

**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:

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