

2017 LIHEAP APPLICATION INSTRUCTIONS

LIHEAP provides one payment per program year for *Electricity, Gas, Propane, Wood, or Oil* to eligible households.

Walk-In and Mail Address: 1371 Stanislaus Street, Fresno CA 93706

Doors open at 8:00 a.m. Closing time varies.	Walk-In any bill: Monday, Tuesday, Thursday, and Friday.
Walk-In list may close at any hour when maximum occupancy reached.	Wednesday: No Walk-Ins unless shut-off
** Waiting time may vary depending upon the number of applicants signed in to be seen. **	

Please complete the attached application and provide the following information:

ENERGY BILL (current bill, current charges)
<p>ALL current energy bills must be included</p> <p><input type="checkbox"/> ELECTRICITY BILL: PG&E</p> <ul style="list-style-type: none"> • Regular blue bill (all pages) • 15 Day Notice and Regular bill (all pages) • 48 Hour Notice and Regular bill (all pages) <p>Southern California Edison</p> <p><input type="checkbox"/> GAS BILL: PG&E (if bundled with electricity) SoCalGas - The Gas Company</p> <p><input type="checkbox"/> PROPANE, WOOD, or OIL invoice: Must provide the last delivery invoice or receipt</p> <p>Bills that are NOT acceptable:</p> <ul style="list-style-type: none"> • Detached/Incomplete bills • Zero current charges • Bill with deposit only • Credit on bill • Closing bill • Closed account

HOUSEHOLD INCOME (Current, last 6 weeks)
<p>ALL household income for one complete month:</p> <p><input type="checkbox"/> Employment check stubs (current and consecutive)</p> <p><input type="checkbox"/> Cash Aid/GR current month (must include all names on case)</p> <p><input type="checkbox"/> Social Security Benefits (award letter, current year)</p> <p><input type="checkbox"/> SSI – Supplementary Security Income (current year)</p> <p><input type="checkbox"/> Pension (current monthly gross)</p> <p><input type="checkbox"/> EDD Unemployment stubs (consecutive for one month)</p> <p><input type="checkbox"/> Disability check stubs (consecutive for one month)</p> <p><input type="checkbox"/> Child Support printout (current for one month)</p> <p><input type="checkbox"/> Financial Aid (college student, current awarded year)</p> <p><input type="checkbox"/> Self-Employed: current daily journal for one month, receipts, 1040 tax form, profit loss statement, business card</p> <p><input type="checkbox"/> No Income? Other supporting documents required for each adult declaring no income. <i>(EDD printout – zero earnings verification)</i></p>

SOCIAL SECURITY CARD
<p><input type="checkbox"/> Social Security card for ALL adults: 18 and older - <i>Applicant social security card must match ID</i></p>

IDENTIFICATION
<p><input type="checkbox"/> California ID or other valid US ID with current legal name - <i>ID for Applicant and for anyone 60 years or over</i></p>

ADDITIONAL DOCUMENTS MUST BE INCLUDED (if applicable)
<p><input type="checkbox"/> Food Stamps printout from any County Office: (current month) • Must have all names listed on the case - <i>Notice of Action not accepted</i></p> <p><input type="checkbox"/> Low-Income Housing: (current month) • Section 8, HUD, or any other housing assistance</p> <p><input type="checkbox"/> Bill not in your name: Account holder must complete <i>CLIENT CONSENT AND AUTHORIZATION</i> (CSD Form 081)</p>

Phone lines open Monday - Friday 8:30 a.m. – 5:00 p.m. (559) 263-1135

OFFSITE LOCATIONS: (subject to change)

Coalinga: Coalinga Regional Center	311 Coalinga Plaza	First and Second Monday of the month	9:45 a.m. to 3:45 p.m.
Orange Cove: Council Chambers	633 6 th Street	First and Second Tuesday of the month	9:00 a.m. to 11:30 a.m.
Mendota: Community Center	195 Smoot Ave	First and Second Tuesday of the month	1:00 p.m. to 4:00 p.m.
Reedley: Workforce Connection	1680 Manning Ave	First and Second Tuesday of the month	1:00 p.m. to 4:00 p.m.
West Fresno: Local Conservation Corps	1805 California	First Wednesday of the month	8:30 a.m. to 4:30 p.m.
Selma: Regional Center	3800 McCall Ave	Second and Third Wednesday of the month	8:30 a.m. to 4:00 p.m.
Kerman: County of Fresno E&TA	15180 W. Whitesbridge Ave	First and Second Thursday of the month	9:00 a.m. to 4:00 p.m.

Department of Community Services and Development

Energy Intake Form

CSD 43 (1/2017)

Please use black or blue ink

UA:	Job Control Code:
A.C.C.	Priority Points:
Data Entry Date	Staff Initials:

Agency: **Fresno EOC** Intake Initials: _____ Intake Date: _____ Eligibility Cert Date: _____

First name	Middle Initial	Last Name	Date of Birth
			M M D D Y Y
Service Address			Unit Number
Service City	Service County	Service State	Service Zip Code
			Fresno County CA
Have you lived at this residence (service address) during each of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address <input type="checkbox"/> Check if same as service address			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code
Social Security Number (SSN):	E-mail Address:		
Home Phone ()	Cell Phone ()	<input type="checkbox"/> Message Only? Phone ()	

PEOPLE LIVING IN HOUSEHOLD
Enter the total number of people living in the household, including the applicant →

Demographics – Enter the number of people who are:

Ages 0 – 2 Years	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59	
Ages 60 and older	
Disabled	
Native American	
Seasonal/Migrant Farmworker	

INCOME
Enter the number of household members who receive income →

Enter total gross monthly income for all people living in the household:

TANF/CalWorks	\$
SSI / SSP	\$
SSA / SSDI	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
Total Income	\$

To which energy bill do you want the LIHEAP benefit to be applied? (provide most recent bill)

Electricity Natural Gas Wood
 Propane Fuel Oil Kerosene

Energy Company Name you want paid:

Energy Account Number:

Customer Name as it appears on Energy Bill:

Are your utilities included in rent or sub-metered?
 Yes No

What is the main fuel used to HEAT your home? A main heating source **MUST** be checked. (Provide most recent bill or receipt)

Electricity (PG&E) Natural Gas (PG&E or SoCalGas) Wood Propane Fuel Oil Kerosene Other Fuel

In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):
 (Provide most recent bill or receipt)

Electricity (PG&E) Natural Gas (PG&E or SoCalGas) Wood Propane Fuel Oil Kerosene Other Fuel N/A

Energy Bill Information: Check all that apply for each type of energy source for any home energy costs.
 NOTE: The questions below are **MANDATORY** and require a response.
Required: Attach copies of all most recent energy bills and/or receipts. A copy of an **electric bill must be included.**

<p>ELECTRIC SERVICE (PG&E) <i>attach bill</i></p> <p>Are your utilities all electric? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your electricity shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NATURAL GAS SERVICE (PG&E or SoCalGas) <i>attach bill</i></p> <p>Is your Natural Gas Company the same as your electric company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check N/A below.</p> <p>Is your Natural Gas shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>WOOD, PROPANE or FUEL OIL SERVICE (WPO) <i>attach receipt</i></p> <p>Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>List the approximate number of days until you run out of fuel: Number of Days: _____ <input type="checkbox"/> N/A</p>
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APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICE USE ONLY.

Utility Assistance being provided under which program → HEAP Fast Track HEAP WPO ECIP WPO

Benefit \$ _____ **Supplement \$** _____ **Total Benefit \$** _____ Home referred for WX Referred for ECIP HCS Home already weatherized

Energy Services Restored after disconnection: Yes No Disconnection of Energy Services prevented: Yes No

Type of Dwelling: MFD – Owner, 2 - 4 units Mobile Home – Owner Shelter: # of units _____ Unoccupied MFD: 2 – 4 units
 SFD – Owner, 1 unit MFD – Rental, 2 - 4 units Mobile Home - Rental **Total # of residents:** _____ Unoccupied MFD: > 5 units
 SFD – Rental, 1 unit MFD – Owner, 5 or more units MFD – Rental, 5 or more units **Total Energy Cost \$** _____ **Energy Burden** _____ % **Sec 8** Y / N

Agency Defined Priorities: Medically Needy Frail Elderly Severe Financial Hardship Hard to Reach Priority Offsets N/A

HOUSEHOLD MEMBERS:							
List all household members below: First and Last Name		Relation to Applicant (wife, son, friend, etc.)	Age	Gender Male/Female	Disabled Yes/No	Source of Income (SSI, TANF, UIB, etc.)	Amount of Gross Monthly Income
1		Self		M / F	Y / N		
2				M / F	Y / N		
3				M / F	Y / N		
4				M / F	Y / N		
5				M / F	Y / N		
6				M / F	Y / N		
7				M / F	Y / N		
8				M / F	Y / N		
9				M / F	Y / N		
10				M / F	Y / N		
Household Total Monthly Gross Income							\$

Family Type: (Select one) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults – No Children <input type="checkbox"/> Other
How did you hear about LIHEAP? (PG&E, radio, TV, friend, family, etc.)
Do you <input type="checkbox"/> Rent or <input type="checkbox"/> Own your home?
Has your home been weatherized by Fresno EOC? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, this application will be referred to Fresno EOC-Weatherization.
Do you receive rental assistance (Section 8, HUD, or other rental assistance program)? <input type="checkbox"/> Yes (attach document) <input type="checkbox"/> No Do you receive a utility allowance? <input type="checkbox"/> Yes (attach document) <input type="checkbox"/> No <input type="checkbox"/> N/A
Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes (attach document) <input type="checkbox"/> No
Are you or anyone in your home a Fresno EOC employee, a Fresno EOC Board member, or a relative of any aforementioned person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a conflict of interest form is required.

The information on this application (page 1 and 2) 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 my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. I understand that if my application for LIHEAP/DOE 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 received. 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.

X		
	*** APPLICANT'S SIGNATURE ***	Today's Date
		Witness's 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 weatherization services. 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.

Confirmation of Receipt	
I have received the following information:	
<input type="checkbox"/> Energy Education – Information regarding changes you can make in order to reduce the energy consumption of your household.	
<input type="checkbox"/> Budget Counseling – Information regarding personal financial management.	
Signature of Recipient (Do not sign until forms are received):	Date:
For Official Use Only - Mail Option: I certify that I have mailed the following forms: <input type="checkbox"/> Energy Education form and <input type="checkbox"/> Budget Counseling form	
Signature (LIHEAP Representative):	Date Mailed: