



Dear Energy Assistance Program Applicant,

Enclosed is an application packet to apply for the 2023-2024 Energy Assistance Program (EAP). Instructions for applying are included on Pages 3 and 4. **Use only the forms that apply to you.** If you need additional forms, please email eap@insccap.org or contact your local SCCAP office to request them.

EAP begins on November 1, 2023. We can't help with disconnects or crisis before that date. If you need help before then, contact your energy provider, local trustee, or 2-1-1 for resources.

Send your completed application to your local SCCAP office. **Your application must be complete before we can help you.**

We no longer have a water assistance program.

The last day to apply for the 2023-2024 Energy Assistance Program is May 20, 2024 at 5pm Eastern Time. We cannot accept an application after that.

Use the code below to visit our SCCAP website for information about the program. Starting October 2, 2023, you can also find a link there to apply online for EAP. If you choose to apply online, you must be able to upload your paperwork with your online application.



If you have questions about your application, email us at eap@insccap.org or call your local SCCAP office at the phone number listed at the bottom of this page.

Follow SCCAP on Facebook (facebook.com/insccap) and Instagram (instagram.com/insccap) for any updates about the program as they become available.

Thank you,
The SCCAP Energy Assistance Program Staff

Monroe County
1500 W. 15th St.
Bloomington, IN 47404
Ph: 812-339-3447
Fax: 812-334-8366

Brown County
P.O. Box 730
746 Memorial Dr.
Nashville, IN 47448
Ph: 812-988-6636
Fax: 812-988-8586

Morgan County
159 W. Morgan St.
Martinsville, IN 46151
Ph: 765-342-1518
Fax: 765-342-3460

Owen County
205 E. Morgan St. Suite D
Spencer, IN 47460
Ph: 812-829-2279
Fax: 812-829-2505



Privacy Notice and Your Rights and Responsibilities

Privacy Act Provisions: Federal laws require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3).

Please read this *Privacy Notice* carefully before completing and signing the *Indiana Energy Assistance Program application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP) and the Weatherization Assistance Program (WAP).

Why do we collect the information on the application?

We will use your information to research, evaluate and administer the EAP and WAP programs. We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

Do you have to give us the information?

You have the right to not give us the information we ask for.

What happens if you give or do not give us the information?

If you give us the information requested on the application, your application will be processed. If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

Who may see this information?

The following persons may receive information contained in your application if: (i) they need access to the application information to do their jobs in connection with the EAP and WAP, or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with IHCDA.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- United States Social Security Administration.
- Other agencies or entities as allowed by federal or state law.

Why do we collect Social Security Numbers?

We use Social Security Numbers in the administration of the EAP and WAP to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i).

Why do we ask for information about your race?

This information is compiled and recorded for statistical purposes only and is included on our federally mandated reporting.. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

PY 2024 Indiana Energy Assistance Program Application INSTRUCTIONS

- **Please note that Indiana's Energy Assistance Program provides a one-time benefit payment.** This is not recurring monthly assistance, and is not designed to cover all of your utility costs for a year.
- If you are currently scheduled for disconnection or already disconnected on any utility, or if you are running low or out of bulk heating fuel, check the box to inform the agency you are in crisis.
- Please complete the application form **in its entirety**, including fields with yes/no options.

Part I: Contact Information

- **Please fill in all information completely**, including the full name and last four digits of SSN for the person completing the application for the household. If you do not fully complete the information or provide good methods of contact, it may delay application processing.

Part II: Home and Utility Information

- Please complete all fields completely.
- Please submit your **current** electricity and heating bills or account statements with your application.

Part III: Income and Benefits

- Please complete all fields, indicating **all** forms of income or non-cash benefit assistance received by any member of the household in the past three months.
- Please submit **current** documentation of income along with your application.
- If anybody in your household has **paid** child support in the past three months, submit proof of payments to have child support deducted from household income.
- Please identify any members of the household ages 14-24 who are neither working nor attending school as of the date of application.

Part IV: Household Members and Demographics

- **Please include yourself as household member number 1.**
- **You must list all persons residing at the address of application as of the date of application.**
- You must complete **all fields** for **all individuals**. Failure to complete demographic information will delay your application processing as the local service provider will need to contact you to gather this information.
- **If there are more than four persons in your household (five on the large print form), you will require an attachment to list the other members.** Please contact your local service provider for the attachment and check the box to notify the intake processing your application that there are more than four people present.
- Please use the codes provided to identify race, ethnicity, employment status, education level, Health Insurance, and Military status for each household member.
- Identify anybody in the household who may be an employee/staff member, board member, or subcontractor of the agency you are applying with, or who is related to any of these roles.
- Please define your household type according to the options provided.

Part V: Certification



- **Failure to sign and date the certification statement will invalidate your application.**

Submitting your application

- **Please submit your application to the local service provider administering EAP for your county**, not to IHCD.
- If you do not know who your local service provider is, you may identify them by dialing 2-1-1 or by visiting <http://eap.ihcda.in.gov>. It should also be listed on the front of the application.
- Please submit the following documents with your application (photocopies are acceptable):
 1. Photo ID for the person completing and signing the application.
 2. Proof of SSN for each member of the household. This may be:
 - Copy of Social Security card.
 - Copy of a valid U.S. passport.
 - Copy of a valid state-issued REAL ID.
 - Copy of a pre-printed federal form, such as correspondence from the Social Security Administration or a W-2, that contains the person's name and full, unredacted SSN.
 3. **Current** documentation of income for all household members age 18 or over. This may include:
 - Employment/wages
 - **Most recent** paystub
 - Request for Earnings information form – contact Local Service Provider
 - Social Security/SSI/VA benefits
 - Most recent **complete** award letter (may be downloaded from online)
 - **Complete** bank statement
 - Pension/retirement
 - Award letter
 - Self-Employment
 - Most recent Form 1040 tax return, with all appropriate self-employment schedules.
 - Unemployment Benefits
 - Completed release of information form for DWD.
 - **Full** print-out of your most current Uplink statement.
 - Alimony/spousal support/Worker's Compensation/Private disability
 - Any documentation of payments received.
 - Odd Jobs/irregular income/No Income
 - Completed Income Verification form – contact Local Service Provider
 - If you have any questions about acceptable documentation, contact your local service provider.
 4. **Current, complete bills** for your electric and heating utilities.
 - If you heat with bulk deliverable fuel, provide most recent delivery receipt.
 - If utilities are included in your rent, please provide completed Landlord Affidavit.
 - Please ensure you are providing the **full and complete** billing statement!
- Depending on household circumstances, additional documentation may be required. Please contact your local service provider with any additional questions.

Indiana Energy Assistance Program Application

Program Year 2024

 <p>South Central Community Action Program SCCAP <i>Empowering people to reach their potential</i></p> <p>ihcda  <i>Indiana Housing & Community Development Authority</i></p>	South Central Community Action Program 1500 W. 15th St. Bloomington, IN 47404 812-339-3447 www.insccap.org eap@insccap.org	For Provider/Agency Use Only
		Date received: _____ Application number: _____ <input type="checkbox"/> Mail-In <input type="checkbox"/> Appointment <input type="checkbox"/> Outreach/Home Visit/Other Household is disconnected or out of fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No Household has d/c notice or less than 25% fuel: <input type="checkbox"/> Yes <input type="checkbox"/> No Household heat source is inoperable: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check here if your electric or heating utility is disconnected or scheduled for disconnection, or you are low or out of bulk heating fuel or prepaid electricity. If your utility has been disconnected or is scheduled for disconnection, or if you are low or out of a prepaid, bulk deliverable fuel, contact your local service provider listed above to request a crisis appointment. If you need other emergency options, please call 2-1-1.		
Part I: Contact Information		
Applicant Name _____	Last four digits of SSN XXX-XX-____	County _____
Physical Address (Including Apartment/Lot/Trailer Number) _____	City _____	State Zip IN _____
If you have a PO box or an alternate mailing address, please list it below. Otherwise, please leave blank.		
Please provide at least one form of contact information. Failure to provide accurate contact information may delay application processing.		
Telephone number _____ <input type="checkbox"/> Landline <input type="checkbox"/> Mobile	Mobile phone carrier _____ <input type="checkbox"/> Consent to receive texts	E-mail Address - check box to give consent for us to e-mail you. <input type="checkbox"/> _____
Part II: Home and Utility Information		
Home Type (Please check one) <input type="checkbox"/> Site-built single house <input type="checkbox"/> Multi-unit (apartment, condo, duplex, etc.) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other: _____		Utilities and Payment Electricity Vendor: _____ <input type="checkbox"/> Included in rent Heating Vendor: _____ <input type="checkbox"/> Included in rent
Home Ownership (Please check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		
Primary Heating Source (please check one) <input type="checkbox"/> Furnace/Heat Pump <input type="checkbox"/> Baseboard/Wall Unit <input type="checkbox"/> Wood Stove <input type="checkbox"/> Other: _____	Primary Heating Fuel (please check one) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood/Pellets <input type="checkbox"/> Other: _____	Do you have a secondary heating source installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
Is it working? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Weatherization program provides energy conservation measures to reduce the utility bills of low-income Hoosiers across the state. Would your Household be interested in a referral to the Weatherization program?		
Part III: Income and Benefits		
Please indicate all types of income received by any member of the household in the past three months. Check all that apply.		
<input type="checkbox"/> Employment/wages <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> SSI <input type="checkbox"/> Self-Employment <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Pension <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Private Disability <input type="checkbox"/> Odd jobs/irregular income <input type="checkbox"/> No income <input type="checkbox"/> Other: _____		
Please indicate all sources of assistance received by any member of the household. Check all that apply.		
<input type="checkbox"/> Housing Choice Voucher (Section 8) <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> VASH <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> TANF <input type="checkbox"/> Child care voucher <input type="checkbox"/> WIC <input type="checkbox"/> Child support <input type="checkbox"/> Affordable Care Act subsidy <input type="checkbox"/> Earned Income Tax Credit (EITC) <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
Has anybody in the household paid child support in the past three months? <input type="checkbox"/> No <input type="checkbox"/> Yes (please submit proof of payments)		Is anybody in the household between the ages of 14-24 and neither working nor attending school? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____

Please complete and sign page 2 - Application is not valid without signature and date.

Use blue or black ink only and be sure to fully complete all fields. Failure to fully complete application may delay processing.

Part IV: Household Members and DemographicsList all people residing in household, including yourself. Check here and attach additional sheet if more than four people are in household: ☐

	Last Name and Suffix	First Name	M.I.	Date of Birth	Gender	Disabled?	Race	Ethnicity	Employment	Education	Health Insurance	Military Status
Applicant					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/enby	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Race Codes: A - Asian; B - Black or African American; I - American Indian or Alaska Native; P - Native Hawaiian or other Pacific Islander; W - White; M - Multi-race; O - Other	Ethnicity Codes: H - Hispanic, Latino, or Spanish origins N - Not Hispanic, Latino, or Spanish origins	Employment Codes: FT - Employed full-time; PT - Employed part time; R - Retired; US - Unemployed six months or less; UL - Unemployed longer than six months; NL - Not in labor force; M - Migrant Seasonal farm worker
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Education codes: A - Grades 0-8; B - Grades 9-12, Non-graduate; C - High School Graduate/Equivalency Diploma; D - Some post-secondary school; E - 2- or 4-year college degree; F - Other post-secondary graduate	Health Insurance Codes: A - Medicaid; B - Medicare; C - State Children's Health Insurance Program; D - State Health Insurance for Adults; E - Military Health Care; F - Direct-Purchase; G - Employment-Based; N - None	Military Codes: A - Active-duty military V - Veteran N - No affiliation
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Is anybody in the household affiliated with this agency as an employee/staff member, board member, or subcontractor, or related to any such member? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list): _____	Household Type (please check one) <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Single Female Parent <input type="checkbox"/> Single Male Parent <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Multi-Generational Household (three or more generations) <input type="checkbox"/> Other: _____
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Part V: Certification

Disclaimer: I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I certify that I am an adult residing in this household and listed on this application, or have a legal power of attorney for an adult residing in this household and listed on this application. I am a resident of Indiana and an applicant for the Energy Assistance and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, or if I am signing or submitting this application or any supporting documentation without the legal authority to do so, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that the household has received based on any such noncompliance, misrepresentation, or omission.

Energy Assistance Program and Low Income Home Water Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.

Signature of applicant (required)	Date (required)

Agency Referral Form

South Central Community Action Program's mission is to help everyone achieve personal and economic independence to strengthen our community. To achieve this mission, we offer a variety of programs within our agency. Please initial next to any programs that you would like to learn more about. Program information will be sent out with your notification letter after applying for the Energy Assistance Program. Please notice the first 3 programs listed are available in Brown, Monroe, Morgan, and Owen counties, while the rest are available only to Monroe County residents.

☐


Weatherization is an energy conservation program that increases the energy efficiency of a home, as well as health and safety conditions for its occupants.

☐


Housing Choice Vouchers provides vouchers for low-income households to find their own rental units within U.S. Housing and Urban Development's (HUD) guidelines. We provide vouchers in Brown, Monroe, Morgan, Owen, Clay, and Greene counties.

☐


Covering Kids and Families addresses health insurance needs by helping clients to understand, obtain, and maintain health insurance.

Programs below are offered ONLY in Monroe County

☐


Head Start & Early Head Start promote the school readiness of children from low-income families in Monroe County. We support comprehensive child development by providing education, healthcare, and family well-being services.

☐


Thriving Connections is a community building model that gathers diverse people to cultivate intentional relationships across economic class by creating a safe harbor to focus on achieving financial, emotional, mental, physical, social, and spiritual growth.

☐


City of Bloomington Utilities Water & Trash Program is available to qualified persons for assistance paying their water bill and/or obtaining trash services.

Signature _____

Date _____

My signature above confirms that I release and agree to hold harmless SCCAP and its directors, employees, attorneys, agents, insurers, and representatives (collectively, "Releasees") from any and all claims, liability, expenses, costs and damages (including attorney's fees) that I may incur, directly or indirectly, as a result of SCCAP's or any other entity's collection, receipt, possession, processing, use, dissemination, disclosure, transfer, or publication of (or as a result of any decisions made by any entity based on) any information about me or my dependents that I provide in connection with any application or request for services, benefits, or participation in the Energy Assistance Program or any other above-listed program.



SCCAP Customer Satisfaction Survey

SCCAP relies on your feedback to continue improving our services. Your feedback is important to us. We appreciate you taking the time to complete this survey.

How did you hear about us?

- ☐ Family/Friend ☐ Local Church ☐ Internet/Website/Social Media ☐ 211
☐ United Way ☐ Newspaper ☐ Social Service Agency ☐ Trustee's Office ☐ Billboard
☐ I have used SCCAP services before ☐ Other (please specify): _____

Is this your first visit to SCCAP?

- ☐ Yes ☐ No

What county do you live in?

- ☐ Brown ☐ Owen ☐ Monroe ☐ Morgan

What was the purpose of your visit?

- ☐ Apply for help with utility bills ☐ Housing Appointment
☐ Sign up for Head Start/ Early Head Start ☐ Apply for weatherization
☐ Other (please explain): _____

What SCCAP services have you used before?

- ☐ Housing Choice Voucher (Section 8) ☐ Head Start/ Early Head Start ☐ Affordable Housing
☐ Weatherization Assistance Program ☐ Energy Assistance Program ☐ CKF
☐ Thriving Connections ☐ Growing Opportunities ☐ None of these

If you received an Energy Efficiency Tips flyer in the mail from us, did you use any of the tips? ☐ Yes ☐ No

☐ N/A (I didn't receive a flyer in the mail)

If so, what tips did you try? _____

If you tried using the tips to save energy, did you notice a decrease in your bill? ☐ Yes ☐ No ☐ Not sure yet

Please rank the following aspects of your visit/contact with SCCAP:

The office was easy to find, well -marked, and convenient.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not applicable

I was served in a timely manner.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not applicable

Staff was courteous and helpful.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not applicable

My need or reason for phone call or visit to SCCAP was taken care of.

☐ Yes ☐ No- I did not qualify ☐ I need to provide additional documentation
☐ No- SCCAP does not offer the service I need

If you answered “No” above, what service did you need? _____

If SCCAP could not meet my need(s), I was referred to other provider(s).

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not applicable

Staff offered information about other SCCAP services.

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Since participating in SCCAP services, do you feel you are:

☐ More self-supporting ☐ Less self-supporting ☐ No Change ☐ Prefer not to answer

Overall, how do you rate the quality of services we provide?

☐ Excellent ☐ Good ☐ Adequate ☐ Poor ☐ Unacceptable

What barriers did you have when accessing services?

☐ Language/Interpreter needed ☐ Disabled/Physical limitations ☐ Transportation Issue ☐ None
☐ Other (please explain): _____

What type of transportation do you most often use?

☐ Ride Share services (Uber, Lyft, etc) ☐ Taxi/Cab ☐ City Transit/Bus ☐ Rural Transit
☐ Personal Vehicle ☐ I do not have access to or use any of these transportation options.
☐ Other (please explain): _____

Would you be interested in sharing your story? If yes, please provide your contact details.

☐ Yes ☐ No

Name/Email or Phone Number: _____

Please provide any other feedback you have for our agency:

All SCCAP services are provided without regard to race, age, color, religion, sex, gender identity, gender expression, genetic information, sexual orientation, marital status, disability, national origin, ancestry or status as a veteran.



1500 W. 15th Street
Bloomington, In 47404
Phone: 812-339-3447 ext. 702
www.insccap.org



- Wash clothes in cold water.
- Turn off TV when leaving room.
- Wear a sweater and turn down the thermostat a degree or two.



About SCCAP

South Central Community Action Program (SCCAP) is a nonprofit organization based in Bloomington, Indiana that has served low-income people for 55 years. Our mission is to provide opportunities for all people to achieve personal and economic independence to strengthen our community.

SCCAP is also proud to offer:

Early Head Start

Head Start

Energy Assistance

Housing Choice Voucher

Thriving Connections

Growing Opportunities

Covering Kids and Families

All SCCAP services are provided without regard to race, age, color, religion, sex, gender identity, gender expression, genetic information, sexual orientation, marital status, disability, national origin, ancestry or status as a veteran.



**Good for your wallet,
good for the planet!**





What is weatherization?

The Weatherization Assistance Program began in 1976 to combat high energy bills for America's most vulnerable citizens. The Weatherization program qualification is income based and gives priority to the elderly, people with disabilities and families with children.

Income limits for 2023 by family size

❖ 1 person	\$29,160
❖ 2 persons	\$39,440
❖ 3 persons	\$49,720
❖ 4 persons	\$60,000
❖ 5 persons	\$70,280

Add \$10,280 for each additional person.

Apply for **weatherization** by calling 812-339-3447 ext 702 or calling your county office for more information.

Health & Safety measures

- Perform heating system safety testing.
- Combustion appliance safety testing.
- Inspect vent systems.
- Install mechanical ventilation to ensure adequate indoor air quality.
- Install smoke and carbon monoxide alarms.
- Evaluate mold or moisture hazards.
- Incidental safety repairs if necessary.

Mechanical measures

- Clean, tune, repair or replace heating systems when needed.
- Seal leaks in heating ducts.
- Repair or replace water heaters if necessary.
- Insulate water heating pipes.
- Fix improper dryer venting.

Building shell measures

- Install insulation where needed.
- Blower door directed air sealing.



Client Education Activities

- Educate on potential household hazards such as carbon monoxide, mold & moisture, indoor air pollutants, lead paint and radon.
- Instruction on how to use any newly installed equipment.
- Discuss the benefits of using energy efficient products.

Baseload measures

- Install LED bulbs.
- Install low flow shower heads and sink aerators.
- Water heater pipe insulation.

