

PG&E, GAS, PROPANE, & WOOD ASSISTANCE

ATTACH THE FOLLOWING INFORMATION TO YOUR LIHEAP APPLICATION
(HEAP PROVIDES ONE PAYMENT PER PROGRAM YEAR)

Energy Bill

- Current PG & E bill (within last 6 weeks)
 - Regular (blue bill, page 1 and 3)**
 - OR 48 Hour Notice or Shut off for non payment**
(15 Day Notice or Closing Bill are not accepted)
- Current Gas, Propane, Wood, or Oil bill
AND Current Electricity Bill (pages 1 and 3)

Only complete bills are acceptable.

Detached PG&E bills will not be accepted.

Social Security Card (for all adults)

- Social Security Card
- Letter from Social Service Administration
- Social Security Benefits

Identification (for applicant only)

- Current California Driver's License
- Current California Identification Card

Household Income (within last 6 weeks)

- Current check stubs (one month)
- Employer verification on letterhead
- EDD Unemployment
- Disability check stub
- Social Security Benefits
- SSI (Supplementary Security Income)
- Notice of Action
- TANF printout
- Court ordered child support
- Self employed: attach daily journal for one month

* If no income is declared for ANY ADULT, other supporting documentation will be required.

- EDD Unemployment
- Food Stamps Notice of Action
- Subsidized Housing (Section 8 or HUD)

Mail or bring your application to:

FCEOC Community Services - LIHEAP 1900 Mariposa Mall, Suite 111 Fresno, CA 93721	263-1135	Monday thru Friday	8:00 am to 5:00 pm
Download application from website:	http://www.fresnoec.com/services/energy/home-energy-assistance.html		
Workforce Connection Manchester Mall 3302 N. Blackstone Ave., Suite 155, Fresno	230-3600	Tuesday	8:00 am to 4:30 pm
County of Fresno, Coalinga E&TA 311 Coalinga Plaza, Coalinga	935-6300	First & Third Monday of the month	9:45 am to 3:45 pm
County of Fresno, Kerman E&TA 15180 W. Whitesbridge Ave, Kerman	842-7707	First & Second Thursday of the month	9:00 am to 4:00 pm
Orange Cove Community Center 1705 Anchor Ave, Orange Cove	626-4492	Monday	8:30 am to 5:00 pm
Reedley Workforce Connection 1680 Manning Ave, Reedley	637-7820	Tuesday	8:30 am to 5:00 pm
Firebaugh Senior Center 1601 Thomas Conboy St, Firebaugh	659-3536	First & Third Tuesday of the month	8:00 am to 4:30 pm
Selma Regional Center 3800 McCall Ave, Selma	898-5100 Ext 5236	Wednesday	8:30 am to 5:00 pm
City of Mendota 655 Quince St, Mendota	655-3291 Ext 113	Wednesday	8:30 am to 5:00 pm
Sanger Community Center 730 Recreation Place, Sanger	875-8556	Friday	8:30 am to 5:00 pm



Household Income Summary

In order to determine eligibility and process your application,
Please provide all current income for each family member during the past 6 weeks.

Please mark all that apply:

SSI	<input type="checkbox"/>	Child/Spousal Support	<input type="checkbox"/>	Pension	<input type="checkbox"/>
SSA	<input type="checkbox"/>	Self Employment	<input type="checkbox"/>	Disability	<input type="checkbox"/>
TANF	<input type="checkbox"/>	Veteran's Benefits	<input type="checkbox"/>	Paycheck	<input type="checkbox"/>
EDD	<input type="checkbox"/>	Financial Aid/Student Grant	<input type="checkbox"/>	Other	<input type="checkbox"/>

All Members of Household

	Name	Relationship	Age	Source of income
1.	_____	Applicant	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

Previous Six Week's Household Income

Household Member #1 _____		Household Member #2 _____		Household Member #3 _____	
Week 1	\$ _____	Week 1	\$ _____	Week 1	\$ _____
Week 2	\$ _____	Week 2	\$ _____	Week 2	\$ _____
Week 3	\$ _____	Week 3	\$ _____	Week 3	\$ _____
Week 4	\$ _____	Week 4	\$ _____	Week 4	\$ _____
Week 5	\$ _____	Week 5	\$ _____	Week 5	\$ _____
Week 6	\$ _____	Week 6	\$ _____	Week 6	\$ _____
Household Member #4 _____		Household Member #5 _____		Household Member #6 _____	
Week 1	\$ _____	Week 1	\$ _____	Week 1	\$ _____
Week 2	\$ _____	Week 2	\$ _____	Week 2	\$ _____
Week 3	\$ _____	Week 3	\$ _____	Week 3	\$ _____
Week 4	\$ _____	Week 4	\$ _____	Week 4	\$ _____
Week 5	\$ _____	Week 5	\$ _____	Week 5	\$ _____
Week 6	\$ _____	Week 6	\$ _____	Week 6	\$ _____

Customer's Signature: _____ Date: _____



Fresno County Economic Opportunities Commission

"Helping People. Changing Lives"

HEAP/ECIP PROGRAM

Weatherization Questionnaire:

1. Has your residence been weatherized by Fresno County EOC? Yes No
2. What type of heating/cooling system is currently used in your home?
 Central Window/Wall Portable Device None Other _____
3. Is your heating/cooling system working? Yes No
4. If no, does it present a health or safety hazard? Yes No
5. If yes, what type of hazard? Health Safety Other _____
6. Please describe hazard: _____

FOR OFFICE USE ONLY

- E.H.C.S. Referral: Elderly Disabled Children under 5 Medical Condition _____
- WEATHERIZATION Referral Staff Signature: _____

CLIENT EDUCATION-COUNSELING

I acknowledge I have received the following:

- A description of benefits I can expect to receive as a result of the weatherization measures installed in my dwelling.
- An explanation about preventing air infiltration or the escape of heated or cooled air from the dwelling and how to maximize the effect of such measures.
- Information regarding the importance of applying for energy assistance prior to being in an arrearage situation and to include information concerning various utility company budget payment plan(s).
- Written information that describes energy-saving behavioral adjustments that will decrease the energy consumption of the household.
- Resource information, referral, family, and budget counseling in order to assist clients in achieving self-sufficiency.

Client's Signature: _____

Date: _____