

## 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:**

<b>FCEOC Community Services - LIHEAP</b> 1900 Mariposa Mall, Suite 111 Fresno, CA 93721	263-1135	Monday thru Friday	8:00 am to 5:00 pm
<b>Workforce Connection Manchester Mall</b> 3302 N. Blackstone Ave., Suite 155, Fresno	230-3600	Tuesday	8:00 am to 4:30 pm
<b>County of Fresno E&amp;TA</b> 4452 E. Kings Canyon Road, Fresno	454-5955	Wednesday & Thursday	8:30 am to 5:00 pm
<b>County of Fresno, Coalinga E&amp;TA</b> 311 Coalinga Plaza, Coalinga	935-6300	First & Third Monday of the month	9:45 am to 3:45 pm
<b>County of Fresno, Kerman E&amp;TA</b> 15180 W. Whitesbridge Ave, Kerman	842-7707	First & Second Thursday of the month	9:00 am to 4:00 pm
<b>Orange Cove Community Center</b> 1705 Anchor Ave, Orange Cove	626-4492	Monday	8:30 am to 5:00 pm
<b>Reedley Workforce Connection</b> 1680 Manning Ave, Reedley	637-7820	Tuesday	8:30 am to 5:00 pm
<b>Firebaugh Senior Center</b> 1601 Thomas Conboy St, Firebaugh	659-3536	First & Third Tuesday of the month	8:00 am to 4:30 pm
<b>Selma Regional Center</b> 3800 McCall Ave, Selma	898-5100 Ext 5236	Wednesday	8:30 am to 5:00 pm
<b>City of Mendota</b> 655 Quince St, Mendota	655-3291 Ext 113	Wednesday	8:30 am to 5:00 pm
<b>Sanger Community Center</b> 730 Recreation Place, Sanger	875-8556	Friday	8:30 am to 5:00 pm

Energy Intake Form

CSD 43 (Rev. 11/01/08) Shaded Areas For Official Use Only

0	9							0	0	0	0				
Priority Points						A.C.C.									

Utility Assistance:						Weatherization:					
<input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> Supplement _____						<input type="checkbox"/> DOE <input type="checkbox"/> LIHEAP WX <input type="checkbox"/> ECIP HCS					

Agency: <b>Fresno County EOC</b>			Intake Initials:			Intake Date:			Date of Birth			
First Name			Middle Initial	Last Name			m	m	d	d	y	y
Mailing Address									Unit Number			
Mailing City				Mailing County		Mailing State		Mailing ZIP Code				
Service Address (Do not use P.O. Box.)									Unit Number			
Service City				Service County		Service State <b>CA</b>		Service ZIP Code				

Social Security Number						Telephone Number <input type="checkbox"/> Message					
_____						(_____) _____					
Total number of persons living in household, including applicant.											

<b>You may also be eligible for a discount on your monthly energy cost for each utility company's reduced rate program.</b>						Enter total <b>gross</b> monthly income for all persons living in the household:							
Which utility company do you wish to be paid?				Energy Cost		TANF		\$ _____		SSA		\$ _____	
Account Number				Energy Burden %		SSI/SSP		\$ _____		Paycheck(s)		\$ _____	
Name of Customer on Utility Bill						Interest		\$ _____		Pension		\$ _____	
<input type="checkbox"/> Check here if utilities are included in rent or if sub-metered.						Other		\$ _____		TOTAL		\$ _____	

<b>For Official Use Only</b> <b>Weatherization Assessment</b>			<input type="checkbox"/> <b>Type of Cooling</b> 1 Window/Wall 2 Central 3 Evap. Cooler 4 Fan(s) 5 Portable Device 6 None 7 Other: _____			<input type="checkbox"/> <b>Type of Water Heater</b> 1 Gas 2 Electric 3 Other: _____			<b>Demographics</b> Enter the number of persons in your household who are:		
<input type="checkbox"/> <b>Type of Dwelling</b> 1 SFD-Owner, 1 unit 2 SFD-Rental, 1 unit 3 MFD-Owner, 2-4 units 4 MFD-Rental, 2-4 units 5 MFD-Owner, 5 or more units 6 MFD-Rental, 5 or more units 7 Mobile Home-Owner 8 Mobile Home-Rental 9 Shelter # 10 Residents/Units 11 Unoccupied - MFD 2-4 units 12 Unoccupied - MFD >5 units			<input type="checkbox"/> <b>Heating Fuel</b> 1 Electric 2 Natural gas 3 Wood 4 Propane 5 Fuel Oil 6 Kerosene 7 None 8 Other: _____			<input type="checkbox"/> <b>Type of Range</b> 1 Gas 2 Electric 3 Other: _____			1 2 years or under _____ 2 Ages 3 to 5 _____ 3 Ages 6 to 18 _____ 4 Elderly (60 years or older) _____ 5 Disabled _____ 6 Migrant Farmworker _____ 7 Native American _____ 8 Limited-English Speaking _____ 9 Seasonal Farmworker _____		

<input type="checkbox"/> <b>Other</b> <input type="checkbox"/> HUD Unit <input type="checkbox"/> Built Pre-1979 <input type="checkbox"/> Lead-Free Cert <input type="checkbox"/> Non Applicable			<input type="checkbox"/> <b>Agency Defined 1</b> <input type="checkbox"/> <b>Agency Defined 2</b> <input type="checkbox"/> <b>Agency Defined 3</b> <input type="checkbox"/> <b>Agency Defined 4</b>		
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<input type="checkbox"/> House Weatherized	<input type="checkbox"/> Referred for Weatherization	<input type="checkbox"/> Referred for RRP	<input type="checkbox"/> Referred for ECIP HCS
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The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share information with other offices of the state and federal governments. I understand that if my application for LIHEAP 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 requested. 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.

\_\_\_\_\_ Applicant's Signature      \_\_\_\_\_ Date      \_\_\_\_\_ Witness' Signature (if signed with an X)

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 the Reduce Rate Program. 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.



# 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: \_\_\_\_\_