Lassen Economic Development Corporation
464-895 Mooney Rd. – In Person / PO Box 850 – Mail
Westwood, CA 96137
(530)256-3531
office@lassenedc.org

2027 LIHEAP Application

Assistance is not a guarantee. Due to limited funding, some households will not be assisted.

This application is for the 2027 Low Income Home Energy Assistance Program (LIHEAP) and is the **only** application we can accept. Instructions are on the back of this page explaining what documentation is needed to complete your application. It is very important to get all documentation in with your application. Once we receive your application you will only have 6 weeks to complete it, failure to do so will result in a denial of services and you will have to reapply. There are new mandatory questions on this application, please complete all sections.

If your household income qualifies, you may receive a onetime payment to the provider of your primary source of heat. Each complete application will go through a determination process. If you are approved for LIHEAP, a payment will go directly to the energy provider and will be credited to your account. Based on individual household information electric payments will vary $403 - $755 and fuel payments $633 - $1000. Please be aware that an approved application or confirmation from our office does not necessarily guarantee a fuel delivery nor prevent a shut off. **It is your responsibility to pay your energy bill until your LIHEAP payment is received by your energy provider.**

Wood vouchers are issued May 1st - September 30th only. Only elderly and disabled households are eligible to apply for wood. If you are approved for wood, a wood voucher will be mailed to you or can be picked up in our office if you live locally. Wood vouchers are to be filled in four weeks and submitted to our office before payment will be issued to the wood vendor. Payments to energy and wood vendors take approximately 4-6 weeks. **Only vendors from the list provided with your voucher can be used and paid by our office.**

Your application will not be considered for LIHEAP until it is complete. It is your responsibility to make sure our office has received all the documentation required. Failure to complete your application will result in a denial of services and you will have to reapply.

In order to restore disconnected electricity services on the same day applications must be complete and in our office by 3:30 PM.

Applications with white out are not accepted.

If you would like assistance completing this application, you may make an appointment with our staff or call our office with any questions you may have. Lassen Economic Development Corporation is open 8:00 a.m. to 4:30 p.m. Monday thru Thursday.

Melissa Wynn
Executive Director

Energy Application Instructions for LIHEAP

The receipt of your application is not a guarantee of assistance. All applicants will go through a priority point process to determine households of highest need. Applications must be complete, incomplete applications or applications missing required documentation **will** jeopardize your assistance. Please send copies as we do not return originals.

Required Documentation To Complete This Application:

- Complete and Sign the Application (seven pages including three signatures and initials). If your utility bill is in someone else's name you will need their signature on the consent form (last page).
- Provide the last 30 days income for everyone aged 18 and over living in the household. Verification would be paystubs, award letters, profit and loss statement if you are self-employed, etc. *Pension income verification must show the current gross amount. Supplemental Health Insurance Premiums may be deducted from your gross income if you provide a current bill.
- If someone in the household aged 18 or older has no income they will be required to fill out a "Certification of Income and Expenses" form that can be picked up in our office, mailed to you or downloaded from our website, www.lassenedc.org. Filling out this form also requires you to verify (in writing) how your household expenses are being met.
- Verification of Benefits if you receive TANF or Cal Fresh. This form can be obtained by contacting the social services office 530-251-8152 or you can download it from benefitscal.com.
- Your most current electric bill showing usage and must be for 22 days or more. Entire bill must be submitted.
- Your most current bill for propane, kerosene or natural gas. Entire bill must be submitted. If you have a COD account you will need to get a quote from the company you plan to use.
- If the utility bill(s) are in someone's name other that the head of household (person filling out the application) you will need that person to sign at the bottom portion of the page titled Client/Customer Consent Form and Authorization. It is mandatory for you to obtain this signature in order for you to get services. Getting this signature is your responsibility.
- Copies of Social Security Cards for all members of the household.
- Head of Household (Person filling out the application) must provide Government issued photo identification. Last name must match the application.

In order to avoid resubmitting your application, please make every effort to provide us with a complete application as applications expire 6 weeks from the day they are submitted.

Please Note: If you receive LIHEAP funds from any other entity, you are not eligible for assistance through Lassen Economic Development Corporation. We do share information with other LIHEAP providers.

Submit All Applications and Documentation to:
Lassen Economic Development Corporation
Mail: PO Box 850 – Westwood, CA 96137
In Person: 464-895 Mooney Rd. Westwood, CA 96137
(530)256-3531

If you have any questions please feel free to call our office for help. Monday- Thursday from 8:00 am – 4:30 pm

State of California
Department of Community Services and Development
Energy Intake Form
CSD 43 (05/2025)

Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency: **Lassen EDC** Intake Initials: Intake Date:

First name	Middle Initial	Last Name	Date of Birth *MM/DD/YY*

SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address			Unit Number
Service City	Service County	Service State	Service Zip Code

Have you lived at this residence during each of the past 12 months? ☐ Yes ☐ No
Is your service address the same as mailing address? ☐ Yes ☐ No
Do you own or rent your home? ☐ Own ☐ Rent

Mailing Address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code

Social Security Number (SSN): | | | | | | | | | | |

Home Phone ( )

Mobile Phone ( ) Do you agree to opt in to receive text messages? ☐ Yes ☐ No

E-mail Address:

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself →		**INCOME** Enter the total number of people who receive income →	
Demographics: Enter the number of people in the household who are:		*Enter the total **gross** monthly income for **all** people living in the household:*	
Ages 0 – 2 Years		TANF / CalWORKs	$
Ages 3 - 5 years		SSI / SSP	$
Ages 6 - 18 years		SSA / SSDI	$
Ages 19 - 59		Paycheck(s)	$
Ages 60 and older		Interest	$
Disabled		Pension	$
Native American		Other	$
Seasonal or Migrant Farmworker		**Total Monthly Income**	**$**

HOUSEHOLD MEMBERS

ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.

If you have more than 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name	M.I.	Last Name	Relationship to Applicant *Self*
Date of Birth: Gender: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State

Have you served or are you an immediate family member of someone who served in the United States military?	I consent to this agency, and CSD, transmitting my name, email address, mailing address, and mobile telephone number to the Department of Veterans Affairs only for the purpose of receiving additional information on veterans benefits for which I or my family member may be eligible. I understand that this consent is valid for 12 months.
☐ Yes, I have Served ☐ Yes, I am the Spouse, legal partner, parent, or child of a person who served in the United States military ☐ No ☐ Decline to State	☐ Yes ☐ No

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male ☐ Unknown/Decline to State	Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐ Other ☐ Unknown/Decline to State		Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐ Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant

Date of Birth:	Race: ☐ American Indian or Alaska Native ☐ Asian	Hispanic/ Latino/Spanish?
Gender: ☐ Female ☐ Male ☐ Unknown/Decline to State	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	☐ Yes ☐ No ☐Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):	Source of Income:

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant

Date of Birth:	Race: ☐ American Indian or Alaska Native ☐ Asian	Hispanic/ Latino/Spanish?
Gender: ☐ Female ☐ Male ☐ Unknown/Decline to State	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	☐ Yes ☐ No ☐Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):	Source of Income:

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? ☐ Yes ☐ No

PAY BILL

To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (Attach complete copy of most recent bill or receipt)

☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Manufactured log ☐ Pellets ☐ Other Fuel

Enter the energy company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? ☐ Yes ☐ No

Do you have a past due notice? ☐ Yes ☐ No

Are your utilities included in rent or submetered? ☐ Yes ☐ No

Are your utilities all electric? ☐ Yes ☐ No

Is your Natural Gas Company the same as your Electric Company? ☐ Yes ☐ No

WOOD, PROPANE or FUEL OIL SERVICE (WPO)

Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) ☐ Yes ☐ No ☐ N/A

List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).

Number of Days: _____ ☐ N/A

ENERGY INFORMATION

The questions below are **MANDATORY.** Please check all energy sources used to heat your home.

A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided.

NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

What is the main fuel used to HEAT your home? One main heating source **MUST** be checked.

☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Manufactured log ☐ Pellets ☐ Other Fuel

In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):

☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Manufactured log ☐ Pellets ☐ Other Fuel ☐ N/A

Are you the account holder: Electric Bill ☐ Yes ☐ No **Natural Gas Bill** ☐ Yes ☐ No

The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHEAP/DOE 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 received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. 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 costs.

X		
	*** * * APPLICANT'S SIGNATURE * * ***	Date

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). 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 weatherization services. 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, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.

Utility Assistance being provided under which program → ☐ HEAP ☐ Fast Track ☐ HEAP WPO ☐ ECIP WPO

Base Benefit $_____ Supplement $_____ Total Benefit $_____

Total Energy Cost $_____ Energy Burden _____

Energy Services Restored after disconnection: ☐ Yes ☐ No Disconnection of Energy Services prevented: ☐ Yes ☐ No

Home Referred for WX: ☐ Home Already Weatherized: ☐

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Name_____Social Security#_____
Home Address_____City & Zip Code_____
Mailing Address_____City & Zip Code_____
Employer_____Work or Other Phone_____

List all people in your household (include yourself) Complete all sections for each person.

First & Last Name	Relationship	Age	Disabled?	Income	Source

Any additional members please list on another sheet of paper.

Type of energy assistance you are seeking?_____
Name of energy provider?_____
What is your main source of heat today?_____
Are there any other heating sources?_____ If yes, please list all_____
If you burn firewood, how many cords per year?__ What is your cost per cord?____
Energy logs, how many logs per year?_____ Pellets, how many bags per year?_____

Has anyone in your household received Unemployment Benefits since 1/1/ 2020? _____
Do you or anyone in your household receive TANF?_____Cal Fresh?_____Child Support? _____
Have you, your spouse, legal partner, parent or child served in the US military?_____
How did you learn about this program? _____

Is your home a House_____Apartment/Duplex_____Mobile Home_____
Do you: Own_____Rent_____ If you own, amount of house payment $_____
If you rent, list rent amount $_____ Landlord _____

Please list all your bills expenses for the last 30 days **which you have paid:**

Rent/House Payment $_____
Food $_____
Medical Care $_____
Child Care $_____
Electricity $_____
Heating Costs $_____
Transportation $_____
Water $_____
Telephone/Cell Phone $_____
Supplemental Insurance Premiums $_____
Child Support $_____
Insurance $_____
TV/Internet $_____
Other $_____

Client Education Confirmation Of Receipt

Name Of Occupant

I have received the following information below: ☐ **Energy Education** – Information regarding changes I can make in order to reduce the energy consumption of my household. ☐ **Budget Counseling** – Information regarding personal financial management.

Conserving Energy • Lower the thermostat on your water heater to 120 F. • Set your thermostat to 68 degrees in winter. • Check and change furnace filters regularly. • Caulk and weather-strip around drafty doors and windows. • Wash clothes in cold water. • Wash only full loads of dishes and laundry. • Replace incandescent light bulbs and replace them with (LEDs). • Install high-pressure/low flow showerheads. • Plug your television, cable box into a smart power strip. • Take shorter showers.

Budgeting Tips • **List Current Expenses** - Look through your bank account and credit card statements over the last few months. List out everything you've spent money on and group those expenses into categories like monthly bills, food and entertainment. • **Identify The Optional** -Take a look at everything you've spent money on over the last few months and decide what you really need and what's actually optional. • **Look For Savings** • Lower your utility costs by watching your consumption and taking advantage of the cost averaging programs that some utility companies offer to avoid big seasonal bills. • Trim your phone bill. Look into bundled services, government assisted plans and pre-paid options with lower prices. • Re-evaluate insurance payments. Shop around to see where you could be saving. • Use coupons, store membership programs and sales when grocery shopping. • **Government Funding** • Apply for LIHEAP before you have a crisis. • If you've been laid off, and qualify for Unemployment Insurance, file for it. • Many utility companies have budget plans and/or seasonal rate reduction programs. Apply and take advantage of the savings. • There are many government assistance programs for housing, food, utilities, healthcare and more. Find out what's available and apply. Online searches and the Department of Health and Human Services are good places to start.

This is a legal document. Please read carefully before signing.

I acknowledge that I have read the cover letter to my LIHEAP application and understand my responsibility to complete my application within 6 weeks. Failure to do so will require me to submit a new application and required documentation. I understand that I may be required to come in for financial counseling. • I hereby authorize LEDC and CSD to examine all my employment, income, utility, fuel and other records pertinent to my application for the last 3 years. • I hereby authorize my utility and fuel provider to release information regarding my bills, past, present and future. This includes information on previous LIHEAP assistance credit on my account that would deem me ineligible for assistance until the credit is used. • I understand that if my utility bill is in someone else's name, I must obtain their signature on the consent form in this application and that this is my responsibility and will not be done by LEDC staff for me. • I understand that for the purpose of this application "household" is defined as ; one person living alone, a single family, two or more families living together or any other group of related or non-related persons who are sharing living arrangements. • I understand that I am responsible for my energy bill until my LIHEAP payment is received by my energy provider. • I understand if I receive a wood voucher and I return it for any reason I will have to reapply. • I understand that if I have received LIHEAP assistance from any other entity, I am not eligible to receive funds from Lassen Economic Development Corporation. • I certify under penalty of perjury that all information is true and correct to the best of my knowledge. I understand that falsification of information on this application will result in my being ineligible to apply for energy assistance for one year and may result in fines and imprisonment as stated by Federal Regulation.

Initial_____ Date_____

Citizenship/Immigration Status Declaration:

Are you a citizen or national of the United States? Yes☐ No☐

City and State born in:_____

Signature_____ **Date**_____

State of California
Department of Community Services and Development
Account Holder Authorization and Consent Form
CSD Form 081 (Rev. 12/17)

ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? ☒ Yes ☐ No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

AUTHORIZATION AND CONSENT

By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and mange those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	**Date**

Name of CSD Contractor/Partner Organization

REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program

No-cost Energy Saving Tips

Turn down your thermostat to 68 degrees or lower during the day and evening (health permitting) and to 55 degrees or off at night or when away from home. Wear layers of loose-fitting clothes to trap body heat, such as thermal underwear, sweaters, sweatshirts, sweatpants, and socks.

Set your water heater to the "normal" setting or 120°, unless your dishwasher requires a higher setting.

Open drapes to let the sun heat your home during the day and close them at night to help insulate.

Close off unused rooms and the vents that heat those rooms.

Keep warm-air registers, baseboard heaters, and radiators clean and make sure they're not blocked by furniture, carpeting, or drapes.

Move furniture around so you are sitting near interior walls instead of exterior walls and windows.

Close your fireplace damper tightly when not in use.

Take shorter showers.

Wash only full loads in your dishwasher and clothes washer.

Use cold water when washing clothes.

Low-cost Energy Saving Tips

Clean or replace furnace filters once a month.

Install weather-stripping or caulk on leaky doors and windows.

Install gaskets behind outlet covers.

Add plastic sheeting to your windows or purchase plastic window covering kits or interior storm window kits.

Install a programmable thermostat.

Install low flow showerheads and faucets.

Wrap your hot water tank with jacket insulation. Be sure to leave the air intake vent uncovered when insulating a gas water heater.

Insulate the water pipes leading from your hot water heater.

Health and Safety Tips

Adequate home heating is a necessity of life. The inability to heat your home adequately can put household members at risk. Health and safety risks include hypothermia and carbon monoxide poisoning and the increased possibility of fire.

You can prevent the loss of life and property by identifying potential hazards and following these safety tips:

Install smoke and carbon monoxide alarms in your home.

Provide proper venting systems for all heating equipment.

Never use your range or oven to heat your home or use a BBQ in your home or garage.

Place space heaters on level, hard and nonflammable surfaces, not on rugs or carpets.

Keep space heaters at least three feet from bedding, drapes, furniture, and other flammable materials.

Never leave a space heater on when you go to sleep or leave the area.

Watch children and pets closely in rooms with heating equipment.

Always use generators outdoors and away from doors, windows, and vents.

EQUAL HOUSING OPPORTUNITY

Weatherization Works

Lassen Economic Development Corporation

200 Highway A-21, P.O. Box 850

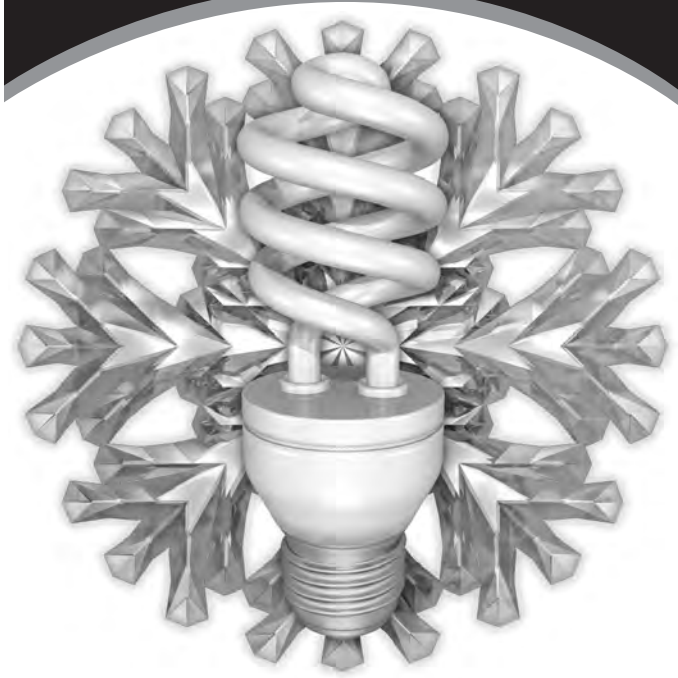
Westwood, CA 96137

(530) 256-3531

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This project, program or service is funded in whole or part by the American Recovery and Reinvestment Act of 2009 in cooperation with the California Department of Community Services and Development.

Energy Assistance Information



Low Income Home Energy Assistance Program

Lassen Economic Development Corporation

200 Highway A-21

P.O. Box 850

Westwood, CA 96137

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