



2019 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 current bills listed below:

ELECTRICITY BILL

PG&E – You may apply with any of the following bills:

- Regular current monthly bill (*with all pages*)
- 48 Hour Notice (*with current regular monthly bill, all pages*)
- 15 Day Notice (*with current regular monthly bill, all pages*)

If Shut-Off, LIHEAP will verify (*with current regular monthly bill, all pages*)

Southern California Edison – current bill (*all pages*)

GAS BILL – SoCalGas current bill (*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 (monthly) charges
- Bill with deposit only
- Credit on bill
- Outdated bill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 (current award letter)
- SSI – Supplemental Security Income (current award letter)
- Pension (current monthly gross, no direct deposit)
- EDD Unemployment stubs (consecutive for one month)
- Disability check stubs (consecutive for one month)
- Child/Spousal Support (current for one month)
- Financial Aid (college student, current awarded year)
- Self-Employed: current daily journal/calendar with any receipts, profit & loss statement, 1040 tax form, and 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 Department of Social Services; 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. (*provide your own copies for drop box, if needed*)

**** 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 (1/2019)

Please use black or blue ink

UA: <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track _____ <input type="checkbox"/> HEAP WPO <input type="checkbox"/> ECIP WPO
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 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):	_____ - _____	Telephone Number ()		
E-mail Address:	Alternate Number ()			

PAY BILL

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

Electricity (PG&E/Edison) Natural Gas (SoCalGas)

Wood Propane Fuel Oil Kerosene

Energy Company Name you want paid:

Energy Account Number:

Customer Name as it appears on Energy Bill:

Are you the account holder? Yes No *If no, complete CSD 081 form*

Are your utilities all electric? Yes No *If no, please provide gas bill*

Is your utility service shut-off? Yes No

Do you have a past due notice? Yes No

QUESTIONNAIRE

1. Family Type: Select one
 Single Parent/Female Two Parent Household Single Person
 Single Parent/Male Two Adults – No Children Other

2. How did you hear about this energy assistance program?
 (PG&E, radio, TV, friend, family, etc.):

3. Do you Rent or Own your home?

4. Has your home been weatherized by Fresno EOC? Yes 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)? Yes (attach document) No

6. Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? Yes (attach document) No

7. Are you or anyone in your home a Fresno EOC employee, Fresno EOC Board member, or relative of any aforementioned person?
 Yes (a conflict of interest form is required) No

8. Please enter how many household members are:
 a. Farmworker? _____ b. Migrant Seasonal Farmworker? _____
 c. Veteran? _____ d. Active Military? _____

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	Race / Ethnicity ★	Source of Income (SSI, SSA, TANF, UIB, Paycheck, 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			

Total number of people living in the household. →

TOTAL HOUSEHOLD MONTHLY GROSS INCOME \$

★ a. American Indian or Alaska Native b. Asian c. Black or African American d. Native Hawaiian or other Pacific Islander e. White f. Multi-race g. Hispanic h. Other i. Undisclosed

ENERGY INFORMATION

The questions below are **MANDATORY**. Please check all energy sources used to heat your home. A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided. NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

What is the main fuel used to HEAT your home? One main heating source **MUST** be checked.
 Electricity (PG&E/Edison) Natural Gas (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):
 Electricity (PG&E/Edison) Natural Gas (PG&E/SoCalGas) Wood Propane Fuel Oil Kerosene Other Fuel N/A (All Electric)

Natural Gas
Is your Natural Gas Company the same as your Electric Company (PG&E)? Yes No *If no, please provide your current gas bill.*
Are you the account holder? Yes No *If no, complete CSD 081 form*

WOOD, PROPANE or FUEL OIL SERVICE (WPO)
Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) Yes No N/A (All Electric or have Natural Gas)
List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).
Number of Days: _____ N/A

Are your utilities included in rent or submetered? Yes No *If yes, please provide your current bill/landlord form.*

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:

Energy Education – Information regarding changes you can make in order to reduce the energy consumption of your household.

Budget Counseling – Information regarding personal financial management.

Signature of Recipient (Do not sign until forms are received):	Date:
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APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICE USE ONLY.

For Official Use Only - Mail Option: I certify that I have mailed the following forms: Energy Education form and Budget Counseling form

Signature (LIHEAP Representative):	Date Mailed:
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Utility Assistance being provided under which program → HEAP Fast Track HEAP WPO ECIP WPO

Benefit \$ _____ Supplement \$ _____ Total Benefit \$ _____ Total Energy Cost \$ _____ Energy Burden _____ %

Fast Track only: Energy Services Restored after disconnection: Yes No Disconnection of Energy Services prevented: Yes No

Home Referred for WX: Home Already Weatherized: Medically Needy Frail Elderly Severe Financial Hardship Hard to Reach