



2018 LIHEAP APPLICATION INSTRUCTIONS

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

Please complete the attached application and provide the following documents:

ENERGY BILL (current bill, current charges)

Must include ALL energy bills listed below

ELECTRICITY BILL:
PG&E monthly bill (blue) required with all applications
 → Please include any notice below if applicable
 - 48 Hour Notice (Include monthly bill, all pages)
 - 15 Day Notice (Include monthly bill, all pages)
 Southern California Edison

GAS BILL:
 SoCalGas - The Gas Company (must include electric bill)

PROPANE, WOOD, or FUEL OIL:
 Invoice or receipt of last delivery (must include electric bill)

Bills that are NOT acceptable:

- Detached/Incomplete bills
- Zero current charges
- Bill with deposit only
- Credit on bill
- Closing bill
- Closed account

HOUSEHOLD INCOME (Current, last 6 weeks)

ALL household income for one complete month:

- Employment check stubs (current and consecutive)
- Cash Aid/GR current month (must include all names on case)
- Social Security Benefits (award letter, current year)
- SSI – Supplemental Security Income (current year)
- Pension (current monthly gross, no direct deposit)
- EDD Unemployment stubs (consecutive for one month)
- Disability check stubs (consecutive for one month)
- Child Support (current for one month)
- Financial Aid (college student, current awarded year)
- Self-Employed: current daily journal for one month, receipts, 1040 tax form, profit loss statement, business card
- No Income?** Other supporting documents required for each adult declaring no income. (CSD43B form)
 - EDD printout-Food Stamps-Housing Assistance

SOCIAL SECURITY CARD

Social Security card for **ALL adults:** 18 and older
 - Applicant social security card must match ID

IDENTIFICATION

California ID or other valid US ID with current legal name
 - ID for Applicant and for anyone 60 years or older

ADDITIONAL DOCUMENTS TO INCLUDE (if applicable)

- Food Stamps:** (current month) Printout from any County Office; must include all names on the case.
- Low-Income Housing:** (current month) Section 8, HUD, or any other housing assistance
- Bill not in your name:** Account holder must complete *CLIENT CONSENT AND AUTHORIZATION* (CSD Form 081)

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

Doors open at **8:00 a.m.** Closing time varies. *Walk-In list may close at any hour when maximum occupancy reached.*

Walk-In Days (any bill): Monday, Tuesday, Thursday, & Friday • Wednesday: No Walk-Ins unless power shut-off

Drop Box available Monday – Friday 8:00 a.m. to 5:00 p.m.

*** Waiting time may vary depending on the number of applicants signed in to be seen. ***

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: Community Center	1705 Anchor Ave	First and Second Tuesday of the month	9:00 a.m. to 11:30 a.m.
Reedley: Workforce Connection	1680 Manning Ave	First and Second Tuesday of the month	1:00 p.m. to 4:00 p.m.
Mendota: Community Center	195 Smoot 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.
Sanger: Proteus	2570 Jensen Ave, Suite 108	Second and Third Thursday of the month	8:30 a.m. to 4:30 p.m.

Department of Community Services and Development

Energy Intake Form

CSD 43 (1/2018)

Please use black or blue ink

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

Agency: Fresno EOC	Intake Initials:	Intake Date:	Eligibility Cert Date:
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First name	Middle Initial	Last Name	Date of Birth					
			M	M	D	D	Y	Y
Service Address			Unit Number					
Service City	Service County Fresno County		Service State CA	Service Zip Code				
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):			-			-		
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 yourself →	
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 total number of people who receive income →	
Enter total <u>gross</u> monthly income for <u>all</u> 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)
<input type="checkbox"/> Electricity (PG&E) <input type="checkbox"/> Natural Gas (SoCalGas)
<input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD MEMBERS: Enter the information for 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		

Household Total Monthly Gross Income \$

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICE USE ONLY.

Utility Assistance being provided under which program → <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> HEAP WPO <input type="checkbox"/> ECIP WPO
Benefit \$ _____ Supplement \$ _____ Total Benefit \$ _____ Total Energy Cost \$ _____ Energy Burden _____ %
Energy Services Restored after disconnection: <input type="checkbox"/> Yes <input type="checkbox"/> No Disconnection of Energy Services prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Referred for WX: <input type="checkbox"/> Home Already Weatherized: <input type="checkbox"/>

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** even if you do not use.

<p>ELECTRIC SERVICE (PG&E or Edison) <i>attach bill</i></p> <p>Are you the account holder? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, CSD 081</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 (SoCalGas) <i>attach bill</i></p> <p>Are you the account holder? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, complete Consent Form CSD 081</i></p> <p>Is your Natural Gas Company the same as PG&E? <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 last delivery receipt</i></p> <p>Are you the account holder? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, complete form CSD 081</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>
<p>What is the main fuel used to HEAT your home? One main heating source MUST be checked. (Provide most recent bill or receipt) <input type="checkbox"/> Electricity (PG&E) <input type="checkbox"/> Natural Gas (SoCalGas or PG&E) <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other Fuel</p>		
<p>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) <input type="checkbox"/> Electricity (PG&E) <input type="checkbox"/> Natural Gas (SoCalGas or PG&E) <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other Fuel <input type="checkbox"/> N/A</p>		

Questionnaire:

1. 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
2. How did you hear about this energy assistance program? (PG&E, radio, TV, friend, family, etc.):
3. Do you <input type="checkbox"/> Rent or <input type="checkbox"/> Own your home?
4. 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.
5. Do you receive rental assistance (Section 8, HUD, or other rental assistance program)? <input type="checkbox"/> Yes (attach document) <input type="checkbox"/> No
6. Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes (attach document) <input type="checkbox"/> No
7. 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 will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. 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

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: