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**

**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

**SOCIAL SECURITY CARD**

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

**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

Please visit our website: [http://www.fresnoeoc.org/liheap](http://www.fresnoeoc.org/liheap) Revised 12/12/23 na
**Department of Community Services and Development**

**Energy Intake Form**

CSD 43 (1/2023)  
*Please 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>
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<tbody>
<tr>
<td>First name</td>
<td>Middle Initial</td>
<td>Last Name</td>
<td>Date of Birth</td>
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<tr>
<td>Service Address- Address where you live (cannot be P.O. Box)</td>
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<td>Service City</td>
<td>Service County</td>
<td>Fresno County</td>
<td>CA</td>
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<td>Service Zip Code</td>
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**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)**

- 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: ________

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>
<thead>
<tr>
<th>First Name, Middle Initial, Last Name</th>
<th>Relationship to Applicant (wife, son, friend, etc.)</th>
<th>Date of Birth MM/DD/YY</th>
<th>Age</th>
<th>Gender</th>
<th>Disabled</th>
<th>Race (See list below)</th>
<th>Hispanic</th>
<th>Source of Income (TANF, SSI, EDD, Paycheck, etc.)</th>
<th>Amount of Gross Monthly Income (before taxes)</th>
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<td>Self</td>
<td>M/F/O/D</td>
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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  ☐ 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


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 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 100050. 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 ***

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  ☐ ECP WX
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.