

# SouthEastern Arizona Community Action Program

1326 Hwy 92 Ste. 11 Bisbee, AZ 85603 Ph.: 1-800-293-1144 Fax: 928-428-0859

## UTILITY ASSISTANCE APPLICATION

**THIS APPLICATION WILL ONLY BE ACCEPTED WHEN MAILED, FAXED, OR EMAILED.**

To apply for utility assistance, follow the instructions listed below.

1. Review page 2 to identify what documentation is required to apply for services.
2. Complete & sign pages 3-16
3. Keep pages 17-18 for your information.  
(Do not send back)
4. Submit pages 3-16 with copies of all required documentation listed on page

**SUBMIT YOUR APPLICATION THROUGH ONE OF THE FOLLOWING**

**\*\*\*DO NOT TAKE THIS APPLICATION TO AN IN PERSON INTERVIEW\*\*\***

MAIL	FAX	EMAIL
P.O. Box 2606 Nogales, AZ 85628	928-428-0859	<a href="mailto:curiarte@seacapinc.org">curiarte@seacapinc.org</a> <a href="mailto:nmartinez@seacapinc.org">nmartinez@seacapinc.org</a>

Application must be received within 2 weeks from the day you signed all pages. Your application will be reviewed within 3 business days from the date it is received to ensure all required documentation has been submitted. A letter advising you of the status of your application will be mailed to you within 5-7 business days. Your assistance will depend on availability of funding. If you have any questions contact us at

1-800-293-1144.

# UTILITY ASSISTANCE REQUIREMENT FORM

**\*\*\*PLEASE READ CAREFULLY\*\*\***

The following information must be provided to Southeastern Arizona Community Action Program, Inc. (SEACAP) to determine if you are potentially eligible to receive utility assistance. Your application **WILL NOT** be completed if any of the required documentation is missing. **DO NOT SUBMIT ORIGINAL DOCUMENTS (COPIES ONLY).**

**\*\*\* Be aware there may be additional documentation required based on your situation. \*\*\***

1. Proof of gross income for the last thirty (30) days from the date of application for **everyone** living in your household.
  - Bank statements will **NOT** be accepted for proof of income. Documents must be from the originating source.
  - Zero income requires proof of how you have been meeting your expenses for the past 60 days.

**\*\*\*Examples of income and acceptable documentation are listed below (Not limited to) \*\*\***

<b>Employee Wages:</b> Pay Check Stubs
<b>Social Security, SSI, SSDI, Workman's Comp:</b> Award Benefit Letters (Current Year), Current Printout from Social Security Office
<b>Unemployment Benefits, Child Support, Alimony:</b> Payment History (Printed day of assistance)
<b>Pensions, Retirement Plans:</b> Lifetime Benefit award letter, Stub for the current month received
<b>Self-Employment/Odd Jobs:</b> Daily Ledger, Recipient(s) Letter
<b>DES (Cash Assistance):</b> Current DES/FAA Award letter, DES printout of cash assistance

2. Social Security Cards  
**(Everyone living in your home)**
3. Picture I.D. for **applicant** only  
**(Applicant must be the person who is listed on the utility bills)**

4. Proof of U.S. legal status for **applicant** only:

**\*\*\*Examples listed below: (Not limited to) \*\*\***

Certificate of Live Birth	Certified Birth Certificate	Certificate of Naturalization
Permanent Resident Card	US Passport	Tribal Enrollment Card/ Certificate
American Indian Census Rec.	Medicare Card	Religious Record (within 3 months of birth)

5. Utility bills and/or deposit statements **(Must be dated within the last thirty (30) days from the date you apply)**
  - Gas, Water, Electric, Propane, and Wood
    - Bring all pages of the utility bills
  - Deposit statements and/or propane quotes must include:
    - Your name
    - Service address
    - Account Number
    - Company letterhead
    - Company phone number and date.

**For additional information or any questions contact us at 1-800-293-1144**

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## UTILITY ASSISTANCE PRE-INTAKE PACKET

I understand that completing an application does not guarantee that I will receive assistance from Southeastern Arizona Community Action Program. Financial assistance is provided based on the following criteria:

- A. First Come, First Serve
- B. There is available funding for the services you are requesting

If I do not qualify for assistance, the case manager will notify me in writing, indicating the reason for the denial, within 5-7 business days from the date of receipt of my application. I have signed and kept a copy of this notice and fully understand the information provided is true and correct to the best of my knowledge.

SIGN HERE

---

**Applicant Signature**

---

**Date**

---

**Case Manager Signature**

---

**Date Packet Received**

Revised: 12/30/21

# SouthEastern Arizona Community Action Program

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## MEMORANDUM OF UNDERSTANDING

I understand that completing an application does not guarantee that I will receive assistance from Southeastern Arizona Community Action Program. If I do not qualify for assistance, the case manager will notify me of the reason for the denial.

SIGN HERE

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Case Manager Signature**

\_\_\_\_\_  
**Date**

**↓ ↓ STOP IN OFFICE USE ONLY!!!! ↓ ↓**

CLIENT IN CAP 60

EXISTING FILE

NEW IN CAP 60  ENTERED

NO FILE

CLEAR FOR ALL PROGRAMS

NOT CLEAR FOR THESE PROGRAMS

DENIAL ENTERED

LIHEAP UTA

LIHEAP UTS

PENDING/NOTES ENTERED

HEAF

APS

SCANNED INTO CAP 60

WS GAS

WS ELECTRIC

SWG

SWG –ES

URRD

UNS ELECTRIC

TANF

WAP

# SouthEastern Arizona Community Action Program

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**Yvette A. Ramirez**  
**Executive Director**

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**NAME:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**\*\*Include everyone living in your home in the last 30 days. Make sure all boxes are filled out per person:**

1.	NAME		Social Security Number	Date of Birth mm/dd/yy	Gender Identity	Race	School Last Grade	Health Insurance		Disabled		Relationship to Applicant
	First	M- Initial						Last	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>APPLICANT</b>
2.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12.								Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



**\* \* \* \* \* STATEMENT OF TRUTH \* \* \* \* \***

***PLEASE READ AND SIGN THE FOLLOWING STATEMENT***

I swear and affirm that the statements made in writing or verbally regarding the facts of the household composition, income and all other items that pertain to my possible eligibility for services through SOUTHEASTERN ARIZONA COMMUNITY ACTION PROGRAM, are true and correct to the best of my knowledge. With my signature below, I also affirm that I understand that SEACAP is a delegate agency/contract designee of the State of Arizona and the Arizona Department of Economic Security.

I authorize the Department of Economic Security and/or delegate agency to contact any sources necessary to establish the accuracy of the information given by me. Furthermore, I authorize any landlord or utility company to which payment of credit on my behalf may be made to release information regarding my current account including, but not limited to, billing information to the State of Arizona, or its contract designee.

I understand that I may request a Fair Hearing orally or in writing if I disagree with any action taken on my case. I understand that anyone who violates the provisions of the Low Income Energy Assistance and/or Community Services Programs or knowingly provide false information in any report require under it, may be fined not more than \$10,000 or imprisoned no more than five years or both  
(Chapter 11.Title 45 cfr. 260.3541).

SIGN HERE

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Case Manager Signature**

\_\_\_\_\_  
**Date Packet Received**

# SouthEastern Arizona Community Action Program

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## “GRIEVANCE PROCEDURE”

Any client having a complaint regarding services performed by an employee of SouthEastern Arizona Community Action Program (SEACAP) has the right to appeal according to the following procedure:

1. A verbal and/or written complaint will be made to the local office Regional Coordinator, **Cecilia Brown, 520-287-5066**, regarding the employee and/or issue involved. The Regional Coordinator and appropriate Case Manager will discuss the issue with you and provide you with written notice of the decision made within 2 working days from receipt of complaint. If you are not satisfied with the solution, please follow the steps below.
2. A written complaint must be made to the Director of SouthEastern Arizona Community Action Program regarding the employee/issue involved. The complaint should be hand delivered or mailed within ten (10) working days from the date of response from the Regional Coordinator to:

**Yvette A. Ramirez, Executive Director**  
**283 West 5<sup>th</sup> Street**  
**Safford, Arizona 85546**

3. Within five (5) working days of receipt of the written complain, the Director, appropriate Coordinator and/or immediate Supervisor will discuss the issue with the client as well as with the employee. The Director will approve or modify said findings and action taken as deemed appropriate. Written notification to all concerned will take place within a reasonable time not to exceed five (5) working days from date complaint is received.
4. A file will be retained at SEACAP on each and every complaint to include all documentation.
5. If the solution provided by the Executive Director is not to the satisfaction of all parties concerned, please forward your written complaint to the SEACAP Board President for final disposition to:

**Jennifer Howard, Board President**  
**283 W. 5th Street**  
**Safford, Arizona 85546**

Within five (5) working days after receipt of the complaint, the Board President will provide a written notice of the decision made.

6. If the final disposition provided by the Board of Directors is not to the satisfaction of the parties concerned, the parties are encouraged to contact the Arizona Department of Economic Security (DES), Division of Aging and Adult Services (DAAS), Community Action Unit at:

**Arizona Department of Economic Security**  
**Division of Aging and Adult Services**  
**PO Box 6123, Site Code 086Z**  
**Phoenix, Arizona 85005**  
**1-800-582-5706**

I have read the grievance procedure, understand my rights to appeal, and I have also received a copy.

SIGN HERE

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Case Manager Signature**

\_\_\_\_\_  
**Date Packet Received**



Approved  Denied

**APPLICANT'S STATEMENT OF TRUTH**

Under penalty of perjury and acknowledged by my signature below, I swear or affirm that the statements made regarding the persons in my home, and the income, resources, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

Bajo penalidad de perjurio y reconocido por mi firma abajo, yo juro o afirmo que las declaraciones hechas en cuanto a las personas en mi hogar, y los ingresos, los recursos, propiedad y todas cosas demás que pertenecen a mi elegibilidad posible por beneficios son verdades y ciertas según mi leal entender y saber

**RELEASE OF INFORMATION**

I authorize the Department of Economic Security and/or delegate agency to contact any source necessary to establish the accuracy of the information given by me. Furthermore, authorize any landlord or utility company to which payment of credit on my behalf may be made to release information regarding my current account including, but not billing information to the State of Arizona, or its contract designee. I understand that the Arizona Department of Economic Security may use information provided on these purposes of research, evaluation, and analysis.

Yo autorizo al Departamento de Seguridad Económica y/o la agencia diputada para comunicarse con cualquier fuente necesaria para establecer la exactitud de la información que la provee. Además, autorizo a cualquier propietario o servicio público a lo que se efectuaría un pago de crédito por mi parte para divulgar información en cuanto mi cuenta actual incluso pero no limitarse a, información, de facturación al Estado de Arizona o su delegado contratado. Entiendo que el Departamento de Seguridad Económica de Arizona puede usar la información provista en este formulario para los propósitos de estudios, evaluación y análisis.

**SIGN HERE**

**APPLICANT'S SIGNATURE**

**DATE**

**WORKER'S STATEMENT**

I have interviewed the applicant and have explained the following: His/her right to the appeal process. I have also advised the applicant of any penalties for fraud and/or misrepresentation. I have completed my investigation of the financial eligibility as required by program rules and regulations.

**REVIEWER'S ID NO.**

**WORKER'S SIGNATURE**

**DATE**

**AFFIDAVIT THAT DOCUMENT(S) IS/ARE TRUE**

I, \_\_\_\_\_ swear or affirm, under penalty of  
**Printed or typed name**

Perjury, that the document(s) presented by me to prove U.S. citizenship, U.S. national, or alien status are true.

DOCUMENT(S) PRESENTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGN HERE**

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-3882; TTY/TDD Services: 7-1-1.

**SEACAP  
FAMILY DEVELOPMENT SURVEY**

Tell us how your family is doing?

**Please circle the number that best represents your current family situation**

1 = Lots of Help Needed

5 = Help Needed Occasionally

10 = No Help Needed



**Food Needs**



1      2      3      4      5      6      7      8      9      10



**Transportation Needs**



1      2      3      4      5      6      7      8      9      10



**Child Care Needs**



1      2      3      4      5      6      7      8      9      10



**Housing Needs**



1      2      3      4      5      6      7      8      9      10



**Employment Needs**



1      2      3      4      5      6      7      8      9      10



**Income Needs**



1      2      3      4      5      6      7      8      9      10



**Healthcare Needs**



1      2      3      4      5      6      7      8      9      10



**Adult Educational Needs**



1      2      3      4      5      6      7      8      9      10

SIGN HERE

**Client Signature**

**Date**

# APS Extranet Agreement

## Exhibit C

### **APS Customer Consent Form Language**

I hereby consent to and authorize SEACAP ("Agency") to access any information from Arizona Public Service Company ("APS") concerning my payment history, delinquencies, outstanding amounts owed, require deposits, usage history and other related information, and to use such information in connection with my application for financial assistance on this date. This consent and authorization shall expire following Agency's review of my APS customer account information for qualification of Agency financial assistance on this date.

APS Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name of APS Customer of Record: \_\_\_\_\_

Service Address: \_\_\_\_\_

Client Receiving Assistance: \_\_\_\_\_  
(If different than Customer of Record)

#### **Must check on of the following:**

I am the APS Customer of Record

\_\_\_\_ I reside at the above address and the above named APS Customer of Record has authorized me to grant consent to the Agency access to the APS information for the Customer of Record at this residence for the purpose of obtaining financial assistance.

Signature:  \_\_\_\_\_

# UTILITY INFORMATION RELEASE AUTHORIZATION FORM

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Arizona Public Service | <input type="checkbox"/> Unisource Energy Services |
| <input type="checkbox"/> Salt River Project                | <input type="checkbox"/> Southwest Gas             |
| <input type="checkbox"/> Tucson Electric Power             | <input type="checkbox"/> Other _____               |

By signing this form, I authorize the above named utility provider(s) (indicated by box checked) to release my historical and future utility bills, account information (such as but not limited to name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form ("Authorized Parties"). This release is granted in connection with my household's request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from: (i) any claims, damages, liability or expenses resulting from the use or disclosure of information based on this Authorization; (ii) the unauthorized use or disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

## Authorized Parties:

### Community Agency:

Name of agency determining assistance ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Wildfire (Arizona Community Action Association)      Arizona Department of Housing, Community Development and Revitalization Division      Arizona Department of Economic Security

Signature of Account Holder/Customer of Record:  \_\_\_\_\_

Print Account Holder/Customer of Record: \_\_\_\_\_

Signature of Joint Account Holder/Customer of Record:  \_\_\_\_\_

Print Joint Account Holder/Customer of Record: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date \_\_\_\_\_

# UTILITY INFORMATION RELEASE AUTHORIZATION FORM

Arizona Public Service

Unisource Energy Services

Salt River Project

Southwest Gas

Tucson Electric Power

Other \_\_\_\_\_

By signing this form, I authorize the above named utility provider(s) (indicated by box checked) to release my historical and future utility bills, account information (such as but not limited to name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form ("Authorized Parties"). This release is granted in connection with my household's request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from: (i) any claims, damages, liability or expenses resulting from the use or disclosure of information based on this Authorization; (ii) the unauthorized use or disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

## Authorized Parties:

## Community Agency:

Name of agency determining assistance ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Wildfire (Arizona Community Action Association)

Arizona Department of Housing, Community  
Development and Revitalization Division

Arizona Department of Economic Security

Signature of Account Holder/Customer of Record:

 SIGN HERE

Print Account Holder/Customer of Record: \_\_\_\_\_

Signature of Joint Account Holder/Customer of Record:

 SIGN HERE

Print Joint Account Holder/Customer of Record: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date \_\_\_\_\_


# SOUTHEASTERN ARIZONA COMMUNITY ACTION PROGRAM

## CERTIFICATION OF ENERGY EDUCATION

I, \_\_\_\_\_ certify, that I received and retained the

(Print Your Name Here)

*“Be Energy Wise- Tips That Can Save You”* paperwork as part of the Energy Education provided by Southeastern Arizona Community Action Program, Inc.

SIGN HERE 

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Case Manager Signature**

\_\_\_\_\_  
**Date Packet Received**



## **Keep the following two pages for your information**

### **BE ENERGY WISE- TIPS THAT CAN SAVE YOU**

**DRY, DRY AGAIN-** Dry laundry loads right after each other so your dryer doesn't have to reheat for each load (clothes, dry faster, too).

**HIT THE LIGHTS-** Even if you'll be right back, it's a good idea to click off unused lamps, televisions, radios, and other appliances when you leave the room.

**FILL'ER UP-** Wait for full laundry loads rather than washing multiple small loads. You'll save water, detergent, and energy.

**TWIST AND TURN-** Twist an energy-savings- up to \$50 over the life of one bulb. Look for energy saving bulbs from your favorite lighting retailer.

**BE A FAN OF FANS-** Operating an air conditioner can cost up to 25 times as much as an oscillating, box or window fan. The fan will not change the air temperature, but you will feel cooler because of the air movement. Make sure you turn the fan off when you're not in the room.

**CLEAN YOUR AIR FILTER-** When did you last check your furnace or air conditioner filter? Changing or cleaning the filter each month helps your furnace and central air conditioner use much less energy and run more safely.

**DISHWASHING DETERGENT-** Buy a "spot-free" product that dissolves in colder water temperatures, then set your water heater at 120 F degrees (or lower). You'll save energy and stop spots.

**NO PEEKING-** Every time you open the oven door to check an item, you lose 25-50 degrees, even if it's just a peek. That makes your oven work harder to maintain the temperature. Try a timer instead.

**COOL OFF YOUR WHITES-** It's your laundry detergent, not the water temperature that whitens your clothes. Wash and rinse in cold water to save up to \$70 each year.

**Q:** What costs more, washing dishes by hand or in a dishwasher?

**A:** By hand . . . unless you rinse in cold water, your energy savings are washed down the drain when you're rinsing dishes. Rinse in luke-warm, or use your dishwasher.

**IN A WHOLE NEW LIGHT-** Energy-saving compact fluorescent light bulbs use up to 75 percent less energy than standard bulbs and last up to 10 times longer. Find energy-saving bulbs at your local lighting retailer.

**Q:** What costs more, leaving your PC on for 24 hours or drying one load of clothes in an electric dryer?

**A:** They're about the same, just under 35 cents.

**DRY OUT-** If you hang your clothes to dry, do so outdoors during the summer to keep humidity from building up inside your home.

**Q:** How much does the electricity needed to watch a two-hour movie on your VCR cost?

**A:** Less than 5 cents (4 cents for a 25" color TV and 1 cent for the VCR).

**Q:** What's your home's biggest energy user after heating and cooling?

**A:** It can be several things. Water heating can cost from \$10 to \$40 each month, depending on your fuel and hot water use, and the thermostat setting on your water heater. A side-by-side refrigerator will cost about \$20 a month, and a pool filter will cost \$40 a month for only 8 hours of daily operation. Both of these items can easily exceed heating costs and, if you have evaporative cooling, could also exceed cooling costs. Both these items exceed the average cost for water heating with either electricity or gas!

**OPEN UP DURING THE EVENING-** During summer, open windows to bring in breezes during the cooler evening hours. Use fans to help move air through your home.

**PUT A LID ON IT-** Cover pans when cooking to reduce the amount of heat needed and cooking time. Then, use a lower setting and save more than \$15 a year.

**DUMP AFTER EACH LOAD-** Clean the lint filter after **EVERY** laundry load. Clothes will dry faster, and you'll save energy.

**COOL RULE-** When starting your air conditioner; don't set your air conditioner thermostat lower than the desired temperature. It doesn't cool your home any faster, and you make forget to reset it, which would then cost you more for operation.

**UNDERCOVER BED-** Cover your waterbed with a quilt or comforter to trap heat under the covers. You'll save on waterbed heating costs, which can add up to more than \$100 in electricity each year

**THINK SMALL-** Use smaller appliances, such as crock-pots, toaster ovens, and electric skillets whenever to save energy.

**DON'T BLOCK VENTS-** Never place a bed, dresser, couch, or other piece of solid furniture in front of heating or cooling vents; doing so wastes energy and keeps your home from being as comfortable as possible.

**SHADY SAVINGS-** Shade the west windows and walls to reduce afternoon temperatures 30-40 degrees. TEP sponsors Trees for Tucson. Call 791-3109 for more information about trees.

**LET THE LIGHT SHINE IN-** During winter, open shades on sunny days and let the sun warm your home.

**COOL RULE-** Set your air conditioner thermostat at 76-78 F degrees and leave it set as that temperature unless you leave the home for an extended time period. In this case, set the thermostat to 82 until you return home again. It's not a good idea to turn the system off entirely during absences. New research definitely proves this is not the most cost-effective method of operation

**CAULK BETWEEN THE CRACKS-** The average home built prior to 1990, constantly lets in as much outside air as a medium sized window left wide open. Replace caulking around windows, doors, and plumbing penetrations if it is cracked and dry.

**PULL THE SHADES-** Closing shades to block the sun is a great way to help keep your home cool on hot summer days.

**Q:** What cost more, baking a potato in the microwave or the oven?

**A:** The oven. It cost about 22 cents per hour, while the microwave only costs 10 cents. Plus, the microwave cooks a potato in 8 minutes, while the oven takes about 40 minutes.

**THE PERFECT MATCH-** When using your stove, match the pan size to the burner size to avoid wasting heat and energy that never transfers to the pot.

**COOL RULE-** If you have central air, clean or replace the furnace filter each month for efficient operation.

**NO WARM UP NEEDED-** Don't preheat your oven unless baking cakes, cookies, bread, or pastries.

**QUIT EARLY-** Turn off the oven five minutes before you're done baking to take advantage of heat stored in the oven cavity.

**SEPARATE HOT FROM COLD-** Keep cooling appliances like your refrigerator, freezer and air conditioner away from heat-producing appliances such as your oven, laundry and furnace to keep each from having to work harder.

**NO DRIPS ALLOWED-** One drop of hot water per second can cost up to \$15 in electric water heating costs each year. Fix leaky faucets and save up to 2400 gallons of hot water each year.

**SPACE HEATER ALERT!** - Heating a room with a portable space heater can cost up to \$1 a day. Use it only when necessary, and then use it to heat people, not rooms.

**STRETCH AND SAVE-** Many easy energy-saving efforts can add up to save you more than \$100 each year.

**WARM AND SAFE-** When using portable space heaters, keep papers, clothes, and children away from hot electric coils.

**Q:** How much does it cost to leave a lamp on overnight?

**A:** About \$2.25 a month for a lamp with a 75-watt bulb that's on for 10 hours each night. A compact fluorescent could give off the same light for only 42 cents a month.

**PULL THE PLUG ON UNUSED APPLIANCES-** For extra safety; unplug portable space heaters, irons, hair dryers, coffee pots and other small appliances when they are not in use.

**BE AFRAID OF FRAYED-** Don't use appliances with frayed electric cords.

**SHORTEN YOUR SHOWERS-** 7- minute showers can save up to \$60 per person per year in hot water compared to 15-minute showers.

**KNOCK GERMS OUT COLD** It's your dishwashing detergent, not the temperature of the water that kills germs in your dishwasher. Dial your water heater to 120F degrees and your dishes will say sanitary while you save energy.

**SPARKLING LIGHTS-** Clean light bulbs and fixtures twice yearly (more if necessary) to get the most light for your dollar