

HOME ENERGY IMPROVEMENT PROGRAM

HOW TO APPLY:	For Office Use Only
1. Complete Each Section of LADWP HEIP Application: <input type="checkbox"/> Section 1 LADWP ACCOUNT HOLDER INFORMATION <input type="checkbox"/> Section 2 PROPERTY INFORMATION <input type="checkbox"/> Section 3 TESTING AUTHORIZATION AND RELEASE <input type="checkbox"/> Section 4 ACCOUNT HOLDER'S SIGNATURE	2. Mail HEIP Application to: LADWP - Room 1019 P.O. BOX 51111 Los Angeles, CA 90051-5799 ATTN: HOME ENERGY IMPROVEMENT PROGRAM
APP#: _____	
Council District: _____	

SECTION 1: LADWP ACCOUNT HOLDER INFORMATION													
Name of LADWP Electric Account Holder:	Service Address:	Unit No:											
Service City:	Zip Code:	Daytime Telephone No: () -											
Mailing Address (if different than above):	City:	State:	Zip Code: Alternate Telephone No: () -										
Email Address: _____@_____	LADWP Account Number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											

SECTION 2: PROPERTY INFORMATION			
PROPERTY TYPE			
<i>NOTE: Multi-Family Residences Require a Minimum of 50% participation of the total number of Units in Complex</i>			
<input type="checkbox"/> Owner <input type="checkbox"/> Renter	Type of Dwelling:	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium/Townhome <input type="checkbox"/> Manufactured/Mobile Home	Total Number of Units in Complex:
Have you received any energy efficiency services from LADWP or the Gas Company, this includes replacement of light bulbs, showerheads, installation of weather-stripping, smoke and carbon monoxide alarms? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide month & year: _____			
RENTERS: Application will not be processed if the Property Owner's contact information is not provided below. Authorization and approval from Property Owner/Manager must be received prior to participating in the program.			
Property Owner/Manager Name:	Address:	City:	State: Zip Code:
	Phone No:	E-mail:	

SECTION 3: ASBESTOS - LEAD - MOLD - TESTING AUTHORIZATION AND RELEASE	
READ AND INITIAL (REQUIRED FOR PARTICIPATION)	
I understand that by initialing this form, I am granting the Los Angeles Department of Water and Power (LADWP), its employees, agents, and assignees permission to enter my residence, which is eligible to receive home energy improvement services, for the purpose of conducting tests that are designed to detect the presence of ASBESTOS, LEAD and/or MOLD.	
I also understand that if ASBESTOS, LEAD and/or MOLD are found anywhere in my residence or on the premises, I may be ineligible to receive further services under this program.	
I further understand that it is NOT the responsibility of the LADWP to remove, remediate, eradicate, or abate any ASBESTOS, LEAD and/or MOLD found in my residence; and, IT IS MY SOLE RESPONSIBILITY to take whatever steps deemed necessary and appropriate to remove and dispose of these, and any other hazardous substances found on my premises.	
Property Owner/Manager Initials: _____	Date: _____
Tenant Initials: _____	Date: _____

SECTION 4: ACCOUNT HOLDER'S SIGNATURE	
I understand that the information contained in this application is being utilized to determine my eligibility to participate in the Home Energy Improvement Program which is being offered to LADWP residential customers. I declare under penalty of perjury that the foregoing information provided by me is correct and true. Finally, I understand that this program may be modified, suspended or terminated without notice, and is being offered on a first-come, first-served basis until the program ends or funding is no longer available.	
Signature (must be LADWP Electric Account Holder):	Witness's Signature (if signed with an X):
Date:	Telephone No: