2023 LIHEAP APPLICATION INSTRUCTIONS

LIHEAP provides one payment per program year for *Electricity*, *Gas*, *Propane*, *Wood*, or *Oil* to eligible households. Please complete the attached application and provide the following documents:

### ENERGY BILL (current bill, with current charges)
- Must include ALL current bills listed below:
  - **ELECTRICITY BILL**
  - PG&E - Regular current monthly bill *(with all pages)* **REQUIRED** with all applications. You may also include any notice below:
    - 48 Hour Notice *(with current regular blue monthly bill, all pages)*
    - 15 Day Notice *(with current regular blue monthly bill, all pages)*
  - If Shut-Off, LIHEAP will verify *(with current regular monthly bill, all pages)*
  - Southern California Edison - current bill *(all pages)*
  - **GAS BILL** - SoCalGas current bill *(must include electric bill)*
  - **PROPANE, WOOD, or FUEL OIL**

### HOUSEHOLD INCOME (Current, within last 6 weeks)
- **ALL household income for one complete month:**
  - Employment check stubs *(current and consecutive)*
  - Cash Aid/GR printout for current month *(must include all names on case)*
  - Social Security Benefits *(current award letter)*
  - SSI – Supplemental Security Income *(current award letter)*
  - Pension *(current month gross amount, no direct deposit)*
  - Disability check stubs *(consecutive for one month)*
  - Child/Spousal Support *(current monthly printout)*
  - Financial Aid *(college student, current awarded year)*
  - EDD Unemployment stubs/printout(s) with awarded amount *(consecutive for one month)* Must show name on document
  - Self-Employed: current daily journal/calendar with any receipts, profit & loss statement, 1040 tax form, and business card
  - **No Income?** Other supporting documents required for each adult declaring no income; How bills are paid *(CSD43B form)*

### 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 older

### ADDITIONAL DOCUMENTS TO INCLUDE (if applicable)
- Income Grant Verification *(Food Stamps)*: *(current month)* Printout from Dept of Social Services; must include all names on the case.
- Low-Income Housing: *(current month)* Section 8, HUD, or any other housing assistance *(proposed contracts are unacceptable)*
- Bill not in your name: Account holder must complete CLIENT CONSENT AND AUTHORIZATION *(CSD Form 081)*

Please call 559-263-1320 for more information.

Please mail your application to: Drop Box at 1900 Mariposa St. *(Outside of Fresno EOC building)*

### Fresno EOC LIHEAP
- **P.O. BOX 11906**
- Fresno CA 93775

**In-person appointments available by calling the office.**

Please visit our website: [http://www.fresnoeoc.org/liheap](http://www.fresnoeoc.org/liheap) Revised 1/11/2023 na
### PAY BILL

To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (Attach complete copy of most recent bill or receipt)

- Natural Gas
- Electricity
- Wood
- Propane
- Fuel Oil
- Kerosene
- Manufactured log
- Pellets
- Other Fuel

Enter the energy company and account number:

- Energy Company Name: ____________________________
- Account #: ____________________________

Is your utility service shut-off? □ Yes □ No

- Do you own or rent your home? □ Yes □ No
- Customer Name on Bill: ____________________________

Are your utilities included in rent or submetered? □ Yes □ No

- If Yes, please provide your current bill/landlord form.

Are your utilities all electric? □ Yes □ No

- If Yes, skip to HOUSEHOLD MEMBERS below.

### Natural Gas

- Is your Natural Gas Company the same as your Electric Company? □ Yes □ No
- If no, please provide your current gas bill □ N/A (all electric)

### 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 (Wood, Propane, Oil, Kerosene, Other Fuels). Number of Days: ________ □ N/A

If you are not the account holder for any of the above energy bills, please complete a CSD081 Consent Form.

### HOUSEHOLD MEMBERS

Enter the information for ALL household members below: (If more than 8 people in your household, please list on a separate paper.)

<table>
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<tr>
<th>First Name, Middle Initial, Last Name</th>
<th>Relationship to Applicant (self, son, friend, etc.)</th>
<th>Date of Birth MM/DD/YY</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Hispanic Origin</th>
<th>Source of Income (TANF, SSL, EDD, Paycheck, etc.)</th>
<th>Amount of Gross Monthly Income (before taxes)</th>
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Total number of people living in the household. TOTAL HOUSEHOLD MONTHLY GROSS INCOME $
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.
- Natural Gas
- Electricity
- Wood
- Propane
- Fuel Oil
- Kerosene
- Manufactured log
- Pellets
- 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):
- Natural Gas
- Electricity
- Wood
- Propane
- Fuel Oil
- Kerosene
- Manufactured log
- Pellets
- Other Fuel

Are you the account holder: Electric Bill [ ] Yes [ ] No
Natural Gas Bill [ ] Yes [ ] No [ ] N/A
Wood, Propane or Fuel Oil Bill [ ] Yes [ ] No [ ] N/A

If you are not the account holder for any of the above energy bills, please complete CSD081 Consent Form.

QUESTIONNAIRE

1. How did you hear about this energy assistance program? [ ] PG&E [ ] Radio [ ] Family [ ] Social Media [ ] Other.

2. Family Type: select one [ ] Single Parent/Female [ ] Two Parent Household [ ] Single Person [ ] Single Parent/Male [ ] Two Adults – No Children [ ] Other.

3. Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? [ ] Yes (attach current document) [ ] No.

4. Do you receive rental assistance (Section 8, HUD, or other rental assistance program)? [ ] Yes (attach current document) [ ] No.

5. 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.


7. Have you received any energy saving services (weatherization)? [ ] Yes [ ] No.

8. Do you have any of the following appliances that are not working? [ ] Heater [ ] Air Conditioner (AC) [ ] Water Heater.

The information on this application will be used to determine 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 35 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 100085. 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.

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 (only if received): Date:

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

Mail Option – Office use only: I certify that I have mailed the following forms: [ ] Energy Education form and [ ] Budget Counseling form

Signature (Fresno EOC Representative): Date Mailed:

Utility Assistance being provided under which program: [ ] HEAP [ ] Fast Track [ ] HEAP WPO [ ] ECIP WPO

Base Benefit $ _______ Supplement $ _______ Total Benefit $ _______ Total Energy Cost $ _______ Energy Burden _______ %

Energy Services Restored after disconnection: [ ] Yes [ ] No
Disconnection of Energy Services prevented: [ ] Yes [ ] No

Home Referred for WX: [ ] Home Already Weatherized: [ ] Weatherization Assistance being provided under which program: [ ] LIHEAP [ ] DOE [ ] ECIP WX

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Please contact Energy Services (559) 263-1588 to see if your home is eligible to repair or replace any of the items above. Please be aware that some work may require a permit with the City/County.

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.