



**GLENN COUNTY
HUMAN RESOURCE AGENCY
HRA**



**SCOTT GRUENDL
DIRECTOR**

**SOCIAL SERVICES
DIVISION**
P.O. Box 611
420 E. Laurel St.
Willows, CA 95988
(530) 934-6514

**ROBYN KRAUSE
CHIEF DEPUTY DIRECTOR**

**CHRISTINE ZOPPI
DEPUTY DIRECTOR**

**COMMUNITY ACTION
DIVISION**
420 E. Laurel St.
Willows, CA 95988
(530) 934-6510

**HOME ENERGY ASSISTANCE PROGRAM APPLICATION
(HEAP)**

The following three documents must be included to verify household eligibility:

1. **Proof of Citizenship:** Head of Household (Birth Certificate, Immigration card, US Passport, Tribal Registration card)
2. **Proof of Income:** Within 6 weeks of application date (include for all members of the household)
3. **Current Utility Bills:** Within 6 weeks of application date (Electric, wood, propane or oil)

For wood applicants – Please put your Provider’s name and address on the application where it states “Wood Provider”

The application must be signed and all documentation must be attached. An incomplete application will be returned and will delay assistance. NO EXCEPTIONS!

If you are a renter and want weatherization services, the **Weatherization Service Agreement** must be signed by the owner. If you are the owner you must sign the Weatherization Service Agreement and attach proof of ownership of the unit. **NO EXCEPTIONS!**

We will no longer pull personal information from client files that are administered by other programs housed in our office. Applicants are responsible for gathering their own documentation. Please **DO NOT** send any originals. NOTE: The processing of HEAP assistance can take up to 2-weeks from the date of the application.

Assistance is available once-a-year to eligible families.

The Weatherization Program (WX) is a federally funded program that can make energy efficient improvements at no cost to the eligible homeowner and renters.

Once a completed application is turned in and processed, your name will be placed onto a waiting list. Wait time varies, based on the number of applicants, the priority points of those applicants and program funding. Your position on the wait list is determined by the number of priority points you receive.

When your name is pulled from the waiting list, you will receive a phone call to set up an assessment.

SOUTH COUNTY FACILITY LOCATION
420 E. Laurel St.
Willows, CA 95988

TOLL FREE 1-800-287-8711

NORTH COUNTY FACILITY LOCATION
604 East Walker Street, Suite A
Orland, CA 95963

HEAP INTAKE FORM (Rev. 12/09) Effective to 1/1/10

First Name		Middle Initial	Last Name		
Mailing Address					Unit Number
Mailing City		Mailing County		Mailing State	Mailing ZIP Code
Service Address if different from above <input type="checkbox"/> Same as above (Do not use P.O. Box)					Unit Number
Service City		Service County		Service State CA	Service ZIP Code
Home Telephone Number ()		Date of Birth / /		HAS YOUR HOUSE BEEN WEATHERIZED IN THE LAST 5 YEARS? Y or N. IF NO, ARE YOU INTERESTED IN RECEIVING WX SERVICES? Y or N	
Social Security Number		Total number of persons living in the household including applicant: _____		ENERGY BILL INFORMATION	
INCOME Enter total gross monthly income for all persons living in the household (<i>You must send copies of all income records for all adult household members</i>)		HOUSEHOLD INFORMATION Enter the number of persons in your household who are:		Utility Company: _____	
Wages \$ _____		Cal Works Participant _____		Account Number: _____	
Pensions \$ _____		60 years old or older _____		Name on Bill: _____	
TANF \$ _____		Disabled _____		Energy Cost: _____	
SSI/SSP \$ _____		2 years old or under _____		<input type="checkbox"/> Check here if you are requesting assistance with wood costs. Approximately how long does a delivery of wood last: _____ months.	
SSA \$ _____		3 years old to 5 years old _____		Wood Provider: _____	
GA/GR \$ _____		6 years old to 18 years old _____		Address: _____	
Interest \$ _____		Migrant Farm Worker _____		Phone #: _____	
Child Support \$ _____		Native American _____		<input type="checkbox"/> Check here if utilities are sub-metered. <input type="checkbox"/> Check here if utilities are included in the rent.	
Other \$ _____		Seasonal Farm Worker _____			
TOTAL \$ _____		Limited English Speaking _____			
		Are you currently on CARE? _____			

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state, federal governments, their designated subcontractors, my utility company (ies), and for my utility company (ies) to share information with other offices of the state and federal governments. I understand that if my application for LIHEAP 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 requested. 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 cost. I understand that my household can receive assistance only once per program year.

Applicant's signature _____

Date _____

Witness' Signature (If signed with X) _____

PRIVACY STATEMENT/OTHER INFORMATION

AGENCY NAME: Community Services and Development (CSD). **UNIT RESPONSIBLE FOR MAINTENANCE:** Home Energy Assistance Program. **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 the Reduced Rate Program. **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, color, national origin, disability, age or sex.

STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS

Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant

Public Benefits To Citizens And Non-Citizens

Citizens and Nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out **Sections A and D**.

Non-Citizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete **Sections A, B or C, and D**.

Section A: Citizenship/Non-Citizen Status Declaration

1. Is the applicant a citizen or national of the United States? Yes No
If the answer to the above question is yes, where was he/she born? City/State
2. To establish citizenship or naturalization, please submit one of the documents on **List A** (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to **Section D**.

If you are a **Non-Citizen**, please complete **Section B, or, if applicable, Section C**.

Section B: Non-Citizen Status Declaration

Important: Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
 - INS Form I-766 (Employment Authorization Document) annotated "A5";
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document)
4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.
(Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

- 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
 - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
 - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
 - INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3."
- 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
- 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

Section C: Declaration for Certain Battered Aliens

Important: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
- 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

Section D: Certification

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature	Date
Signature of Person Acting for Applicant	Date

Monthly Living Expenses

Expenses (Monthly)

Rent or Mortgage _____

Telephone _____

Utilities _____

Food _____

Clothing _____

Medical Prescriptions _____

School Expenses _____

Child Care _____

Transportation (gas, car payment, insurance, etc.) _____

Credit Card Payments _____

Miscellaneous _____

Total _____

Income (Monthly) _____

Food Stamps _____

Total _____

Please check what type of assistance you are applying for **(one only)**:

<input type="checkbox"/>	PG&E	<input type="checkbox"/>	Propane
<input type="checkbox"/>	PUD	<input type="checkbox"/>	Oil
<input type="checkbox"/>	Wood	<input type="checkbox"/>	Kerosene

Please explain why you are applying and how you will better plan in the future:

Name

Signature

Date

County of Residence

If your expenses are more than your income, see if there are items that you can cut back on. For example clothes and personal items are the easiest.

THIS INFORMATION IS CONFIDENTIAL.

I have received cash management information and a pamphlet which describes cost effective ways to reduce my bill.

WEATHERIZATION SERVICE AGREEMENT
RENTAL UNITS

The Glenn County HRA, Community Action Division, (Contractor) agrees to provide certain program services at NO cost to the owner's dwelling:

Name	Address	Unit #	Tenants Signature (Required)

By signing above, the unit resident grants the Glenn County HRA permission to enter and install weatherization measures to the above-described unit which resident occupies.

Client agrees to the following:

- A. Shall not remove applied weatherization measures including range, hot water heater, ceiling fan(s), and/or carbon monoxide detector.

Owner or owner's agent agrees to the following:

- A. Shall provide permission to the Contractor to enter and install weatherization measures in the above described unit(s).
- B. Shall not raise unit rent or evict unit resident because of the increased value of unit, due solely to weatherization assistance provided by Glenn County HRA.
- C. Shall retain all applied weatherization measures in the residence in which installed.

Glenn County HRA, Community Action Division agrees to the following:

- A. Shall be responsible for the cost of the rehabilitation, minor home repairs, and/or weatherization measures performed.
- B. Shall ensure that the agency is insured and shall be responsible for damage to the unit premises, furnishing, and/or resident(s) that are caused by rehabilitation, minor home repairs and/or weatherization activities.
- C. Shall schedule rehabilitation, minor home repairs, and/or weatherization services only to the tenants eligible under the program requirements.
- D. Shall ensure that the owner, or owner's agent, and tenant information shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended and the Federal Privacy Act of 1974, as amended.

Owner or Owner's Agent (please print or type)				Contractor (please print or type)			
				Glenn County HRA, Community Action Division			
Address	City	State	Zip	Address	City	State	Zip
				420 E. Laurel Street	Willows	CA	95988
Signature of Owner or Owner's Agent			Date	Signature of WX Program Manager			Date

CLIENT EDUCATION CONFIRMATION OF RECEIPT

Name of Occupant	Age of Dwelling
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Address of Dwelling

Confirmation of Receipt

I have received the following information:

- Lead-Safe Education** – A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools* (effective 12/22/08), informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.
- Energy Education** – Information regarding changes I can make in order to reduce the energy consumption of my household.
- Mold and Moisture Education** - A copy of the pamphlet, *A Brief Guide to Mold and Moisture In Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.
- Budget Counseling** - Information regarding personal financial management.

Signature of Recipient	Date
<i>X</i>	<i>X</i>

Self-Certification Option

I certify that I attempted to deliver the following information to the dwelling listed above:

- Lead-Safe Education
 Energy Education
 Mold and Moisture
 Budget Counseling

If the information was delivered but a signature was not obtainable, you may check the appropriate box below.

Refusal to Sign — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant.

Unavailable for Signature — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door.

Attempted delivery dates and times

Date	Time	Date	Time	Date	Time

Signature (Agency Representative)	Print name
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Mailing Option:

I certify that I have mailed the following information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only):

- Lead-Safe Education
 Energy Education
 Mold and Moisture
 Budget Counseling

Signature (Agency Representative)	Print name	Date mailed
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A Guide to Energy Costs in Your Home

Your Choices Make a Difference

How you use energy can reduce or increase your electricity and natural gas bill. You can be safe and comfortable while saving energy and money. Spotting the big spenders is the first step.

How much does it cost?

An important part of keeping your energy bills down is knowing what it costs to run your appliances. Here are the most-used appliances, and the average cost to run each.

BATHROOM

Hair Dryer. \$.01 per 5 minute use, \$.60 per month.

Lighting. 200 watts incandescent, \$.03 per hour, \$1.60 per month. Equivalent compact fluorescent lamp, 54 watts, \$.01 per hour, \$.40 per month.

Exhaust Fan. \$.01 per hour, \$.60 per month.

LIVING ROOM

Color Television. \$.01 - \$.05 per hour, \$1 - \$6 per month.

Torchiere. Floor lamp with light directed at ceiling. 100 watt incandescent to 500-watt halogen, \$0.80 to \$4.80 per month per lamp.

Aquarium. \$2 - \$12 or more per month.

Stereo. \$1.00 or less per month.

Evaporative Cooler. \$.04 - \$.07 per hour, between \$11 and \$23 for each of the three summer months.

KITCHEN

Refrigerator. \$4 - \$30 per month depending on age and size.

Range. \$2 - \$5 per month.

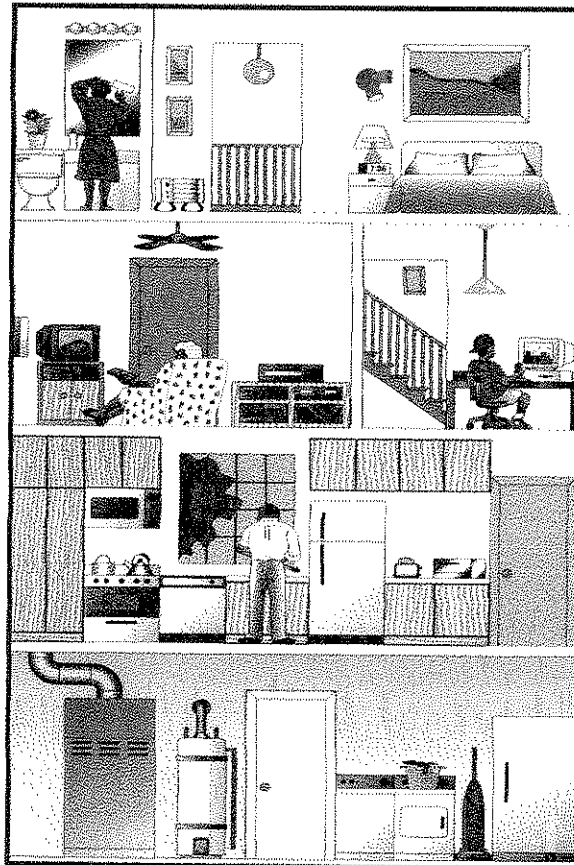
Lighting. 80 to 160 watts of installed incandescent lighting, \$.60 to \$1.25 per month. Or 27 to 54 watts of installed compact fluorescent lighting, \$.20 to \$.41 per month.

Toaster. \$.25 - \$1.30 per month.

Microwave. \$.10 per day with 1 hour use, \$ 3.00 per month.

Kitchen Hood. Less than a cent per hour, \$.30 - \$.60 per month.

Coffee Maker. \$.02 per brewing, \$.50 per month.



BEDROOM

Portable Electric Heater. \$.09 - \$.18 per hour, \$12 to \$24 a month for each heater during the five winter months.

Lighting. Incandescent light bulbs. 100 watts, \$.03 for 2 hours, \$.80 per month. Equivalent compact fluorescent lamp, 27 watts, \$.01 per hour, \$.20 per month.

Water Bed. \$6 - \$22 per month.

BEDROOM, HOME OFFICE

Clock Radio. \$.47 per month.

Computer. \$.21 - \$.80 per month.

Printer. \$.25 - \$.50 per month.

Phone/Answering Machine. \$.25 - \$.50 per month.

Copier. \$.25 - \$1.00 per month.

Lighting. Incandescent lighting 180 watts, \$2.30 per month. Fluorescent equivalent 45 watts, \$.40 per month.

Circulating Fan. \$.20 per month.

UTILITY ROOM

Heating. Depends on climate. Average of \$43 per month for five months with natural gas, \$72 per month for five months of electricity.

Air Conditioning. Depends on climate. \$.12 - \$.27 per hour, between \$34 and \$70 for each of the three summer months.

Water Heater. Electric: \$20 - \$70 per month. Gas: \$7 - \$19 per month

Clothes Washer. \$.03 (cold wash/cold rinse) - \$.23 per load (hot wash/warm rinse)

Clothes Dryer. Electric: \$.34 - \$.67 per load. Gas: \$.15 - \$.26 per load

Nine Categories of Usage Which You Control Directly

(monthly cost range averaged over the year)

Heating	\$13 - \$17
Lighting	\$13 - \$22
Hot Water	\$8 - \$30
Refrigerator	\$4 - \$20
Cooling	\$0 - \$17
Cooking	\$7 - \$10
Computers, etc.	\$2 - \$5
Entertainment	\$1 - \$8
Water Beds	\$0 - \$16
Average per Month	\$48 - \$145



Pacific Gas and Electric Company

For more energy savings information, call the Smarter Energy Line at 1-800-933-9555, or visit Pacific Gas and Electric Company's web site at www.pge.com/foryourhome

Costs are based on projected average residential rates of about 13 cents per kilowatt-hour of electricity and 98 cents per therm of gas. Future costs will vary and the cost to operate your appliances will change accordingly.

For the most current rates, check our Energy Calculator at pge.com



ENTERTAINMENT

Cable Box	\$11.39 - \$28.42 per year
Stereo System	\$ 0.01 - \$ 0.03 per hour
VCR/DVD/Video Game	\$ 1.30 - \$ 9.10 per year



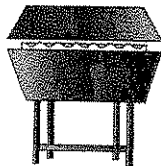
KITCHEN

Bread Maker	\$ 4.60 per year
Broiler	Gas \$ 0.18 per hour Electric \$ 0.62 per hour



HOME OFFICE EQUIPMENT

Fax Machines	\$ 3.12 - \$12.48 per year
Modem	\$ 3.12 - \$ 6.24 per year
Printers	\$ 0.01 - \$ 0.03 per hour



HOUSEHOLD GOODS

Answering Machine	\$ 5.70 per year
Aquarium	\$26.00 - \$130.00 per year
Battery Charger	\$ 3.12 - \$ 6.24 per year
Clocks	\$ 4.00 per year
Clothes Iron	\$ 2.60 - \$19.50 per year
Cordless Telephone	\$ 3.12 - \$ 6.24 per year
Dust Buster	\$ 5.70 per year
Electric Blanket	\$ 9.00 - \$26.00 per year
Grow Lights	\$26.00 - \$195.00 per year
House Alarm System	\$17.00 per year
Lawn Mower	\$10.00 per year
Night Light	\$ 1.52 - \$ 4.56 per year
Outdoor Grill	\$12.00 per year
Portable Heater	\$ 0.09 - \$18.00 per hour
Smoke Alarm	\$ 0.50 per year
Sprinkler Timer	\$ 7.00 per year
Vacuum Cleaner	\$ 0.05 - \$ 0.09 per hour
Waterbed	\$79.00 - \$195.00 per year
Water Softeners	\$ 2.30 per year
Well Pumps	\$26.00 - \$128.00 per year

Coffee Maker

Automatic/Drip	\$ 0.02 - \$ 0.65 per hour
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Crockpot	\$ 0.01 per hour
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Deep Fryer	\$ 3.90 - \$13.00 per year
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Dishwasher	\$ 0.08-\$0.09 per load, plus
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Electricity for hot water	\$ 0.32 per load, or
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Gas for hot water	\$ 0.10 per load
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Electric Frying Pan	\$13.00 per year
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Electric Oven	\$ 0.30 - \$ 0.60 per hour
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Freezer	\$15.00 - \$30.00 or more per month
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Garbage Disposal	\$ 2.60 - \$ 6.50 per year
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Hot Plate	\$ 8.00 per year
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Microwave Oven	\$ 0.01 - \$ 0.03 per 10 min
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Rangetop	\$ 0.07 - \$ 0.30 per hour
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Rangetop Burner	Gas \$ 0.06 - \$ 0.12 per hour
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Electric	\$ 0.20 - \$ 0.33 per hour
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Refrigerator - Frost Free

16 cu ft:	\$10.00 - \$18.00 per month
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20 cu ft:	\$12.00 - \$22.00 per month
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Toaster	\$ 0.01 per use
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Toaster Oven	\$ 3.25 - \$15.60 per year
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Waffle Iron	\$ 0.04 per use (per waffle)
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Water Dispenser

Cold Water	\$26.00 - \$52.00 per year
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Hot Water	\$13.00 - \$39.00 per year
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LIGHTING

Linear Fluorescent

SAVINGS - When the ballast of your fluorescent fixture fails replace it with an electronic unit and install 32 watt T8 lamps. Savings is about 20 watts per 2 lamp fixture or 32%. Uses 1/6 the Wattage to produce the same light output as an incandescent bulb.

Compact Fluorescent

SAVINGS - uses 1/3 to 1/4 the Wattage to produce the same light output as its incandescent bulb equivalent.

Halogen

SAVINGS - a 150-Watt R-lamp can be replaced by a 90-Watt PAR Halogen.



SPACE CONDITIONING

Attic Fans	\$37.50 per year
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Ceiling Fan	\$ 0.01 - \$ 0.07 per hour
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Cooling

Window System	\$ 0.09 - \$ 0.28 per hour
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Central A/C (3-ton)	\$ 0.39 - \$ 0.78 per hour
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Evaporative Coolers	\$30.00 - \$91.00 per year
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Electric Baseboard or Central Heater

Smaller Homes

\$35.00 - \$110.00 or more per month

Larger Homes (2000 sq. ft or over)

\$114.00 - \$400.00 or more per month

Fireplaces (Gas)

\$55.00 - \$74.00 or more per year

Gas Furnace

Smaller Homes

\$25.00 - \$62.00 or more per month

Larger Homes (2000 sq ft or over)

\$63.00 - \$200.00 or more per month

Oscillating Fans	\$ 0.01 - \$ 0.02 per hour
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Whole House Fans	\$ 3.95 - \$ 68.00 per year
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1000 BTU/CUBIC FOOT x 100 CUBIC FEET = 1 THERM

1 KILOWATT = 1000 WATTS

1 KILOWATT-HOUR = 1000 WATTS OPERATED FOR 1 HOUR



Pacific Gas and
Electric Company®