

Home Energy Assistance Program Li-Heap 2026

Please Circle the ONE type of heating assistance you are requesting.

Propane - Heating Oil – Kerosene – Diesel – Firewood – Pellets – Electric

Indicate the Company you wish to be paid

Ed Staubs – Amerigas – Harbert Oil – ACE – Surprise Valley – Pacific power – Wood Voucher

Please read before filling out application

Return with attached Application (complete Pages 1-9)

Proof of Government Identification for Applicant

- **Current income verification for the past 30 days** for everyone in the household. If you receive cash assistance/ Food stamps we need a Verification of Benefits from DSS, Self- Employed we need last year's tax return forms (Schedule C/1040, **No income we need certification of income sheet (Pg. 8) filled out for everyone in the household who is over 18 with no income.**
- **Current Month electric bill** it cannot be a closing bill: **the current electric bill** is needed even if you are not requesting assistance with your electric **bill**. If you use a generator or solar bring a copy of your most current property taxes.
- **Current heating Bills** – Propane, Heating oil & Kerosene, Wood; The bill must show date of delivery and total cost, **if you do not have an account with Amerigas, Harbert Oil, or Ed Staubs you will need to open one before we can issue payment to that vendor.**
 - **Fill out page 4-** All Applicable heating sources
 - Anyone over the age of 18 with NO income must fill out **Page 8-** Please ask for more at the front desk if needed
 - **Page 7 MUST be filled out and signed by account holder/s**
 - Sign Client Education Form **Page 9**

Return all pages of application and make sure all forms are signed and dated with all the requested information. If all the necessary paperwork is not enclosed it will delay your assistance. The process takes 4-8 Weeks.

If you have any questions call (530) 233-3111
Ask for Lola

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):


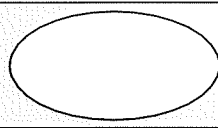
Home Phone ()


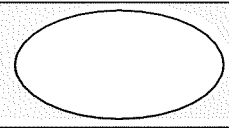
Mobile Phone ()

 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, 

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 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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> Other Fuel Enter the energy company and account number: Company Name: _____ Account #: _____ Is your utility service shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are your utilities included in rent or submetered? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are your utilities all electric? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is your Natural Gas Company the same as your Electric Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
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WOOD, PROPANE or FUEL OIL SERVICE (WPO) Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels). Number of Days: _____ <input type="checkbox"/> N/A
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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. <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> 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): <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> Other Fuel <input type="checkbox"/> N/A Are you the account holder: Electric Bill <input type="checkbox"/> Yes <input type="checkbox"/> No Natural Gas Bill <input type="checkbox"/> Yes <input type="checkbox"/> No
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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"/>	

T.E.A.C.H., Inc.
Home Energy Assistance Program
All Heating Sources

Our/My household uses approximately _____ cords of firewood during the winter months to heat our/my home.

We/I spent \$_____ per cord, A cord of firewood last approximately _____ months.

☐ N/A

Has your residence been weatherized? ☐ Yes ☐ No

What type of residence do you live in?

☐ House ☐ Apartment ☐ Duplex ☐ Mobile Home ☐ Other _____

Do you? Own or Rent Monthly Rent or Mortgage \$_____

N/A	Estimates	Monthly Amount	Yearly Amount
	PPL / SVE		
	Propane, Kerosene, Oil, Diesel- Ed Staub's / AmeriGas / Leo Jones / Habert Oil		
	Wood		
	Pellets- ACE		

*If you do not have an out-of-pocket cost for utilities you are ineligible for the utility assistance program. You must be responsible for energy cost and provide copies of all energy bills.

Office use only:

Electric: _____ P/K/O/D: _____ Wood: _____ Pellets: _____ TOTAL: _____

T.E.A.C.H., Inc.
Home Energy Assistance Program
Responsibility Statement

THIS FORM IS ONLY USED IF THE ELECTRICITY BILL IS NOT UNDER YOUR NAME

I, _____,
Reside at: _____ CA _____.

My utility bill is in the name of: _____.
(S)/he is my _____. I am responsible for payment of the utility
bill for the above address.

I certify that all the above information is true and correct to the best of my knowledge. I am
aware that willfully and knowingly falsifying information may lead to criminal prosecution.

I also certify that I am the only person in my household who has applied for the Energy
Assistance program this calendar year.

Signature: _____ Date: _____

*In addition to this form:

The Person whose Name the bill is in, **must complete the attached Consent Form Page 7.**

T.E.A.C.H., Inc.
Home Energy Assistance Program
Electricity Included in Rent

THIS FORM IS ONLY USED IF THE ELECTRICITY IS INCLUDED IN YOUR RENT

Dear Landlord or Property Manager,

The Home Energy Assistance Program assists low-income households with paying their utility expenses. Because of a change in the way HEAP is administered, applicants must show how much of their household income is paid toward energy costs before they receive assistance. This request is pursuant to the Low Income Home Energy Assistance Program Act of 1994, Public Law 97-35 as amended.

Therefore, in keeping with the intent of Federal Law, landlords and property managers are now being asked to provide, upon request, to HEAP applicants the amount of rent dollars are spent to pay for the heating and cooling.

If you are unable to determine the actual cost of energy per unit, you can estimate the cost of dividing the current energy cost on the utility bill by the number of units serviced by the bill. In addition, your utility company is a good source of information and may be able to assist you with obtaining this information.

We sincerely appreciate your cooperation.

Landlords / Property Manager Name: _____

Address: _____ Phone: _____

Applicants Name: _____

Address: _____ Phone: _____

Monthly amount of rent paid towards energy bill: \$ _____

Landlords 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

Department of Community Services and Development

CSD 43B (rev.12/2013)

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)
		<input type="checkbox"/> WORKER'S COMP <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> GOVERNMENT SPONSORED BENEFITS <input type="checkbox"/> CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)
		<input type="checkbox"/> ANNUITY <input type="checkbox"/> PENSION <input type="checkbox"/> TRIBAL CASINO PAYMENTS <input type="checkbox"/> RENTAL INCOME <input type="checkbox"/> INSURANCE BENEFITS

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?

YES	NO	Are you using savings or a home equity loan?
		How much? _____
YES	NO	Are you using some other asset?
		How much? _____
YES	NO	Are you borrowing from credit cards?
		How much? _____
YES	NO	Are you borrowing from some other source?
		How much? _____

Section 3: Please tell us how you paid these monthly expenses during the previous months:

EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:	
Rent or Mortgage	\$ _____	_____	Name: _____	Phone: _____
			Address: _____	
Utility Bills	\$ _____	_____	Name: _____	Phone: _____
			Address: _____	
Food	\$ _____	_____	Name: _____	Phone: _____
			Address: _____	

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

Signature:

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information.

I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature _____**Date** _____

[illegible]

Lead

Childhood lead poisoning remains a major problem in environmental health in the United States. Even children who appear healthy can have dangerous levels of lead in their bodies. For this reason, it is recommended that children are subjected to the test of lead in the blood.

Lead may enter the body if people:

- Take your mouth your hands or other objects covered with lead dust.
- They eat particles of paint or soil containing lead.
- They breathe lead dust (especially during renovations that alter painted surfaces).

The lead is even more dangerous for children than adults because:

- Infants and young children are the hands and other objects the mouth frequently. Such objects may be covered with dust containing lead.
- The growth of the children body absorbs more lead in proportion to your body.
- At this age the brain and nervous system of children are more sensitive to the harmful effects of lead since their systems in the process of growth.

If it is not detected early, children with high levels of lead in their bodies can suffer from:

- Damage to the brain and nervous system.
- Problems of behavior and learning (such as hyperactivity).
- Growth-retarded.
- Hard of hearing.
- Headaches.

The lead is also harmful to adults. Adults can suffer:

Even children who appear healthy can have dangerous levels of lead in their bodies. For this reason, it is recommended that children are subjected to the test of lead in the blood.

- Complications during pregnancy.
- Other reproductive problems (in both men and women).
- High blood pressure.
- Digestive problems.
- Nervous
- Disordered.
- Problems of memory and concentration.
- Dolores muscle and joint.

This Web page contains links to information from the EPA Web site and of other entities known outside epa.gov. It also includes links to information on the prevention of pollution by lead and about several Hispanic environmental health studies.

Keep up to date: [National lead information center for information about the lead](#), call 800-424-LEAD (424-5323). Personal bilingual (English/Spanish) is available Monday through Friday, 8 am to 6 pm, Eastern time. In English [National standard of ambient air quality of lead in simple language](#) - published in October 2008.



http://www.epa.gov/mold/moldresources.html#Ten_Things

Mold and Moisture Mold Resources

- [Ten Things You Should Know About Mold](#)
- [Asthma and Mold](#)
- [Floods/Flooding](#)
- [Health and Mold](#)
- [Homes and Mold](#)
- [Indoor Air Regulations and Mold](#)
- [Large Buildings and Mold](#)
- [Schools and Mold and Indoor Air Quality](#)
- [Publications](#)

Ten Things You Should Know About Mold

1. Potential health effects and symptoms associated with mold exposures include allergic reactions, asthma, and other respiratory complaints.
2. There is no practical way to eliminate all mold and mold spores in the indoor environment; the way to control indoor mold growth is to control moisture.
3. If mold is a problem in your home or school, you must clean up the mold and eliminate sources of moisture.
4. Fix the source of the water problem or leak to prevent mold growth.
5. Reduce indoor humidity (to 30-60%) to decrease mold growth by: venting bathrooms, dryers, and other moisture-generating sources to the outside; using air conditioners and de-humidifiers; increasing ventilation; and using exhaust fans whenever cooking, dishwashing, and cleaning.
6. Clean and dry any damp or wet building materials and furnishings within 24-48 hours to prevent mold growth.
7. Clean mold off hard surfaces with water and detergent, and dry completely. Absorbent materials such as ceiling tiles, that are moldy, may need to be replaced.
8. Prevent condensation: Reduce the potential for condensation on cold surfaces (i.e., windows, piping, exterior walls, roof, or floors) by adding insulation.
9. In areas where there is a perpetual moisture problem, do not install carpeting (i.e., by drinking fountains, by classroom sinks, or on concrete floors with leaks or frequent condensation).
10. Molds can be found almost anywhere; they can grow on virtually any substance, providing moisture is present. There are molds that can grow on wood, paper, carpet, and foods.

If you have IAQ and mold issues in your school, you should get a copy of the [IAQ Tools for Schools](#) Action Kit. Mold is covered in the IAQ Reference Guide under [Appendix H - Mold and Moisture](#).

Other Resources

[WHO Guidelines for Indoor Air Quality: Dampness and Mould \(PDF\)](#) (248 pp., 2.65 M) [\[Exit Disclaimer\]](#) World Health Organization, 2009

[EPA's Office of Research and Development](#), National Exposure Research Lab, Microbiological and Chemical Exposure Assessment Division, Microbial Exposure Research Branch; [Geographic Distribution of Environmental Relative Moldiness Index \(ERMI\) in U.S. Homes](#)

How to Order Publications

You can order Indoor Air Quality publications from EPA's National Service Center for Environmental Publications (NSCEP):

U.S. Environmental Protection Agency
National Service Center for Environmental Publications (NSCEP)
Website: www.epa.gov/nscep
Phone: 1-800-490-9198
Fax: (301) 604-3408
Email: nscep@bgs-lmit.com

NSCEP operates a Toll-free phone service for EPA Publication Assistance with live customer service representative assistance Monday through Friday from 9:00am-5:30pm eastern time. Voice Mail is available after operating hours. You can fax or e-mail your publication requests. For technical assistance with NSCEP web pages, write to: nscep_nepis.tech@epa.gov. Please use the EPA Document Number when ordering from NSCEP.

[Mold Basics](#)
[Mold Cleanup](#)
[Cleanup Guidelines](#)

[Hidden Mold](#)
[Mold Image Library](#)
[Introduction to Mold](#)

[Mold Courses](#)
[Prevention and Control Tips](#)
[What to Wear When Cleaning Mold](#)

[Flood Cleanup](#)
[Espace!](#)
[Indoor Air Quality](#)

Introduction to Molds

Molds produce tiny spores to reproduce. Mold spores wait through the indoor and outdoor air continually. When mold spores land on a damp spot indoors, they may begin growing and digesting whatever they are growing on in order to survive. There are molds that can grow on wood, paper, carpet, and foods. When excessive moisture or water accumulates indoors, mold growth will often occur, particularly if the moisture problem remains undiscovered or un-addressed. There is no practical way to eliminate all mold and mold spores in the indoor environment; the way to control indoor mold growth is to control moisture.

- See also: [An Introduction to Molds and Related Links](#)

Basic Mold Cleanup

The key to mold control is moisture control. It is important to dry water damaged areas and items within 24-48 hours to prevent mold growth. If mold is a problem in your home, clean up the mold and get rid of the excess water or moisture. Fix leaky plumbing or other sources of water. Wash mold off hard surfaces with detergent and water, and dry completely. Absorbent materials (such as ceiling tiles & carpet) that become moldy may have to be replaced.

Winter for Saving Energy Tips

- Turn your thermostat to 68 degrees or less during the day and evening
 - (Health Permitting) and 55 degrees or off at night or when away from home.
- Wear warm clothing (sweater, robe, thermal pajamas, socks, slippers, etc.)
- Use lots of blankets
- Open drapes to let the sun heat your home during the day and close them at night to help insulate
- Close unused rooms and the vents that heat those rooms
- Take a shower instead of a bath and take shorter showers
- Turn off kitchen, bath, and other ventilating fans after they've done their job
- Clean warm air registers, baseboards heaters and radiators as needed. Make sure they aren't blocked by furniture, carpeting or drapes.
- Close your fireplace damper when not in use.
- Set your water heater to the normal setting or 120 degrees, unless your dishwasher requires a higher setting
- Wash dishes by hand and fill the sink with water instead of letting it run.
- Do only full loads when using your dishwasher and clothes washer
- Use cold water when washing clothes
- Use energy saving control on your dishwasher if it has one
- Let dishes air dry
- Hang clothes to dry
- Clean your clothes dryer's lint trap after each use

In these tough times,
paying your electric bill
can be a challenge.

We know how to help.

Pacific Power has a variety of options to help those facing financial hardships:

- **working out a plan to spread payments out over a longer period.**
- **setting up Equal Pay Plan to equalize the amount due each month.**
- **changing payment due date to a more convenient day for you, if the current monthly due date is a problem.**
- **helping limited-income households find local energy assistance agencies.**
- **assistance in managing your overall energy use.**

Please give us a call at the first sign you may not be able to pay your electric bill, while it is still easier to manage. We have trained, highly knowledgeable people who want to help. Look to us for assistance in finding the answers you need.



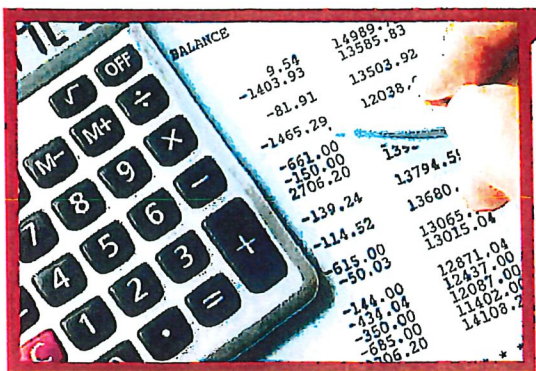
Call us toll-free: **1-888-221-7070**

or visit: **pacificpower.net/assistance**



Let's turn the answers on.

Everyday Budget & Money Saving Tips



<u>Household Expense</u>	<u>Average % of Income</u>
Housing	34%
Transportation	17%
Food (Groceries and Dining Out)	13%
Personal Insurance/Pensions	11%
Other	10%
Health Care	6%
Entertainment	5%
Apparel and Services	4%

Source: US Dept of Labor, Bureau of Labor Statistics' Consumer Expenditure Survey 2007

Housing and Utilities

If you're struggling with an unaffordable mortgage or rent payment, moving to a cheaper location or getting a roommate may be options. Otherwise, here are some other ways to lower your housing costs:

- Refinance your mortgage to get a lower rate, or switch from a 15-year to a 30-year loan.
- Challenge your property tax assessment.
- Investigate whether bundled services (phone, cable, internet) could save you money, or whether you can do without some of these services.
- Wash only full loads of dishes or laundry.
- Turn off lights and electronics when not in use, and turn off heat or A/C when no one is home.
- Install a programmable thermostat to have more control over your heating and cooling costs.

Transportation

Buying used cars and driving them for years is a great way to reduce your lifetime transportation expenses. For short-term ways to reduce costs, try these tips:

- Raise the deductibles on your auto insurance policy.
- Strive to get insurance such as good-driver, good-student, and multiple car accounts.
- Investigate carpools and public transportation, and see if your employer offers any subsidies.
- Avoid repair bills by maintaining your vehicle properly with regular oil and filter changes.
- Plan your errands around your driving route to avoid multiple trips, saving on gas.

Food

Dining out utilizes nearly half of the average family's food expenditures, so eating at home more often is one of the simplest ways to trim your food budget. Other ways to control costs include:

- Bring lunches and snacks to work.
- Check your fridge for items to use before they go bad.

- Give up an unhealthy vice (soda, candy, salty snacks, etc)
- Use the weekly grocery store circulars to find sale items and shop accordingly.
- Create a price book so you know when items go on sale, and what's a good deal.

Personal Insurance and Retirement

You might be tempted to cut back on your 401K contributions to pay off debt, but avoid it if possible. Most companies with 401K plans offer matching funds, so failing to contribute means you'll miss out on free money. Here are better areas to look for savings:

- Consider refinancing your term life insurance. Rates have dropped in the past decade, so you may qualify for a lower premium.
- If you have a long-term disability policy, investigate the savings if you opt for a longer waiting period to reduce premiums (as long as you have an emergency fund).
- Suspend contributions to annuities and other accounts that don't offer matching funds or tax breaks.

Health Care

With ever-rising health care costs, employers are asking their workers to take on a larger share of the expense. Try these tips to save on health care expenses:

- Buy generic/store brand drugs.
- Order prescriptions via mail or internet.
- Look for free or low-cost clinics.
- Monitor insurance claims to make sure you're not getting stuck with bills.
- Take care of yourself (exercise regularly, avoid unhealthy habits like smoking and alcohol, and wash your hands regularly to avoid getting sick).

Clothing and Services

Many people update their wardrobe with the latest fashion trends. Others simply refuse to wear the same outfits for very long. Try these tips for limiting your clothing and service expenses:

- Perform an inventory of your wardrobe, and only buy items that work with what you already own.
- Avoid dry-clean only clothing.
- Try getting your hair cut at a beauty school for a much lower price than a salon.
- Cancel your health club/gym membership and find ways to workout at home (walk/run outside, purchase some weights, workout with friends)
- Buy clothes out of season when stores discount them (winter coats in summer, shorts in fall, etc)

Looking for some different information? Visit the Financial Fitness Center at:

ConsumerCredit.com

Have a suggestion for a Money Management Memo topic? Contact us at:

Edu@ConsumerCredit.com

