Participants in MCCAA's direct assistance programs are required to present documented proof of monthly income

3. Possible available cash after all monthly obligations are paid

_____

4. Problems:
   (Why does applicant need financial assistance from MCCAA?)

_____

_____

_____

5. Recommendation: MCCAA will assist in paying part or all of the applicant's utility obligations
   (Specify what Utility is to be paid)

Utility Company Name: _____

MCCAA to Pay: _____

Applicant required to pay or make arrangements with Utility Company on remaining account balance

_____

A representative of the Merced County Community Action Agency provided me with Financial Management Counseling. During counseling, I was informed that in order for me to receive assistance with my _____, I must pay $_____ or make arrangements with my Utility Company for that amount. I understand that I must pay my share before the MCCAA will pay on my behalf.

_____ _____
Participant's Signature Date Intake Worker's Signature Date

This project, program or service is funded in whole or in part by the American Recovery and Reinvestment Act of 2009 in cooperation with the California Dept. of Community Services and Development.

Client Tracker Form

Have you received assistance from any of the programs listed below in the last 30 days?

☐ Heap/Fast Track ☐ WX ☐ Community Services	☐ WIC ☐ Parent Involve ☐ Counseling ☐ REACH	☐ Rent Assist. ☐ Shelter ☐ Housing	☐ Referral Out ☐ Social Services ☐ Health Services ☐ Mental Health	**Family Type:** ☐ Single Parent F ☐ Single Parent M ☐ Two Parents ☐ Individual ☐ Couple ☐ Other
☐ Head Start ☐ Child Development ☐ State Pre-School ☐ Child Care	☐ Disabilities ☐ Transportation ☐ CPR/First Aid	☐ Food Pantry ☐ Clothing ☐ Senior Nutrition	☐ Other:	

	Household Member 1	**Household Member 2**	**Household Member 3**	**Household Member 4**
SS#				
Last Name				
First Name				
DOB / Age				
Disabled				
Education				
Health Insurance				
Veteran				

	Household Member 5	**Household Member 6**	**Household Member 7**	**Household Member 8**
SS#				
Last Name				
First Name				
DOB / Age				
Disabled				
Education				
Health Insurance				
Veteran				

***I certify that this statement is true and correct to the best of my knowledge, and authorize the release of all information necessary for verification purposes.**

***Yo certifico que esta delaracion es cierta y correcta, y autorizo el uso de esta informacion para proposito de verificasion.**

***Kuv lees paub tias nqe lus no muaj tseeb thiab raug rau qhov zoo tshaj plaws ntawm kuv txoj kev paub, thiab tso cai tso tawm ib qho thiab tag nrho cov ntaub ntawv tsim nyog rau kev ua pov thawj.**

_____ _____

Signature of Client **Date**

	Household Member 9	Household Member 10	Household Member 11	Household Member 12
SS#				
Last Name				
First Name				
DOB / Age				
Disabled				
Education				
Health Insurance				
Veteran				

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 CA	Zip Code
Is the utility service address the same as the account holder's mailing address? ☐ Yes ☐ 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 mange those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	**Date**

Name of CSD Contractor/Partner Organization
MCCAA

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