

## 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

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.

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

## Dwelling Demographics:

(Refer to back of handout for appliance answer options)

### Heating Type:

#### Fuel Type:

#### Location:

- |   |  |
|---|--|
| <input type="checkbox"/> Primary Working            | <input type="checkbox"/> 2 <sup>nd</sup> Unit Working            |
| <input type="checkbox"/> Primary <i>Not Working</i> | <input type="checkbox"/> 2 <sup>nd</sup> Unit <i>Not Working</i> |

### Cooling Type:

#### Location:

- |   |  |
|---|--|
| <input type="checkbox"/> Primary Working            | <input type="checkbox"/> 2 <sup>nd</sup> Unit Working            |
| <input type="checkbox"/> Primary <i>Not Working</i> | <input type="checkbox"/> 2 <sup>nd</sup> Unit <i>Not Working</i> |

### Water Heater Type:

#### Fuel Type:

#### Location:

- |   |  |
|---|--|
| <input type="checkbox"/> Primary Working            | <input type="checkbox"/> 2 <sup>nd</sup> Unit Working            |
| <input type="checkbox"/> Primary <i>Not Working</i> | <input type="checkbox"/> 2 <sup>nd</sup> Unit <i>Not Working</i> |

### Range (Stovetop) Type:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Working     | <input type="checkbox"/> <i>Not Working</i>            |
| <input type="checkbox"/> Gas (Flame) | <input type="checkbox"/> Electric (Turns red when hot) |

### Refrigerator:

- |   |  |
|---|--|
| <input type="checkbox"/> Primary Working            | <input type="checkbox"/> 2 <sup>nd</sup> Unit Working            |
| <input type="checkbox"/> Primary <i>Not Working</i> | <input type="checkbox"/> 2 <sup>nd</sup> Unit <i>Not Working</i> |

### Window Type:

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Single Pane | <input type="checkbox"/> Dual Pane |
|--------------------------------------|------------------------------------|

### Duct System Existing:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Morning  | <input type="checkbox"/> Afternoon    |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> 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)

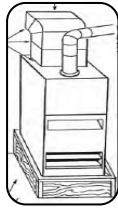


**Dual Pack/HVAC/ Central**

**Location:**  
Rooftop/Backyard Ground

**Fuel Type:**  
Electric/Natural Gas/Propane

## Whole House Heating



**Forced Air Furnace (FAU)**

**Location:**  
Closet/Basement/Attic

**Fuel Type:**  
Natural Gas/Propane



**Hydro Air System**

**Location:**  
Connected to Water Heater  
**Fuel Type:**  
Natural Gas/Propane/  
Electric

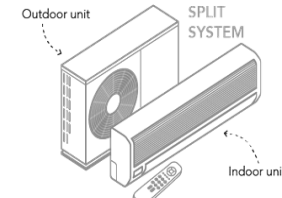


**Evaporative Cooler**

**Location:**  
Rooftop/In Backyard

**Fuel Type:**  
Electric

## Whole House Cooling



**Mini Split System**

**Location:**  
Rooms

**Fuel Type:**  
Electric



**AC Condenser**

**Location:**  
Rooms

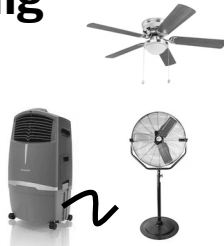
**Fuel Type:**  
Electric

## Room Cooling



**Window AC/Swamp Cooler**

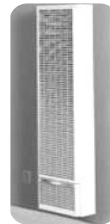
**Location:**  
Window/Wall Insert



**Portable Fans/Ceiling Fans**

**Location:**  
Bedrooms, Living Room,  
Kitchens, Other Rooms

## Room Heating



**Wall Heater**

**Location:**  
Hallway/Living Room/Bedroom.

**Fuel Type:**  
Natural Gas/Propane/Electric



**Floor Furnace**



**Wood Stove**

**Location:**  
Hallway/Living Room/Bedroom/Other Room.

**Fuel Type:**  
Natural Gas/Propane/Electric/Wood



**Fireplace**



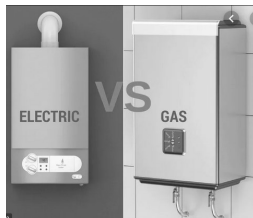
**Portable/Space Heaters**

## Water Heating (Boilers)



**Gas**

**Location:**  
Bedrooms, Living Room, Kitchens, Garage, Bathrooms,  
Attics, Basements

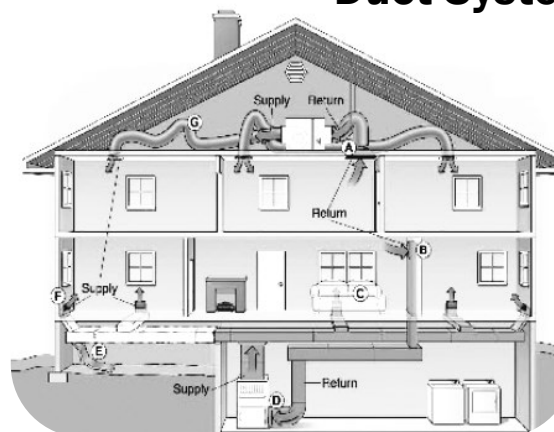


**Tankless**



**Electric**

## Duct System



**Location:**  
More than one ceiling or floor  
register (vent)

**Department of Community Services and Development**

**Energy Intake Form**

CSD 43 (1/2019)

*Please use black or blue ink*

**Energy Services**

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: _____

<b>Agency: Fresno EOC</b>		<b>Intake Initials:</b>		<b>Intake Date:</b>		<b>Eligibility Cert Date:</b>	
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	
		<b>Fresno County</b>		<b>CA</b>			
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

<b>ENERGY INFORMATION</b>	
<p>The questions below are <b>MANDATORY</b>. Please check all energy sources used to heat your home.  A copy of <b>all</b> recent energy bills and/or receipts for any home energy cost <b>must</b> be provided.  NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.</p>	
<p><b>What is the main fuel used to HEAT your home?</b> One main heating source <b>MUST</b> be checked.</p> <p> <input type="checkbox"/> Electricity (PG&amp;E/Edison)   <input type="checkbox"/> Natural Gas (SoCalGas)   <input type="checkbox"/> Wood   <input type="checkbox"/> Propane   <input type="checkbox"/> Fuel Oil   <input type="checkbox"/> Kerosene   <input type="checkbox"/> Other Fuel </p>	
<p><b>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):</b></p> <p> <input type="checkbox"/> Electricity (PG&amp;E/Edison)   <input type="checkbox"/> Natural Gas (PG&amp;E/SoCalGas)   <input type="checkbox"/> Wood   <input type="checkbox"/> Propane   <input type="checkbox"/> Fuel Oil   <input type="checkbox"/> Kerosene   <input type="checkbox"/> Other Fuel   <input type="checkbox"/> N/A (All Electric) </p>	
<p><b>Natural Gas</b></p> <p><b>Is your Natural Gas Company the same as your Electric Company (PG&amp;E)?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <i>If no, please provide your current gas bill.</i></p> <p><b>Are you the account holder?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <i>If no, complete CSD 081 form</i></p>	
<p><b>WOOD, PROPANE or FUEL OIL SERVICE (WPO)</b></p> <p><b>Are you currently out of fuel?</b> (Wood, Propane, Oil, Kerosene, Other Fuels)   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A (All Electric or have Natural Gas)</p> <p><b>List the approximate number of days until you run out of fuel</b> (Wood, Propane, Oil, Kerosene, Other Fuels).</p> <p>Number of Days: _____   <input type="checkbox"/> N/A</p>	
<p><b>Are your utilities included in rent or submetered?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <i>If yes, please provide your current bill/landlord form.</i></p>	

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.

<b>X</b>		
	<b>*** APPLICANT'S SIGNATURE ***</b>	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.

<b>Confirmation of Receipt</b>	
I have received the following information:	
<input type="checkbox"/> <b>Energy Education</b> – Information regarding changes you can make in order to reduce the energy consumption of your household.	
<input type="checkbox"/> <b>Budget Counseling</b> – Information regarding personal financial management.	
Signature of Recipient (Do not sign until forms are received):	Date:

<b>APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICE USE ONLY.</b>	
<p><b>For Official Use Only - Mail Option:</b> I certify that I have mailed the following forms:   <input type="checkbox"/> <b>Energy Education</b> form   and   <input type="checkbox"/> <b>Budget Counseling</b> form</p>	
Signature (LIHEAP Representative):	Date Mailed:
<p>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</p>	
<p>Benefit \$ _____ Supplement \$ _____ Total Benefit \$ _____      Total Energy Cost \$ _____      Energy Burden _____ %</p>	
<p>Fast Track only: 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</p>	
<p>Home Referred for WX:   <input type="checkbox"/>      Home Already Weatherized:   <input type="checkbox"/>      <input type="checkbox"/> Medically Needy   <input type="checkbox"/> Frail Elderly   <input type="checkbox"/> Severe Financial Hardship   <input type="checkbox"/> Hard to Reach</p>	