

ACKNOWLEDGEMENT OF SERVICES/INFORMATION PROVIDED
PLEASE SIGN AND RETURN

I hereby acknowledge having received documentation/information with need assessment (energy burden), energy education, budget counseling and coordination with utility companies, in accordance with Assurance 16 Requirements and the Weatherization Program informational booklet.

 Applicant's Signature

 Date

Utility bills reviewed to insure CARE reduced rate program enrollment. Referred to the following utility companies for the reduced rate (CARE) program:

<u>Utility Company</u>	<u>Signed up for CARE</u>	<u>Already on CARE</u>
Southern California Edison	_____	_____
Southern California Gas	_____	_____
Southwest Gas	_____	_____
Pacific Gas & Electric	_____	_____
Bear Valley Electric	_____	_____
Mobile Home Park	_____	_____
	<u>Not Applicable</u>	
City of Colton	_____	
City of Needles	_____	
Utilities Included in rent	_____	
Gas/ Electric bill not in customer's name	_____	