



FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

2011 Low-Income Home Energy Assistance Program



(LIHEAP PROVIDES ONE PAYMENT PER PROGRAM YEAR FOR ELECTRICITY, GAS, PROPANE, OR WOOD ASSISTANCE)

IMPORTANT: CONTINUE MAKING PAYMENTS on your account and make payment arrangements with your energy provider!

ATTACH THE FOLLOWING INFORMATION TO YOUR LIHEAP APPLICATION

ENERGY BILL (Current)

- **Acceptable:**
 - Current complete PG&E bill (page 1 and 3)
 - Current 48 Hour Notice
 - Current Shut Off Print out
 - Current gas, propane, wood, and oil bills

Please include all current energy bills
- **NOT Acceptable:**
 - Detached/incomplete bills are not accepted
 - 15 Day Notices are not accepted
 - Closing Bills are not accepted
- **Energy included in Rent? Call 263-1135**

SOCIAL SECURITY CARD (for all adults: 18 & older)

- Acceptable:
 - Social Security Card or Social Security Administration benefits letter

IDENTIFICATION (for applicant only)

- Picture Identification required
- California Drivers License or other ID

HOUSEHOLD INCOME* (one month & within last 6 wks)

- Current check stubs (within last 6 weeks)
- Employer verification on letterhead (within last 6 weeks)
- EDD Unemployment (within last 6 weeks)
- Disability check stub (within last 6 weeks)
- Social Security Benefits (current year)
- SSI - Supplementary Security Income (current year)
- Notice of Action (within last 6 weeks)
- TANF printout (current month)
- Court ordered child support (within last 6 weeks)
- Self employed: attach daily journal for one month

* NO INCOME?

If no income is declared for ANY ADULT, other supporting documentation will be required, such as:

- EDD Unemployment Printout (within last 6 weeks)
- Food Stamps Notice of Action (within last 6 weeks)
- Subsidized Housing: Section 8 or HUD (within last 6 weeks)

Mail or Bring your application to the Main Office:

1371 Stanislaus Street
Fresno, CA 93706

Monday thru Friday

8:00 a.m. to 4:00 p.m.

QUESTIONS???? Call: 263-1135 Monday thru Friday 8:00 a.m. to 5:00 p.m.

Download application from website: <http://www.fresnoeoc.com/services/energy/home-energy-assistance.html>

Pick-up or Bring your application to one of our LIHEAP staff:

County of Fresno, Coalinga E&TA 311 Coalinga Plaza, Coalinga	935-6300	First & Second Monday of the month	9:45 am to 3:45 pm
Reedley Workforce Connection 1680 Manning Ave, Reedley	637-7820	First & Second Tuesday of the month	8:30 am to 4:30 pm
Firebaugh Senior Center 1601 Thomas Conboy St, Firebaugh	659-3536	First & Second Tuesday of the month	9:30 am to 4:00 pm
Selma Regional Center 3800 McCall Ave, Selma	898-5154	First & Second Wednesday of the month	8:30 am to 4:30 pm
City of Mendota 655 Quince St, Mendota	655-3291 Ext 113	First & Second Wednesday of the month	9:30 am to 4:00 pm
County of Fresno, Kerman E&TA 15180 W. Whitesbridge Ave, Kerman	842-7707	First & Second Thursday of the month	9:00 am to 4:30 pm
Proteus, Inc. 1849 Academy Ave, Sanger	875-7146	First & Second Thursday of the month	8:30 am to 4:30 pm



Household Members and Income Summary Worksheet

List all household members and income for one month within the past six (6) weeks.

	Name	Relationship <small>(Wife, daughter, husband, etc.)</small>	Age	Source of Income <small>(SSI, TANF, UIB, etc.)</small>	Total Monthly Gross Income
1		<i>Applicant</i>			\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
Total Household Income:					\$

Questionnaire

1. Are you or any household member disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you or any household member a veteran or in active duty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you or any household members a farm worker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you or any household member currently unemployed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you enrolled in the CARE program for a discount on your energy bill?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you have <i>Medical Baseline</i> with PG&E for a medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Has your residence been weatherized within the past 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Are you or any household member: an FCEOC employee, an FCEOC board member, a Sundowner Insulation employee, or a relative of any aforementioned person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Confirmation of Receipt

I have received the following information:

Energy Education – Information regarding changes I can make in order to reduce the energy consumption of my household.

Budget Counseling - Information regarding personal financial management.

Signature of Recipient (*Do not sign until forms are received*)

Date

Mailing Option:

I certify that I have mailed the following information to the address listed above.

Energy Education

Budget Counseling

Signature (Agency Representative)

Print name

Date mailed