



HOME ENERGY IMPROVEMENT PROGRAM

HOW TO APPLY: 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	For Office Use Only
	APP#: _____ Council District: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content;"> DRC <input type="checkbox"/> Y <input type="checkbox"/> N DAC <input type="checkbox"/> Y <input type="checkbox"/> N </div>

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:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Contact Person (if other than account holder):	Contact Person Daytime Telephone No:	Contact Person Email Address:

SECTION 2: PROPERTY INFORMATION

PROPERTY TYPE		
<input type="checkbox"/> Owner <input type="checkbox"/> Renter	Type of Dwelling: <input type="checkbox"/> Single Family <input type="checkbox"/> 2 - 4 Units <input type="checkbox"/> Condominium/Townhome	Total Number of Units: _____

Has LADWP, the Gas Company, or another organization installed (at no cost) energy efficiency items in the residence; this includes replacement of light bulbs, showerheads, installation of weather-stripping, smoke and carbon monoxide alarms?
 YES 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: (if different from the LADWP account holder):	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.

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.

Waiver of Damages: Applicant waives, releases, and discharges LADWP from any claims for injury, loss or damage which may result from any defective condition of the premises or which may otherwise arise by reason of the use of this property for the purpose of conducting tests that are designed to detect the presence of ASBESTOS, LEAD and/or MOLD while confirming eligibility for HEIP services.

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): _____	Title or position of signatory: _____
Date: _____	Telephone No: _____