



## CALIFORNIA ENERGY SAVINGS ASSISTANCE PROGRAM ENROLLMENT FORM

**PLEASE COMPLETE ENTIRE FORM. ALL INFORMATION IS REQUIRED.**

### SECTION 1 - APPLICANT INFORMATION

Applicant Name:

\_\_\_\_\_

**First**

\_\_\_\_\_

**Last**

Address Where  
Services Will Be  
Provided:

\*Please include  
apartment/unit  
number if applicable

Valley Springs, California 95252

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile # (209) \_\_\_\_\_ - \_\_\_\_\_

If **master-metered** address is different than above, please write master-metered address here

Gas Utility:  Alpine Natural Gas

Gas Utility Account Number:

If **mailing** address is different than service address, please write mailing address here

Electric Utility:  PG&E

Electric Utility Account Number:

**Occupancy Status:**  Homeowner  Renter/Tenant (Owner's Authorization Form required)

**Housing Type:**  Single Family  Multi-Family

**Applicant Primary Language:**  English  Spanish  Other \_\_\_\_\_

**Residence Meter Status:**  Individual

**How did the applicant hear about the program?**

**Structure Build Year:** \_\_\_\_\_

Bill Insert  Brochure/Flyer  Contractor  Word of Mouth

**Residence Square Footage:** \_\_\_\_\_

Website  Email  Direct Mail  Event  Online Ad

Social Networking Site  Print Ad  Other \_\_\_\_\_

### SECTION 2 - APPLIANCE INFORMATION

Furnace/Heater:  Gas  Electric  Propane  Other \_\_\_\_\_  N/A

Water Heater:  Gas  Electric  Propane  Other \_\_\_\_\_  N/A

Cook stove:  Gas  Electric  Propane  Other \_\_\_\_\_  N/A

Air Conditioning:  Gas  Electric  Propane  Other \_\_\_\_\_  N/A

### SECTION 3 - HOUSEHOLD INCOME WORKSHEET

#### Household Members and Gross Income

"Household Members" means **all** people living permanently (six month or longer) in the Applicant's home.

Name of household Member (Add Additional Household Members of Separate Sheet of Paper)	Relationship to Applicant	Income Source(s) (Write all income sources that apply)	Document Type(s) (list all that apply)	Household Member's Annual Gross Income
Applicant:	<i>Self</i>			
<b>Total Number of Household Members:</b>		<b>Total Annual Gross Household Income:</b>		\$

Gross Household Annual Income  DOES  DOES NOT qualify for ESA Program measures.

**CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE):** If I am not already on the CARE rate, I understand that I may receive a discount on my utility bill. I further understand and acknowledge that in order to receive the CARE discount rate, I may be required to complete an application for the CARE program.

**SECTION 4 - APPLICANT'S SIGNATURE**

I have reviewed all of the information contained in the Enrollment Form. By signing below, I **certify that I have read and that I understand and agree** to the terms and conditions listed in the "Applicant's Declaration" and "Statement of Understanding" section on the back of the Enrollment Form.

<b>Print Name</b>	<b>Signature</b>	<b>E-Mail Address</b>	<b>Date</b>
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By providing my e-mail address, I acknowledge I may be contacted by my gas/electric utility service provider. I can choose to opt out by checking the box below.

I do **not** wish to be contacted by e-mail.

**SECTION 5 - ASSESSOR'S DECLARATION**

<b>Company:</b>	<b>Telephone Number:</b>
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By signing below, I hereby certify that I am the Contractor or an employee or agent of the Contractor, and that I have verified the accuracy of the information provided by the Applicant and contained in this Enrollment Form.

<b>Print Assessor's Name</b>	<b>Assessor's Signature</b>	<b>Date</b>
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CONTRACTORS ARE REQUIRED BY LAW TO BE LICENSED AND REGULATED BY THE CONTRACTORS' STATE LICENSE BOARD. ANY QUESTIONS CONCERNING A CONTRACTOR MAY BE REFERRED TO THE REGISTRAR OF CONTRACTORS.

CONTRACTORS STATE LICENSE BOARD  
9821 BUSINESS PARK DRIVE, SACRAMENTO, CA 95827  
800-321-2752 or 916-255-3900

**APPLICANT'S DECLARATION**

\_\_\_\_\_ 1. I certify that the information regarding household members and annual income that I have provided in the Enrollment Form is true and correct. Upon request, I agree to provide proof of gross household annual income.

\_\_\_\_\_ 2. Alpine Natural Gas reserves the right to modify or discontinue the Energy Savings Assistance ("ESA") Program and/or any specific ESA measures at its discretion, without prior notice, or by order of the California Public Utilities commission. I understand that the ESA Program is subject to availability of funds.

\_\_\_\_\_ 3. I understand that if I qualify, I may receive three or more ("Measures") at no cost to me.

\_\_\_\_\_ 4. **Applicable to Resident Homeowners Only:** I acknowledge and agree that Utilities shall not be liable for any damages or losses arising out of any act or omission of Contractor or any subcontractor of Contractor in performing the gas appliance repair and/or replacement, and I hereby waive any and all claims against Utilities that may arise in connection with the gas appliance repair and/or replacement. I agree to hold Contractor solely responsible for the performance of the gas appliance repair and/or replacement and for any and all claims, losses, liabilities, damages and expenses (including attorneys' fees and costs) that I may incur as a result of such gas appliance repair and/or replacement.

\_\_\_\_\_ 5. **Applicable to Renter/Tenants Only:** If I qualify and receive any Measures, I agree that as a tenant who resides at these premises, I must obtain the homeowner's approval in writing by completing in its entirety the separate Owner's Authorization and Waiver Form prior to receiving any Measures.

\_\_\_\_\_ 6. **Applicable to Renter/Tenants Only:** If I qualify and receive any Measures, I understand that the installation may be contingent on a non-refundable co-payment paid directly to the Contractor by the Owner of the appliance(s) being replaced. I acknowledge that Utilities are **not** in receipt of any monies related to the co-payment. I understand that the non-refundable co-payment will be made directly to the Contractor, and acknowledge that Utilities shall not be liable in any manner whatsoever for any damages or losses that arise out of or in connection with the installation of the Measures, including, but not limited to, the installation or the operation of any equipment.

\_\_\_\_\_ 7. **Applicable to Renters/Tenants Only:** If I qualify and receive Measures, I agree that as a tenant who resides at these premises, I **will not** remove at any time the installed conservation improvements, with this exception: If I own the appliance, which will be replaced by a new appliance provided by Utilities, I may remove the new appliance. **If I do not own the appliance that will be replaced by a new appliance provided by Utilities, I will not at any time remove the new appliance without permission from the Owner of the old appliance to be replaced.**

\_\_\_\_\_ 8. I understand that if I qualify and receive services, Utilities has the right to inspect the Measures. I agree to allow Utilities and, if applicable, local government representatives reasonable access to my home for this purpose.

\_\_\_\_\_.9. I acknowledge and agree that Utilities shall not be liable for any damages or losses arising out of any act or omission of Contractor or any employee or agent of Contractor in the performance of any activities in connection with the ESA Program, including, without limitation, the performance of an ESA Program home assessment and the installation of any and all ESA Program measures (the "ESA Program Activities"). I hereby waive any and all claims against Utilities that may arise out of the ESA Program Activities, and I agree to hold the Contractor solely responsible for any and all claims, losses, liabilities, damages and expenses (including attorneys' fees and costs) that may incur as a result of the ESA Program Activities.

\_\_\_\_\_.10. I acknowledge that the Contractor has been authorized by Utilities to contact me only with regard to the performance of an ESA home assessment and the installation of ESA Program Measures. I understand that any other services, installations, improvements or equipment provided to me by Contractor have not been authorized by Utilities, and Utilities assumes no responsibility.

\_\_\_\_\_.11. I understand that I am entitled to receive a copy of this ESA Program Enrollment Form from the Contractor for my records.

\_\_\_\_\_.12. I understand that if I have questions about the work to be performed by the Contractor, or in regard to this Enrollment Form, I may contact **Bright Ideas Construction** at **(209) 723-0900**, for additional information **before** signing this Enrollment Form.

\_\_\_\_\_.13. **Confidentiality:** I understand that Utilities and the Contractor will treat the Applicant Information and Household Income Worksheet sections of this Enrollment Form as confidential information. However, I acknowledge that Utilities may use this information and/or enroll me in other utility assistance program if I meet certain income guidelines.

### STATEMENT OF UNDERSTANDING

In order to make this program cost-effective and offer it to as many qualified customers as possible, Utilities and its contractors purchase high-quality, ENERGY STAR® qualified appliances and/or equipment in bulk. As a result, the ESA Program offers customers a limited number of energy-efficient models to help reduce energy bills. Replacement units may not be equipped with the same features as existing units. At the time of installation, the installation contractor will provide written warranty information and instructions specific to each Measure installed. The length of each warranty varies by Measure, but come with a minimum two-year parts and labor.

I hereby release ownership of any and all replaced appliance(s) to Utilities.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**UTILITIES AND CONTRACTOR DISCLAIM ALL WARRANTIES WHATSOEVER WITH RESPECT TO THE REPLACEMENT APPLIANCES AND/OR EQUIPMENT, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.**