

2019 Weatherization Application Instructions

Please provide copies of the following current information for Weatherization assistance:

Energy Bill

• **Acceptable (Bill must have current monthly charges)**

- ✓ PG&E Regular Bill (All Pages)
- ✓ The Gas Company
- ✓ Southern California Edison
- ✓ Propane, Wood or Oil Invoice
- ✓ PG&E included in rent

Identification (Applicants and anyone over the age of 60):

- California DL/ID or other US ID

Social Security Card

- Social Security card for applicant

Household Income

(One month income dated within the last 6 weeks, consecutively)

- ✓ Employment check stubs
- ✓ EDD Unemployment stubs
- ✓ Disability check stubs
- ✓ SSA/SSI/SSP Current 2019 Award letter or Current Bank Statement (with all pages)
- ✓ Pension or Retirement Income (2019 annual statement or copy of monthly check stub)
- ✓ CalWIN/Income Grant Verification printout (Cash-aid/Food Stamps)
(County report must include list of everyone on case and current benefits for the month)
- ✓ Child Support printout
- ✓ Self employed: 1040 Tax Return with schedule C or Attach daily journal for one month
- ✓ Current Financial Aid Letter or Class Schedule (if student)
- ✓ **No Income? Other supporting documents required for each adult declaring no income, (Please contact our office before submitting application)**



The following must be included and completed:

- ✓ Current mobile home registration(if applicable)
- ✓ Completed CSD 540 Homeowner/Landlord Acceptance of Services
- ✓ Completed CSD 515A & 515B Energy Service Agreement
- ✓ Completed Demographics form
- ✓ Completed CSD 081 Consent Authorization Form
(only if utility account holder name different from applicant)

*** Copies preferred,
NO ORIGINAL DOCUMENTS BY
MAIL**

***** If you are also seeking utility assistance with your energy bill, please be aware you may be asked by the LIHEAP office for additional documentation.**

Please complete the attached application and return with the required information above.

For questions, Please call: (559) 263-1588

Walk-In and Mailing Address:	Days of Operation:	Hours of Operation:
1900 Mariposa Mall, Suite 260 Fresno, CA 93721	Open: Monday - Friday	8:30 a.m. to 4:30 p.m. Walk-ins Welcome

DWELLING DEMOGRAPHICS

Please provide the following information on your home by marking the choices applicable. Thank you.

TYPE OF DWELLING

- Owner-Occupied House Owner-Occupied 2-4 Units Mobile Home Owner Mobile Home Renter
 Renter-Occupied House Renter-Occupied 2-4 Units Renter-Occupied 5 + Units

How long have you lived at this home? _____

HEATING TYPE Primary Working Primary Non-Working Secondary Working Secondary Non-Working

- No Primary Heating Window/Wall Heater Central Heat
 Other _____ Portable Device

HEATING FUEL

- Electric Natural Gas Wood Propane
 Fuel Oil Kerosene Other _____

COOLING TYPE Primary Working Primary Non-Working Secondary Working Secondary Non-Working

- Window/Wall AC Evaporative Cooler Central AC
 Fans(s) Other _____ Portable Device

WATER HEATER TYPE Working Non-Working

- Gas Electric Other _____ Solar

WATER HEATER LOCATION

- Garage Outside In Home Other _____

RANGE (STOVETOP) TYPE Working Non-Working

- Gas Electric Other _____

REFRIGERATOR Working Non-Working

OTHER

Please be advised some weatherization work may require our office to pull a permit with the city/county. If your home has un-permitted structures at home or mobile home registration is outdated these could prevent us from providing service to the whole home.

RACE

- _____ WHITE
_____ BLACK/AFRICAN AMERICAN
_____ AMERICAN INDIAN/ALASKAN NATIVE
_____ ASIAN
_____ NATIVE HAWAIIAN & OTHER PACIFIC ISLAND
_____ OTHER
_____ MULTI-RACE(ANY 2 OR MORE OF THE ABOVE)
_____ I CHOOSE NOT TO PROVIDE RACE
INFORMATION AT THIS TIME

EDUCATION LEVEL

- _____ 0 - 8
_____ 9-12/NON-GRADUATE
_____ HIGH SCHOOL GRADUATE/GED
_____ 12+ SOME POST SECONDARY
_____ 2 OR 4 YR COLLEGE GRADUATES

ETHNICITY

- _____ HISPANIC, LATINO OR SPANISH
_____ ORIGIN NOT HISPANIC, LATINO OR
SPANISH ORIGIN

Department of Community Services and Development

Energy Intake Form

CSD 43 (1/2019)

Please use black or blue ink

Weatherization Program

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	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):				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:
--	-------

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:
------------------------------------	--------------

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