

# 2024 Home Repairs 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



## 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



## → Identification

**(Applicant 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 2024 award letter or current bank statement (with all pages showing direct deposit of benefit)
- Pension or Retirement Income (2024 annual statement or copy of monthly check stub)
- CalWIN/Verification of Benefits 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)*



### 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

**Department of Community Services and Development**

Energy Intake Form

CSD 43 (1/2023)

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 <b>CA</b>		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 <i>(wife, son, friend, etc.)</i>	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 <i>(TANF, SSI, EDD, Paycheck, etc.)</i>	Amount of Gross Monthly Income <i>(before taxes)</i>
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. →								<b>TOTAL HOUSEHOLD MONTHLY GROSS INCOME</b> \$	

★ 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 i. 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

(Refer to back of handout for appliance answer options)

## Heating Type:

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### Fuel Type:

Gas       Electric       Propane

### Location:

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

## Water Heater Type:

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### Fuel Type:

Gas       Electric       Propane

### Location:

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

## Cooling Type:

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### Location:

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

## Window Type:

Single Pane       Dual Pane

### Duct System Existing:

Yes       No

### Wood-Burning Fireplace 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**

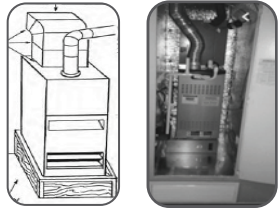
**Location:**

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



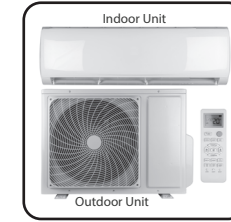
**Evaporative Cooler**

**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

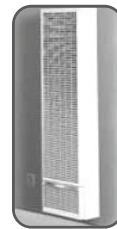


**Portable Fans/Ceiling Fans**

**Location:**

Bedrooms, Living Room, Kitchens, Other Rooms

## Room Heating



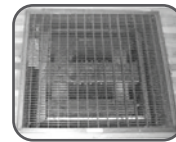
**Wall Heater**

**Location:**

Hallway/Living Room/Bedroom.

**Fuel Type:**

Natural Gas/Propane/Electric



**Floor Furnace**



**Wood Stove**



**Fireplace**

**Location:**

Hallway/Living Room/Bedroom/Other Room.

**Fuel Type:**

Natural Gas/Propane/Electric/Wood

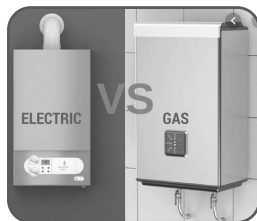


**Portable/Space Heaters**

## Water Heating (Boilers)



**Gas**



**Tankless**

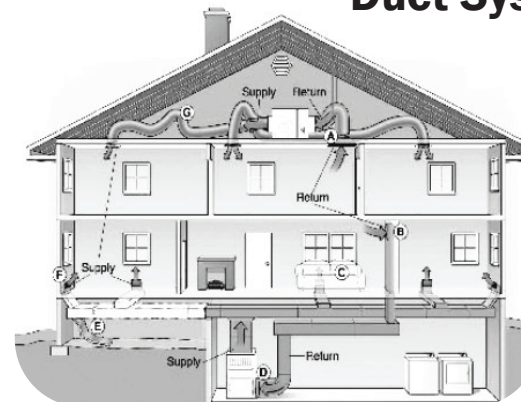


**Electric**

**Location:**

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

## Duct System



**Location:**

More than one ceiling or floor register (vent)