

# 2021 Weatherization Application Instructions

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



## → Gas/Electric 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 or online printouts showing payment history and details
- Disability check stubs
- SSA/SSI/SSP current 2021 award letter or current bank statement (with all pages showing direct deposit of benefit)
- Pension or Retirement Income (2021 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 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, **DO NOT MAIL ORIGINAL DOCUMENTS***

*\*\* If you are also seeking utility assistance with your gas/electric 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  
Monday - Friday, 9:00am - 4:30pm



### **Mail application and documentation copies to:**

1900 Mariposa Mall, Suite 260  
Fresno, CA 93721



### **FAX application and documentation to:**

(559) 263-1585



### **Email application and documentation to:**

weatherization@fresnoeoc.org

Note: DO NOT email copies of ID or Social Security Cards

You may also download the application from our website:  
<https://fresnoeoc.org/energy>

# Department of Community Services and Development

## Energy Intake Form

CSD 43 (1/2021)

Please use black or blue ink

Minor Home Repairs

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: <b>Fresno EOC</b>		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	
		<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 ( )			

<b>PAY BILL</b>
To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (provide most recent bill)
<input type="checkbox"/> Electricity (PG&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
Energy Company Name you want paid:

Energy Account Number:
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Customer Name as it appears on Energy Bill:
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Are you the account holder? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete CSD 081 form
Are your utilities all electric? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide gas bill
Is your utility service shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>QUESTIONNAIRE</b>
1. Family Type: Select one <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two Adults – No Children <input type="checkbox"/> Other
2. How did you hear about this energy assistance program? (PG&E, radio, TV, friend, family, etc.):
3. Do you <input type="checkbox"/> Rent or <input type="checkbox"/> Own your home?
4. Has your home been weatherized by Fresno EOC? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes (attach document) <input type="checkbox"/> No
6. Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? <input type="checkbox"/> Yes (attach document) <input type="checkbox"/> No
7. Are you or anyone in your home a Fresno EOC employee, Fresno EOC Board member, or relative of any aforementioned person? <input type="checkbox"/> Yes (a conflict of interest form is required) <input type="checkbox"/> 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 <u>ALL</u> 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>
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.
<b>What is the main fuel used to HEAT your home?</b> One main heating source <b>MUST</b> be checked. <input type="checkbox"/> Electricity (PG&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
<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> <input type="checkbox"/> Electricity (PG&E/Edison) <input type="checkbox"/> Natural Gas (PG&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)
<b>Natural Gas</b> <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> <b>Are you the account holder on gas bill?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, complete CSD 081 form</i>
<b>WOOD, PROPANE or FUEL OIL SERVICE (WPO)</b> <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) <b>List the approximate number of days until you run out of fuel</b> (Wood, Propane, Oil, Kerosene, Other Fuels). <b>Number of Days:</b> _____ <input type="checkbox"/> N/A
<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>

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>	
<b>For Official Use Only - Mail Option:</b> I certify that I have mailed the following forms: <input type="checkbox"/> Energy Education form    and <input type="checkbox"/> Budget Counseling form	
Signature (LIHEAP Representative):	Date Mailed:
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 \$ _____      Total Energy Cost \$ _____      Energy Burden _____ %	
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	
Home Referred for WX: <input type="checkbox"/> Home Already Weatherized: <input type="checkbox"/>	

# Dwelling Demographics

(Refer to back of handout for appliance answer options)

## Heating Type:

### Fuel Type:

☐ Gas ☐ Electric ☐ Propane

### Location:

☐ Primary Working ☐ 2nd Unit Working  
☐ Primary *Not Working* ☐ 2nd Unit *Not Working*

## Water Heater Type:

### Fuel Type:

☐ Gas ☐ Electric ☐ Propane

### Location:

☐ 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*

## Window Type:

☐ Single Pane ☐ Dual Pane

## Duct System Existing:

☐ Yes ☐ No

## Range (Stovetop) Type:

☐ Gas (Flame) ☐ Electric (Turns red when hot)  
☐ Working ☐ *Not Working*

## Refrigerator:

☐ Primary Working ☐ 2nd Unit Working  
☐ Primary *Not Working* ☐ 2nd Unit *Not Working*

## What is your preference for calls or appointments?

☐ Morning ☐ Afternoon

☐ Other: \_\_\_\_\_

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

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

**This information is used for reporting about the households we serve and is shared only with our funding source. 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**

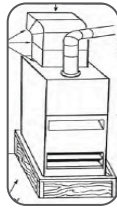
**Location:**

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

## Whole House Cooling



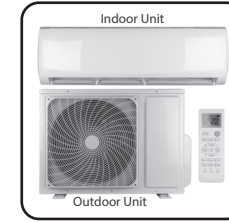
**Evaporative Cooler**

**Location:**

Rooftop/In Backyard

**Fuel Type:**

Electric



**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

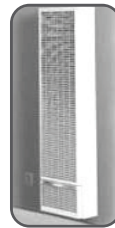


**Portable Fans/Ceiling Fans**

**Location:**

Bedrooms, Living Room,  
Kitchens, Other Rooms

## Room Heating



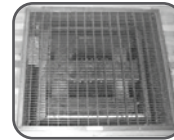
**Wall Heater**

**Location:**

Hallway/Living Room/Bedroom.

**Fuel Type:**

Natural Gas/Propane/Electric



**Floor Furnace**



**Wood Stove**



**Fireplace**



**Portable/Space Heaters**

**Location:**

Hallway/Living Room/Bedroom/Other Room.

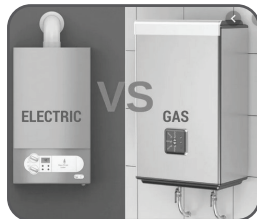
**Fuel Type:**

Natural Gas/Propane/Electric/Wood

## Water Heating (Boilers)



**Gas**



**Tankless**

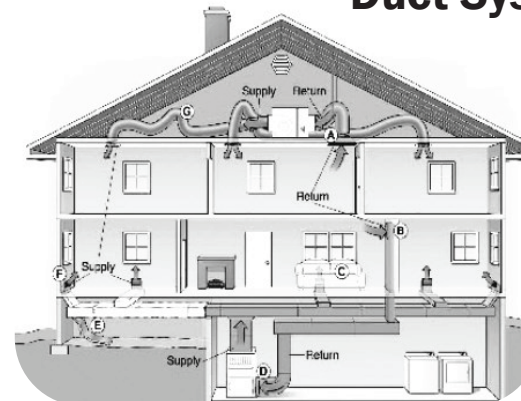
**Location:**

Bedrooms, Living Room, Kitchens, Garage, Bathrooms, Attics, Basements



**Electric**

## Duct System



**Location:**

More than one ceiling or floor  
register (vent)