2020 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 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 2020 Award letter or Current Bank Statement (with all pages)
  - Pension or Retirement Income (2020 annual statement or copy of monthly check stub)
  - CalWIN/Income Grant Verification printout (Cash-aid/Food Stamps)
  - Child Support printout
  - Self employed: 1040 Tax Return with Schedule C (only acceptable during the first 6 weeks of the year) or Attach Monthly Journal/Business Ledger
  - Current School Financial Aid Letter or Current Semester Class Schedule (if student is 18 yrs old+)
  - **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

<table>
<thead>
<tr>
<th>Walk-In and Mailing Address:</th>
<th>Days of Operation:</th>
<th>Hours of Operation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900 Mariposa Mall, Suite 260 Fresno, CA 93721</td>
<td>Open: Monday - Friday</td>
<td>8:30 a.m. to 4:30 p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walk-ins Welcome</td>
</tr>
</tbody>
</table>

You may download application from website: http://www.fresnoeoc.org/energy

Revised 1.7.2020
(Refer to back of handout for appliance answer options)

**Dwelling Demographics:**

**Heating Type:**

- ________________________

**Fuel Type:**

- ________________________

**Location:**

- ________________________

- Primary Working  | 2nd Unit Working  
- Primary Not Working  | 2nd Unit Not Working

**Range (Stovetop) Type:**

- Working  | Not Working
- Gas (Flame)  | Electric (Turns red when hot)

**Refrigerator:**

- Primary Working  | 2nd Unit Working  
- Primary Not Working  | 2nd Unit Not Working

**Cooling Type:**

- ________________________

**Location:**

- ________________________

- Primary Working  | 2nd Unit Working  
- Primary Not Working  | 2nd Unit Not Working

**Water Heater Type:**

- ________________________

**Fuel Type:**

- ________________________

**Location:**

- ________________________

- Primary Working  | 2nd Unit Working  
- Primary Not Working  | 2nd Unit Not Working

**Window Type:**

- Single Pane  | Dual Pane

**Duct System Existing:**

- Yes  | No

**Do you have an availability preference* for calls or appointments?**

- Morning  | Afternoon  
- Weekends  | Other: ____________

*This is not a guarantee for contact times; we will try to accommodate.

Please be aware some 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.

The below information is used for reporting about the households we serve and shared with our funding source only. Please answer.

**Education level (per adult):**

- _____ 0 – 8  
- _____ 9-12/Non-Graduate  
- _____ High School Graduate/GED  
- _____ 12+ some Post-Secondary  
- _____ 2 or 4 yr. College Graduates  
- _____ I choose not to provide.

**Medical Insurance (per adult):**

- _____ Medicaid (Medi-Cal)  
- _____ Medicare  
- _____ Private (Self-Purchased)  
- _____ Employer Sponsored  
- _____ None  
- _____ I choose not to provide.
Packaged Unit (2 in 1 Heating and Cooling)
- Location: Rooftop/Backyard Ground
- Fuel Type: Electric/Natural Gas/Propane

Whole House Heating
- Location: Closet/Basement/Attic
- Fuel Type: Natural Gas/Propane

Whole House Cooling
- Location: Rooftop/In Backyard
- Fuel Type: Electric

Room Cooling
- Window AC/Swamp Cooler
  - Location: Window/Wall Insert
- Portable Fans/Ceiling Fans
  - Location: Bedrooms, Living Room, Kitchens, Other Rooms

Room Heating
- Wall Heater
  - Location: Hallway/Living Room/Bedroom
  - Fuel Type: Electric/Natural Gas/Propane
- Floor Furnace
  - Location: Hallway/Living Room/Bedroom/Other Room
  - Fuel Type: Electric/Natural Gas/Propane/Wood
- Wood Stove
- Fireplace
- Portable/Space Heaters

Water Heating (Boilers)
- Gas
- Tankless
- Electric
  - Location: Bedrooms, Living Room, Kitchens, Garage, Bathrooms, Attics, Basements

Duct System
- Location: More than one ceiling or floor register (vent)
**Department of Community Services and Development**  
**Energy Intake Form**  
**CSD 43 (1/2019)**  

**Use black or blue ink**

<table>
<thead>
<tr>
<th>Agency: Fresno EOC</th>
<th>Intake Initials:</th>
<th>Intake Date:</th>
<th>Eligibility Cert Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**First name**  
**Middle Initial**  
**Last Name**  
**Date of Birth**

- **Service Address**
- **Unit Number**
- **Service City**
- **Service County**
- **Service State**
- **Fresno County**
- **Service Zip Code**

**Have you lived at this residence (service address) during each of the past 12 months?**

- **☐ Yes**
- **☐ No**

**Mailing Address**
- **Unit Number**
- **Mailing City**
- **Mailing County**
- **Mailing State**
- **Mailing Zip Code**

**Social Security Number (SSN):**

- **- - -**

**Telephone Number (       )**

**E-mail Address:**

**Alternate Number (       )**

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### 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:**

---

### QUESTIONNAIRE

1. **Family Type:**
   - **☐ 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**
   - **☐ Own your home?**

4. **Has your home been weatherized by Fresno EOC?**
   - **☐ Yes**
   - **☐ No**

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:

<table>
<thead>
<tr>
<th>First and Last Name</th>
<th>Relation to Applicant</th>
<th>Age</th>
<th>Gender Male/Female</th>
<th>Disabled Yes/No</th>
<th>Race/Ethnicity</th>
<th>Source of Income</th>
<th>Amount of Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self</td>
<td></td>
<td>M / F</td>
<td>Y / N</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
<td>M / F</td>
<td>Y / N</td>
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<td>3</td>
<td></td>
<td></td>
<td>M / F</td>
<td>Y / N</td>
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<td>M / F</td>
<td>Y / N</td>
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</tr>
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<td>7</td>
<td></td>
<td></td>
<td>M / F</td>
<td>Y / N</td>
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</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td>M / F</td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 your 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.

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**X**

*** APPLICANT’S SIGNATURE *** 

Today’s Date

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**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**

- [ ] 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  
- [ ] 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:**  

- [ ] Yes  
- [ ] No  

**Home Already Weatherized:**  

- [ ] Yes  
- [ ] No  

- [ ] Medically Needy  
- [ ] Frail Elderly  
- [ ] Severe Financial Hardship  
- [ ] Hard to Reach

---

Page 2 of 2
## ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

<table>
<thead>
<tr>
<th>Account Holder's Full Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Holder's mailing address (Street)</td>
<td>Unit Number (if any)</td>
</tr>
<tr>
<td>(City)</td>
<td>State</td>
</tr>
</tbody>
</table>

Is the utility service address the same as the account holder's mailing address? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Full Name of Applicant for Benefits (from Form 43)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Utility Service Address (Street)</td>
<td>Unit Number (if any)</td>
</tr>
<tr>
<td>(City)</td>
<td>State</td>
</tr>
</tbody>
</table>

## UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

<table>
<thead>
<tr>
<th>Name of Utility Company</th>
<th>Service Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Utility Company (if you have a second Utility Company)</td>
<td>Service Account Number</td>
</tr>
</tbody>
</table>

## AUTHORIZATION AND CONSENT

By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

<table>
<thead>
<tr>
<th>Signature of Account Holder</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of CSD Contractor/Partner Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno EOC Energy Services</td>
</tr>
</tbody>
</table>

## REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

## APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program