

2016 LIHEAP APPLICATION INSTRUCTIONS

Please complete the attached application and provide the following information:

ENERGY BILL (current bill, current charges)
ALL current energy bills must be included
<input type="checkbox"/> ELECTRICITY BILL: PG&E (any one of the following bills) <ul style="list-style-type: none"> • Regular blue bill (all pages) • 48 Hour Notice • Shut-Off printout (PG&E office) • 15 Day Notice
<input type="checkbox"/> GAS BILL: PG&E (if bundled with electricity) The Gas Company Southern California Edison
<input type="checkbox"/> PROPANE, WOOD, or OIL invoice: Must provide the last invoice or receipt
Bills that are NOT acceptable: <ul style="list-style-type: none"> • Detached/Incomplete bills • Closing bill or closed accounts

HOUSEHOLD INCOME (current, one month)
ALL household income for one complete month:
<input type="checkbox"/> Employment check stubs (current and consecutive)
<input type="checkbox"/> CalWIN printout (Cash Aid/GR for current month)
<input type="checkbox"/> Social Security Benefits (award letter, current year)
<input type="checkbox"/> SSI – Supplementary Security Income (current year)
<input type="checkbox"/> Pension (current, monthly)
<input type="checkbox"/> EDD Unemployment stubs (consecutive for one month)
<input type="checkbox"/> Disability check stubs (consecutive for one month)
<input type="checkbox"/> Child Support printout
<input type="checkbox"/> Financial Aid (college student)
<input type="checkbox"/> Self-Employed: attach daily journal for one month
<input type="checkbox"/> No Income? Other supporting documents required for each adult declaring no income. <i>(EDD printout – zero earnings verification)</i>

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

IDENTIFICATION
<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>

ADDITIONAL DOCUMENTS MUST BE INCLUDED (if applicable)
<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>
<input type="checkbox"/> Low-Income Housing: (current month) • Section 8, HUD, or any other housing assistance

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: 8:00 a.m. Monday, Tuesday, Thursday, and Friday. Shut-off bills can be accepted on Wednesday.
Phone lines open Monday thru Friday 8:30 a.m. – 5:00 p.m. (559) 263-1135
** Walk-In hours and waiting time may vary depending upon the number of applicants signed in to be seen. **

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.
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 and Second 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, Inc.	1849 Academy Ave	First and Second Thursday of the month	8:30 a.m. to 4:00 p.m.

Department of Community Services and Development

Energy Intake Form

CSD 43 (1/2016)

Agency: **Fresno EOC**

Please use black or blue ink only

Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	
Job Control Code	

UA:	Intake Initials:	Intake Date:	
First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
Service Address			Unit Number
Service City	Service County Fresno County	Service State CA	Service Zip Code
SERVICE ADDRESS – Address where applicant lives (this <i>cannot</i> be a P.O. Box)			
Is your service address the same as mailing address?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived at this residence during each of the past 12 months.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing 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 ()	

<p>PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including the applicant →</p> <p>Demographics - Enter the number of people who are:</p> <table border="1"> <tr><td>Ages 0 – 2 Years</td><td></td></tr> <tr><td>Ages 3 - 5 years</td><td></td></tr> <tr><td>Ages 6 - 18 years</td><td></td></tr> <tr><td>Ages 19 - 59</td><td></td></tr> <tr><td>Ages 60 and older</td><td></td></tr> <tr><td>Disabled</td><td></td></tr> <tr><td>Native American</td><td></td></tr> <tr><td>Seasonal or Migrant Farmworker</td><td></td></tr> </table>	Ages 0 – 2 Years		Ages 3 - 5 years		Ages 6 - 18 years		Ages 19 - 59		Ages 60 and older		Disabled		Native American		Seasonal or Migrant Farmworker		<p>INCOME Enter the number of household members who receive income →</p> <p>Enter total gross monthly income for all people living in the household:</p> <table border="1"> <tr><td>TANF / CalWorks</td><td>\$</td></tr> <tr><td>SSI / SSP</td><td>\$</td></tr> <tr><td>SSA / SSDI</td><td>\$</td></tr> <tr><td>Paycheck(s)</td><td>\$</td></tr> <tr><td>Interest</td><td>\$</td></tr> <tr><td>Pension</td><td>\$</td></tr> <tr><td>Other</td><td>\$</td></tr> <tr><td>Total Income</td><td>\$</td></tr> </table>	TANF / CalWorks	\$	SSI / SSP	\$	SSA / SSDI	\$	Paycheck(s)	\$	Interest	\$	Pension	\$	Other	\$	Total Income	\$
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<p>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</p>																																	

To which energy bill do you want the LIHEAP benefit to be applied? (Attach copy of most recent bill or receipt)

Natural Gas Electricity Wood Propane Fuel Oil Kerosene Other Fuel

Energy Company Name: _____ Account #: _____ Name on Bill: _____

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

Natural Gas Electricity 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):
(Attach copy of most recent bill or receipt)

Natural Gas Electricity 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</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</p> <p>Is your Natural Gas Company the same as your electric Company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your Natural Gas 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>WOOD, PROPANE or FUEL OIL SERVICE (WPO)</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 (Wood, Propane, Oil, Kerosene, Other Fuels). Number of Days: _____ <input type="checkbox"/> N/A</p>
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Are your utilities included in rent or submetered? Yes No

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						\$	

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

Has your home been weatherized by Fresno EOC? Yes No If no, this application will be referred to Fresno EOC-Weatherization.

Do you Rent or Own your home?

Do you receive rental assistance (Section 8, HUD, or other rental assistance program)? Yes No
If yes, do you receive a utility allowance? Yes No N/A

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

How did you hear about LIHEAP?

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 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 form and <input type="checkbox"/> Budget Counseling form			
Signature of Recipient:	Date:	Mail Option - I certify that I have mailed the above information. Print Staff Name: _____ Signature: _____ Date Mailed: _____	

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL 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 \$ _____		<input type="checkbox"/> Home referred for WX <input type="checkbox"/> Referred for ECIP HCS <input type="checkbox"/> Home already weatherized	
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			
Type of Dwelling: <input type="checkbox"/> MFD – Owner, 2 - 4 units <input type="checkbox"/> Mobile Home – Owner <input type="checkbox"/> Shelter: # of units _____ <input type="checkbox"/> Unoccupied MFD: 2 – 4 units			
<input type="checkbox"/> SFD – Owner, 1 unit <input type="checkbox"/> MFD – Rental, 2 - 4 units <input type="checkbox"/> Mobile Home - Rental Total # of residents: _____ <input type="checkbox"/> Unoccupied MFD: > 5 units			
<input type="checkbox"/> SFD – Rental, 1 unit <input type="checkbox"/> MFD – Owner, 5 or more units <input type="checkbox"/> MFD – Rental, 5 or more units			
Total Energy Cost: \$ _____		Energy Burden: _____ % Sec 8 Y / N	
Agency Defined Priorities: <input type="checkbox"/> Medically Needy <input type="checkbox"/> Frail Elderly <input type="checkbox"/> Severe Financial Hardship <input type="checkbox"/> Hard to Reach <input type="checkbox"/> Priority Offsets <input type="checkbox"/> N/A			