

# 2024 Energy Services Application Instructions

LIHEAP provides one payment per program year for **Electricity, Gas, Propane, Wood, or Oil** to eligible households. Please complete and sign the attached Energy Intake Form (CSD 43) and provide the following documents: (any missing documents may delay or deny the process)

## ENERGY BILL (current bill, with current charges)

Must include ALL current bills listed below:

### ☐ ELECTRICITY BILL

PG&E - Regular current monthly bill **REQUIRED** (with all pages)  
**Include** your 48 Hour or 15-day IF received.

- 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

Invoice or receipt of last delivery (must include electric bill)

Bills that are NOT acceptable:

- Detached/Incomplete bills
- Credit on bill
- Zero current (monthly) charges
- Outdated bill
- Bill with deposit only
- Closed account
- Less than 22 billing days

## SOCIAL SECURITY CARD

- ☐ Social Security card for applicant: 18 and older
- Applicant social security card must match ID

## 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 household income?** Other supporting documents required for households declaring no income; *How living expenses are paid. Food Stamps - Housing Assistance (CSD43B form required)*

## 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)

- ☐ Food Stamps: (current month) Printout from Dept. of Social Services
- ☐ Low-Income Housing: (current month) Section 8, HUD, or any other housing assistance
- ☐ 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:

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

Drop Box at 1900 Mariposa St. (Outside of Fresno EOC building)



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

# Department of Community Services and Development

## Energy Intake Form

CSD 43 (1/2023)

Please use black or blue ink

### Official Use Only:

UA: <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input type="checkbox"/> WPO	A.C.C.						
Data Entry Date:	Staff:	Priority Points:					

Agency: <b>Fresno EOC</b>		Intake Initials:		Intake Date:		Eligibility Cert Date:	
First name		Middle Initial		Last Name		Date of Birth	
						MM DD YY	
Service Address- Address where you live (cannot be P.O. Box)						Unit Number	
Service City		Service County <b>Fresno County</b>		Service State <b>CA</b>		Service Zip Code	
Have you lived at this residence during each of the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you own or rent your home?..... <input type="checkbox"/> Own <input type="checkbox"/> Rent							
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? (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 have a past due notice? ☐ 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.)

First Name, Middle Initial, Last Name	Relationship to Applicant (wife, son, friend, etc.)	Date of Birth MM/DD/YY	Age	Gender Male/Female/ Other/Decline to state/Unknown	Disabled Yes/No	Race ★ (See list below)	Hispanic Latino/Spanish Yes/No/Decline to state/Unknown	Source of Income (TANF, SSI, EDD, Paycheck, etc.)	Amount of Gross Monthly Income (before taxes)
1	Self			M / F / O / D	Y / N		Y / N / D		
2				M / F / O / D	Y / N		Y / N / D		
3				M / F / O / D	Y / N		Y / N / D		
4				M / F / O / D	Y / N		Y / N / D		
5				M / F / O / D	Y / N		Y / N / D		
6				M / F / O / D	Y / N		Y / N / D		
7				M / F / O / D	Y / N		Y / N / D		
8				M / F / O / D	Y / N		Y / N / D		
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. Other h. Unknown/Decline to State

## 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 ☐ N/A

**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

6. **Please enter how many household members are:** a. Farmworker? \_\_\_\_ b. Migrant Seasonal Farmworker? \_\_\_\_ c. Veteran? \_\_\_\_ d. Active Military? \_\_\_\_

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 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 \*\*\*

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 (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

# Dwelling Demographics

Energy Services (559) 263-1588

## 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 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.

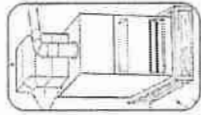
## Packaged Unit (2 in 1 Heating and Cooling)



**Dual Pack/HVAC/ Central**

**Location:**  
Rooftop/Backyard Ground

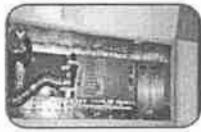
**Fuel Type:**  
Electric/Natural Gas/Propane



**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



**Mini Split System**

**Location:**  
Rooms

**Fuel Type:**  
Electric



**AC Condenser**

**Location:**  
Rooms

**Fuel Type:**  
Electric

## Whole House Heating

## Whole House Cooling

## Room Cooling



**Window AC/Swamp Cooler**

**Location:**  
Window/Wall Insert



**Portable Fans/Ceiling Fans**

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



**Wall Heater**

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

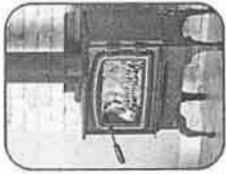
**Fuel Type:**  
Natural Gas/Propane/Electric



**Floor Furnace**

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

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



**Wood Stove**

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

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



**Fireplace**

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

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

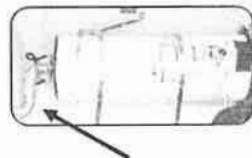


**Portable/Space Heaters**

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

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

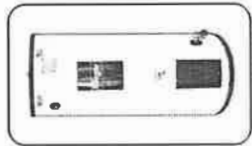
## Water Heating (Boilers)



**Gas**



**Tankless**

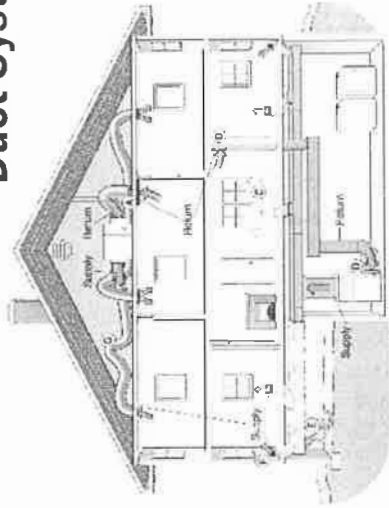


**Electric**

**Location:**

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

## Duct System



**Location:**

More than one ceiling or floor register (vent)