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**
  - **ELECTRICITY BILL:**
    - PG&E (any one of the following bills)
      - Regular blue bill (all pages)
      - Shut-Off printout (PG&E office)
    - 48 Hour Notice
    - 15 Day Notice
  - **GAS BILL:**
    - PG&E (if bundled with electricity)
    - The Gas Company
    - Southern California Edison
  - **PROPANE, WOOD, or OIL invoice:**
    - Must provide the last invoice or receipt

**HOUSEHOLD INCOME** (current, one month)

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

**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 over

**ADDITIONAL DOCUMENTS MUST BE INCLUDED** (if applicable)

- Food Stamps printout from any County Office: (current month) • Must have all names listed on the case
  - Notice of Action not accepted
- 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)

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>First and Second Days of the month</th>
<th>Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coalinga</td>
<td>311 Coalinga Plaza</td>
<td>Monday and Tuesday</td>
<td>9:45 a.m. to 3:45 p.m.</td>
</tr>
<tr>
<td>Orange Cove</td>
<td>1705 Anchor Ave</td>
<td>Monday and Tuesday</td>
<td>9:00 a.m. to 11:30 a.m.</td>
</tr>
<tr>
<td>Mendota</td>
<td>195 Swoot Ave</td>
<td>Monday and Tuesday</td>
<td>1:00 p.m. to 4:00 p.m.</td>
</tr>
<tr>
<td>Reedley</td>
<td>1680 Manning Ave</td>
<td>Monday and Tuesday</td>
<td>8:30 a.m. to 4:30 p.m.</td>
</tr>
<tr>
<td>West Fresno</td>
<td>1805 California Ave</td>
<td>Monday and Tuesday</td>
<td>9:00 a.m. to 4:00 p.m.</td>
</tr>
<tr>
<td>Selma</td>
<td>3800 McCall Ave</td>
<td>Monday and Tuesday</td>
<td>8:30 a.m. to 4:00 p.m.</td>
</tr>
<tr>
<td>Kerman</td>
<td>15180 W. Whitesbridge Ave</td>
<td>Tuesday and Thursday</td>
<td>9:00 a.m. to 4:00 p.m.</td>
</tr>
<tr>
<td>Sanger</td>
<td>1849 Academy Ave</td>
<td>Tuesday and Thursday</td>
<td>8:30 a.m. to 4:00 p.m.</td>
</tr>
</tbody>
</table>

You may download a current LIHEAP application from website: [http://www.fresnoeoc.org/liheap](http://www.fresnoeoc.org/liheap)
Energy Intake Form

Agency: **Fresno EOC**

**Please use black or blue ink**

<table>
<thead>
<tr>
<th>Service Address</th>
<th>Service City</th>
<th>Service County</th>
<th>Fresno County</th>
<th>Service State</th>
<th>Service Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CA</td>
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</tr>
</tbody>
</table>

Intake Initials: ________________________ Intake Date: ________________________

Have you lived at this residence (service address) during each of the past 12 months? ………………………………………………………………………………………………………………………………………  ☐ Yes  ☐ No

Mailing Address  ☐ Check if same as service address  Unit Number

Mailing City  Mailing County  Mailing State  Mailing Zip Code

Social Security Number (SSN): – – –  E-mail Address: 

First name  Middle Initial  Last Name  Date of Birth  M  M  D  D  Y

Service Address  Unit Number

Service City  Service County

Social Security Number (SSN): – – –

Home Phone ( )  Cell 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 / SSDP $
- SSA / SSDI $
- Paycheck(s) $
- Interest $
- Pension $
- Other $

**Total Income $**

**To which energy bill do you want the LIHEAP benefit to be applied?**

☐ Electricity  ☐ Natural Gas  ☐ Wood  ☐ Propane  ☐ Fuel Oil  ☐ Kerosene

**Energy Company Name you want paid:**

(attach copy of most recent bill)

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. (Attach copy of most recent bill or receipt)

☐ Natural Gas (PG&E/The Gas Co)  ☐ Electricity (PG&E)  ☐ 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 (PG&E/The Gas Co)  ☐ Electricity (PG&E)  ☐ 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.

**ELECTRIC SERVICE (PG&E)**

Are your utilities all electric?

☐ Yes  ☐ No

Is your electricity shut-off?

☐ Yes  ☐ No

Do you have a past due notice?

☐ Yes  ☐ No

**NATURAL GAS SERVICE (PG&E/The Gas Company)**

Is your Natural Gas Company the same as your Electric Company?

☐ Yes  ☐ No

If yes, check N/A below.

Is your Natural Gas shut-off?

☐ Yes  ☐ No  ☐ N/A

Do you have a past due notice?

☐ Yes  ☐ No  ☐ N/A

**WOOD, PROPANE or FUEL OIL SERVICE (WPO)**

Are you currently out of fuel?

(Wood, Propane, Oil, Kerosene, Other Fuels)

☐ Yes  ☐ No  ☐ N/A

List the approximate number of days until you run out of fuel

Number of Days: ________________________  ☐ N/A

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:

☐ SFD – 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

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

- 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:

For Official Use Only - Mail Option: I certify that I have mailed the following forms:

- Energy Education form
- Budget Counseling form

Signature (LIHEAP Representative): Date Mailed: