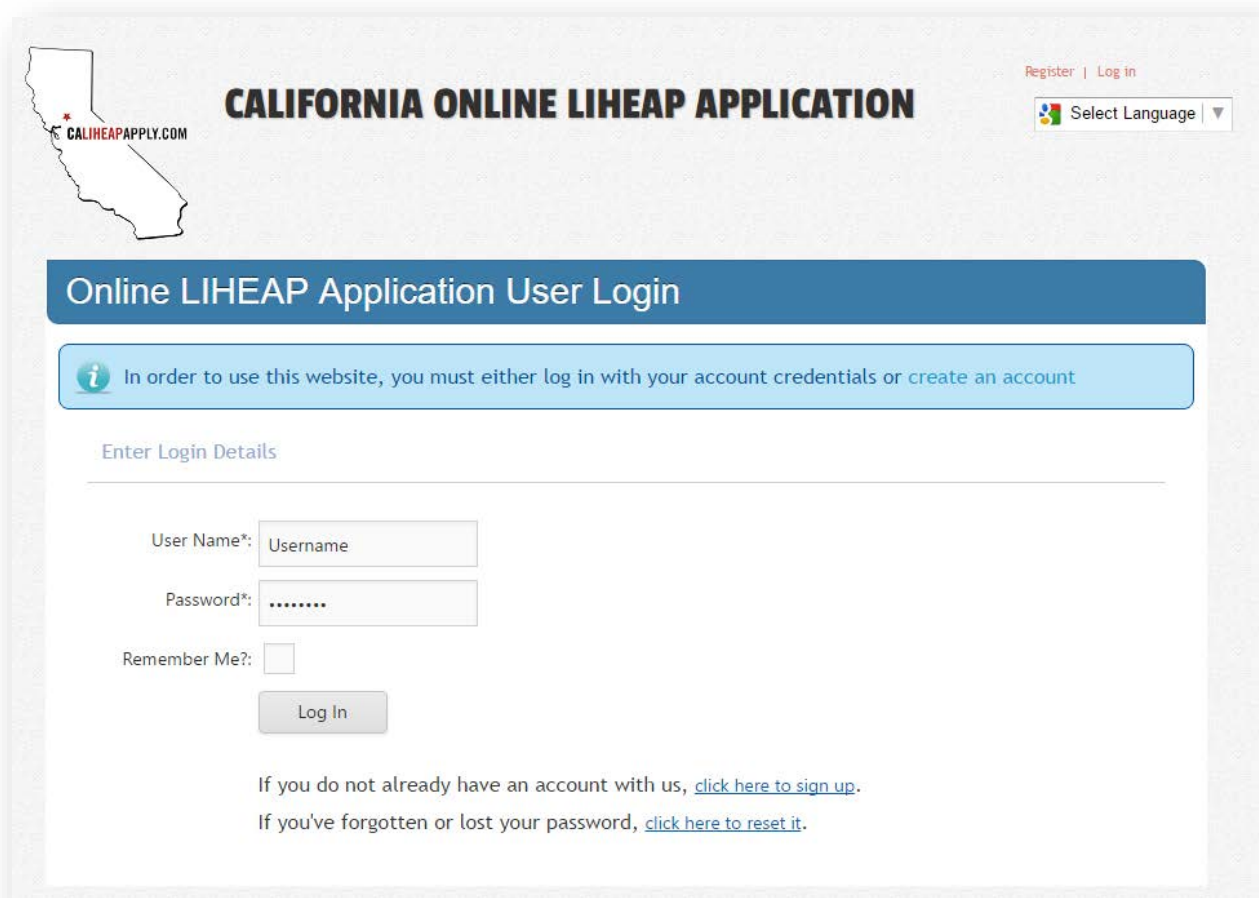


CALIHEAPAPPLY.COM

Online LIHEAP Application Entry Instructions



The screenshot displays the CALIHEAPAPPLY.COM website. At the top left is a logo featuring a map of California with a red star and the text "CALIHEAPAPPLY.COM". To the right of the logo is the text "CALIFORNIA ONLINE LIHEAP APPLICATION". Further right are links for "Register" and "Log in", and a language selection dropdown menu labeled "Select Language". Below the header is a blue banner with the text "Online LIHEAP Application User Login". Underneath the banner is a light blue box containing an information icon and the text: "In order to use this website, you must either log in with your account credentials or create an account". Below this is a section titled "Enter Login Details" with a horizontal line. The login form includes fields for "User Name*" (containing "Username") and "Password*" (containing "....."). There is a "Remember Me?" checkbox and a "Log In" button. At the bottom of the form, there are two lines of text: "If you do not already have an account with us, [click here to sign up.](#)" and "If you've forgotten or lost your password, [click here to reset it.](#)".

CALIHEAPAPPLY.COM

CALIFORNIA ONLINE LIHEAP APPLICATION

Register | Log in

Select Language ▼

Online LIHEAP Application User Login

i In order to use this website, you must either log in with your account credentials or create an account

Enter Login Details

User Name*: Username

Password*:

Remember Me?: ☐

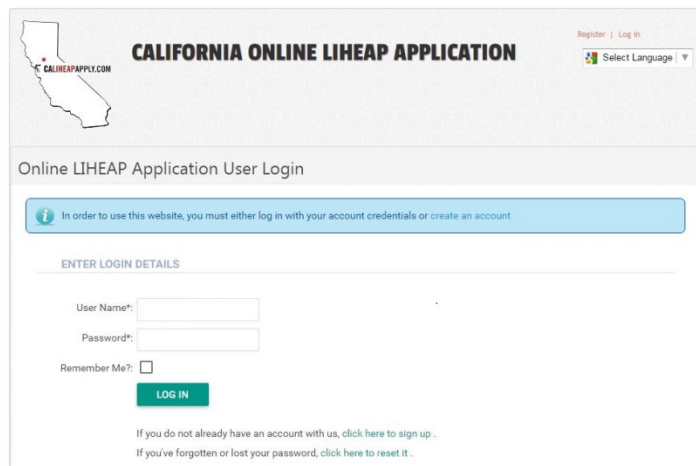
Log In

If you do not already have an account with us, [click here to sign up.](#)

If you've forgotten or lost your password, [click here to reset it.](#)

1. Go Online

To start an online application go to: www.CaliHEAPApply.com

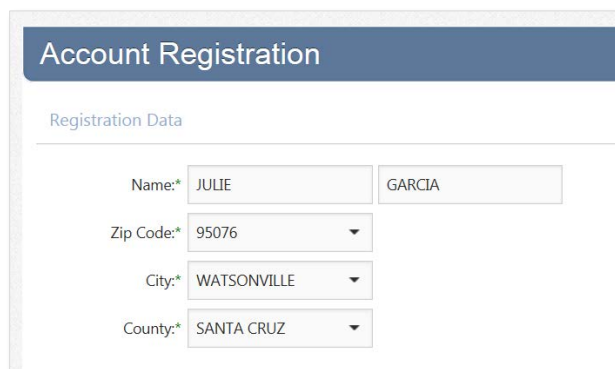


The screenshot shows the 'CALIFORNIA ONLINE LIHEAP APPLICATION' website. At the top left is a map of California with the website URL. At the top right are links for 'Register', 'Log In', and 'Select Language'. The main heading is 'Online LIHEAP Application User Login'. Below this is a blue banner with an information icon and the text: 'In order to use this website, you must either log in with your account credentials or create an account'. Underneath is a section titled 'ENTER LOGIN DETAILS' containing input fields for 'User Name*', 'Password*', and a 'Remember Me?' checkbox. A green 'LOG IN' button is positioned below the password field. At the bottom, there are two links: 'If you do not already have an account with us, click here to sign up.' and 'If you've forgotten or lost your password, click here to reset it.'

2. Account Registration/Log In

Every applicant submitting an application for the first time, must register with a unique **user name** and **e-mail address**. If you are not registered, click **Register** located on the top right corner. If you are registered, enter your **user name**, **password** and click **Log In**.


In the *Registration Data* section, enter the information listed in the table below.

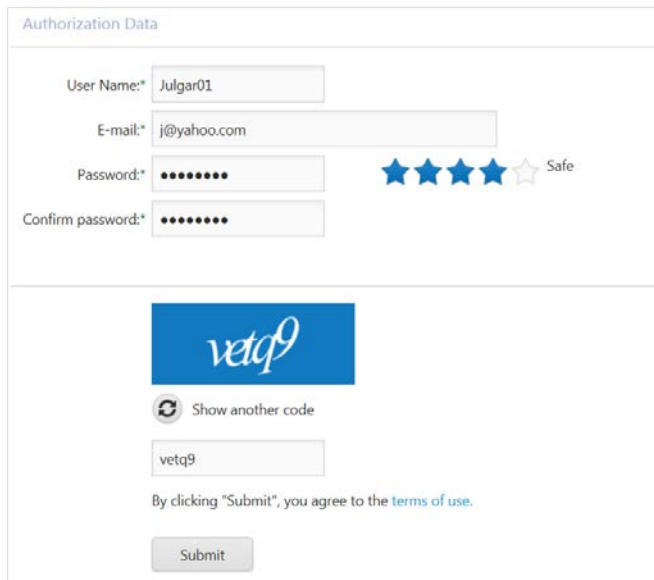


The screenshot shows the 'Account Registration' form. The 'Registration Data' section contains the following fields: 'Name*' with first name 'JULIE' and last name 'GARCIA'; 'Zip Code*' with value '95076'; 'City*' with value 'WATSONVILLE'; and 'County*' with value 'SANTA CRUZ'. Each field has a dropdown arrow on the right.

| Field | Description |
|-----------------|---|
| Name | Applicant first name and last name |
| Zip Code | Applicant (physical) address zip code |
| City | Select the city where applicant resides |
| County | Select the county where applicant resides |

In the *Authorization Data* section, create a **user name** and **password**. Enter the “captcha” code and click **Submit**. Reference the table below for more information.

 Please see the terms of use prior to clicking submit.

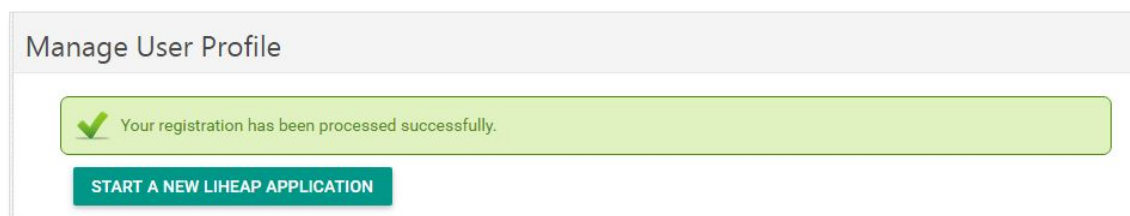


The form is titled "Authorization Data". It contains four input fields: "User Name:" with the value "Julgar01", "E-mail:" with the value "j@yahoo.com", "Password:" with masked characters "*****", and "Confirm password:" with masked characters "*****". To the right of the password fields is a security indicator showing four blue stars and one grey star, followed by the word "Safe". Below the input fields is a blue button with the "vetq9" logo. Underneath the logo is a "Show another code" link with a refresh icon. Below that is a text input field containing "vetq9". At the bottom, there is a line of text: "By clicking 'Submit', you agree to the [terms of use](#)." and a "Submit" button.

| Field | Description |
|-----------------|---|
| Username | The user name must be between 6 and 15 characters long. Only numbers, letters, underscores (_), and hyphens (-) are allowed. |
| Password | The password must contain at least: <ul style="list-style-type: none">1 capital letter, 1 number and 1 punctuation mark Example: Pa\$\$w0rd |

3. Submit an Application

Under **Manage User Profile** click **Start a New LIHEAP Application**



The form is titled "Manage User Profile". It features a green success message box with a checkmark icon and the text "Your registration has been processed successfully." Below this message is a green button with the text "START A NEW LIHEAP APPLICATION".

Step 1: Applicant Information

Enter applicant information listed in the table below and click **Next**.

Applicant Details

Name:

JULIE

GARCIA

First Name*
MI
Last Name*

Social Security Number*

999-99-9999

Date of Birth*

3/21/1985

Primary Language*

ENGLISH

Applicant's Ethnicity:

Primary Ethnicity
Ethnicity Subcategory

Contact Information

Home Phone:

() - -

Message Phone:

() - -

Mobile Phone:

() - -

Email Address:

What is the Best Time to Call You?:

NEXT >

| Field | Description |
|---|--|
| Name* | The name defaults to the name in the user profile. |
| Social Security Number* | Enter applicant social security number (9 digit number). |
| Date of Birth* | Enter applicant date of birth in the following format: MM/DD/YY |
| Primary Language* | Select applicant primary language |
| Applicant's Ethnicity | Select applicant ethnicity |
| Home, Message, and Mobile Phone | Enter the applicant home, messaging, or mobile phone number(s) |
| Email Address | The email address will default to the email address used in registration |
| What is the Best Time to Call You? | Select the best time of the day to contact you if further questions are necessary. |
| <i>Items marked with an asterisk are required fields.</i> | |

Step 2: Applicant Addresses

Enter applicant mailing address and physical address. Click **Next** when finished.

Step 2: Applicant Addresses - Mailing & Physical (Place of Service)

Mailing Address

Address Line 1*: PO BOX 200

Address Line 2: Address Line 2

City/Zip Code*: RIVERSIDE 92504

County/State*: RIVERSIDE CALIFORNIA

| Field | Description |
|------------------------|---|
| Address Line 1* | Enter applicant mailing address. The mailing address can be a PO Box, or a physical address. |
| Address Line 2 | Line 2 provides additional space if the complete address does not fit in Address Line 1. |
| City/Zip Code | The city and zip code will default to the information entered upon registering. This information can be changed if necessary. |
| County/State | A different county and/or state can be selected from the corresponding drop down table. |

Checkmark the box if:

- If the *Physical Address* is the same as the *Mailing Address*
- If the applicant has lived in the residence for the past 12months

Physical Address - Where You Live

i If you wish to change your place of service zip code, city, or county you must edit it in your profile.

☐ Physical Address the Same as Mailing Address

☒ Have You Lived at this Residence for the Past 12 Months?

Address Line 1*: 100 MAIN ST

Address Line 2: Address Line 2

City/Zip Code*: RIVERSIDE 92504

County/State*: RIVERSIDE CALIFORNIA

< PREVIOUS NEXT >

Step 3: Household Information

Enter the household size, household demographics and click **Next**. The number of household members in each category will adjust automatically as manual changes are made to each category. For more information see the table below.

Step 3: People Living in Household

Enter the Total Number of People Living in the Household

Household Size*: 5

Enter the Number of People Living in the Household who are

2 Years & Younger*: 0

Ages 3 to 5*: 0

Ages 6 to 18*: 0

Ages 19 to 59: 5

Age 60 or Older*: 0

Disabled*: 0

Native American*: 0

Farmworker*: 0

Limited English*: 0

< PREVIOUS NEXT >

| Field | Description |
|----------------|---|
| Household Size | The total household size (applicant included) |
| Demographics | Enter the Appropriate Values in the Demographics Options: <ul style="list-style-type: none">• 2 Years and Younger• Ages 3 to 5• Ages 6 to 18• Ages 19-59• 60 or Older• Disabled• Native American• Farmworker• Limited English |

Step 3: Household Information

Under the Household Information section, select the **Family Type** and **Tenancy** from the drop down tables. Under the Household Members click **Add Household Member** to enter the personal information of each person living in the household. The first entry defaults to the Applicant.

Step 3: People Living in Household

Household Information (CSBG)

Family Type*:

Tenancy*:

Household Members

Enter personal information below for all persons living in the household.

+ ADD HOUSEHOLD MEMBER

| | First Name | MI | Last Name | Date Of Birth | SSN |
|---|------------|----|-----------|---------------|-----|
| Click the add button to enter a household member. | | | | | |
| | | | | | |

< PREVIOUS NEXT >

| Field | Description |
|-----------------------------|---|
| Family Type | Options Available in Drop Down Menu: Single Parent/Female Single Parent/Male Single Person Two Adults – No Children Two Parent Household Other |
| Add Household Member | Fill in the following Fields: First and Last Name Date of Birth SSN Gender Race Relation to Applicant Education Level checkmark the following if it applies: Hispanic Health Insurance Disabled Limited English Farmer Migrant Farmworker Seasonal Farmworker |

Step 4: Income Information

Enter the total Gross Monthly Income for all persons living in the household. Copies will need to be uploaded of all income records for all adult household members.

Step 4: Household Income

Household Income Breakdown

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?*

☐ Yes ☐ No

Enter the number of household members who receive income*

Enter total GROSS monthly income for all persons living in the household. You will need to upload copies of all income records for all adult household members on the documents page.

Wages*: \$0.00

Pensions*: \$0.00

TANF / Cal Works*: \$0.00

SSI / SSP*: \$0.00

SSA / SSDI*: \$0.00

Interest*: \$0.00

Other*: \$0.00

Total Income:

< PREVIOUS NEXT >

| Field | Description |
|--------------------------------------|--|
| CalFresh? | Indicate whether the household receives CalFresh (food stamps). |
| Household Members with Income | Enter the number of household members with income |
| Household Income Breakdown | Enter the total gross monthly household income as it applies to the following fields: <ul style="list-style-type: none">• Wages• Pensions• TANF/Cal Works• SSI/SSP• SSA/SSDI• Interest• Other |

Step 4: Income Information

In the *Household Income* section, you'll be required to identify if someone in the household receives and identify the number of household members (over 18) that receive income.

Enter the total Gross Monthly Income for all persons living in the household. Copies will need to be uploaded of all income records for all adult household members.

Please note you will be required to assign a household member to a specific income type by selecting a name from the drop down menu. Names in the drop down menu populate from your *Household Demographic Entries (Step 3)*. If you cannot find a name in the *Income Breakdown* menu, it is likely you didn't enter it in step 3.

Step 4: Household Income

Household Income Breakdown

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?*

☐ Yes ☐ No

Enter the number of household members who receive income*

Enter total GROSS monthly income for all persons living in the household. You will need to upload copies of all income records for all adult household members on the documents page.

Wages*: \$0.00 Select Person(s)...

Pensions*: \$0.00 Select Person(s)...

TANF / Cal Works*: \$0.00 Select Person(s)...

SSI / SSP*: \$0.00 Select Person(s)...

SSA / SSDI*: \$0.00 Select Person(s)...

Interest*: \$0.00 Select Person(s)...

Other*: \$0.00 Select Person(s)...

Total Income:

< PREVIOUS NEXT >

| Field | Description |
|-----------|--|
| CalFresh? | Indicate whether the household receives CalFresh |

| | |
|--------------------------------------|---|
| | (food stamps). |
| Household Members with Income | Enter the number of household members with income |
| Household Income Breakdown | <p>Enter the total gross monthly household income as it applies to the following fields and associate a household member to the income type.</p> <ul style="list-style-type: none"> Wages Pensions TANF/Cal Works SSI/SSP SSA/SSDI Interest Other |

Step 5: Household Energy Information

In the *Household Energy* section, you'll need to answer questions in regards to your energy sources and current account status. See the table below for more information.

Step 5: Household Energy Information

Answer the Following Questions Concerning Your Household Energy

To which energy bill do you want the LIHEAP benefit to be applied?*

☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene

Utility to Pay*:

Account Number*:

☐ Check here if your utilities are included in your rent or sub-metered.

What is the main fuel used to HEAT your home?*

☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene

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

| Field | Description |
|------------------------------------|---|
| Energy Bill | Select the energy bill that you want to apply the LIHEAP benefit to. Natural Gas Electricity Wood Propane Fuel Oil Kerosene |
| Utility to Pay | Select the appropriate utility from the drop down menu. If the utilities are included in rent, select <i>"Included in Rent"</i> . A statement signed by the landlord is required. |
| Account Number | Enter the utility account number. If the utilities are included in rent or sub-metered, leave the account number field blank and check the box below. |
| Main Fuel Source | Check mark the appropriate fuel option |
| Alternative Heating Sources | Check mark all that apply as secondary heating sources |

Energy Account Status

In the *Household Energy Question* section, answer the questions that apply by placing a checkmark in the appropriate box. If the information is unknown leave the checkbox unmarked. Please see the table below for more information.

Check all that apply for each type of energy source for any home energy costs.
NOTE: The questions below are MANDATORY and require a response.
Required: Copies of all most recent energy bills and/or receipts must be uploaded in the Supporting Documentation step. A copy of an electric bill must be included.

Electric Service

Are your utilities all electric?*

☐ Yes ☐ No

Is your electricity shut off?*

☐ Yes ☐ No

Do you have a past due notice?*

☐ Yes ☐ No

Natural Gas Service

Is your Natural Gas Company the same as your Electric Company?*

☐ Yes ☐ No

Is your natural gas shut off?*

☐ Yes ☐ No

Do you have a past due notice?*

☐ Yes ☐ No

Wood, Propane or Fuel Oil Service

Are you currently out of fuel?*

☐ Yes ☐ No ☒ N/A

List the approximate number of days until you run out of fuel

Number of Days*:

< PREVIOUS

NEXT >

| Field/Question | Description |
|---|---|
| Are your utilities all electric? | Checkmark the appropriate box if applicant only uses electric |
| Is your electricity shut off? | Check mark the appropriate box if the electric services are <u>currently</u> shut off |
| Do you have a past due notice? | Checkmark the appropriate box if applicant has received a past due notice for their electric account in the last 30 days. |
| Is your natural gas company the same as your electric company? | Checkmark the appropriate box if applicant has one company for both electric and natural gas services. |
| Is Natural Gas shut off? | Checkmark the appropriate box if the gas service is <u>currently</u> disconnected. |
| Do you have a past due notice | Checkmark the appropriate box if applicant has received a past due notice for a natural gas account in the last 30 days. |
| Are you currently out of fuel? | Checkmark the appropriate box if applicant has WPO. Select N/A if applicant does not. |
| Days of fuel left | If wood/propane is the main heating fuel source, enter the approximate number of fuel days left. |

Step 6: Upload Documents

The following documents are required for online application submission:

- Income documents for the last 30 days for all adults in the household
- Most recent energy bill
- Shut off notice(s)
- Identification for the name of the person on the application.

If any of the required documents are missing, the application will be sent back deficient to the applicant.

Step 6: Upload Documents

Upload all Income Documentation, Energy Bill(s), Shut Off Notice(s), and Proof of Identification

Select Files:

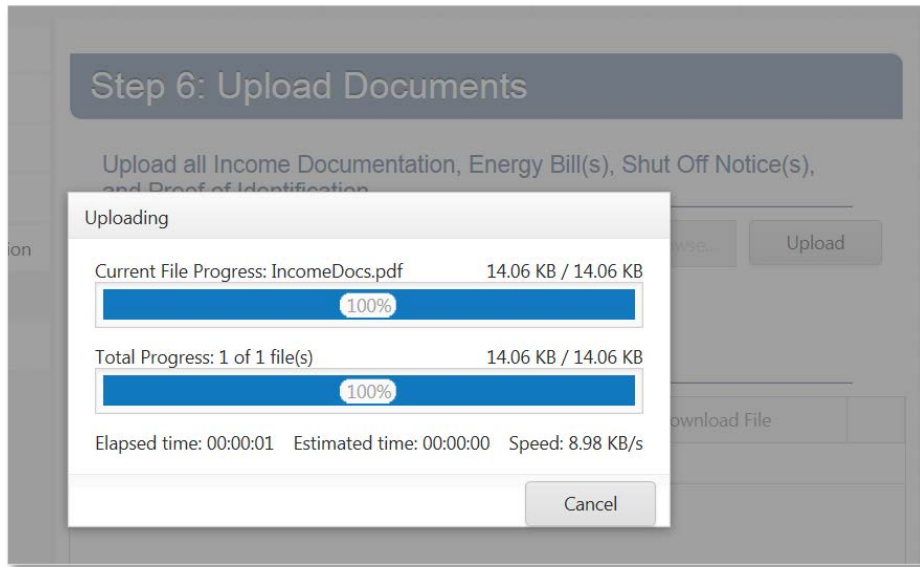
Allowed file types: jpeg, gif, doc, png, pdf
Maximum file size: 4Mb

Uploaded Files

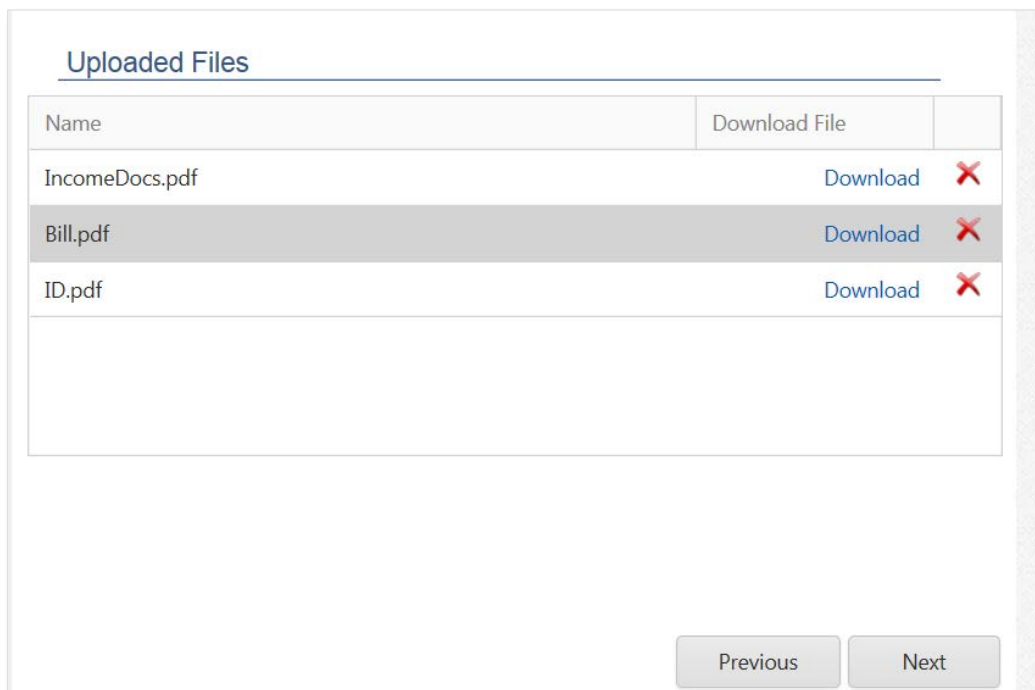
| Name | Download File |
|------|---------------|
| | |
| | |
| | |

To upload a document:

- Click **Browse**
 - Select the document you wish to upload
 - Click **Open**. Repeat the process if multiple document files will be uploaded.
- a) Click **Upload**. Wait until the document(s) are uploaded and the status bar shows 100% complete.




Once the document(s) file(s) are uploaded, click **Next**.



Step 7: Application Summary

Review the information before submitting the application. Once the application is submitted, no changes will be allowed. To make edits to any section, click the section **Edit** button.

 Step 7: Application Summary

Please review the application preview below. If you wish to change any of the data on your application you can do so by clicking the appropriate section link on the left-hand menu. Once you have verified that all data on the application is correct, you can submit for processing by clicking the Finish button at the bottom of the page.

Page 1 of 2 PDF

Department of Community Services and Development
Energy Intake Form
CSD 43 (11/2015)

Agency: Intake Initials: Intake Date:

Official Use Only:
Priority Points
A.C.C.
Eligibility Cert Date
Job Control Code

First Name: JOE Middle Initial: Last Name: BIN Date of Birth: 01/10/1979

Mailing Address: 100 N MAIN Unit Number: STREET

Mailing City: SALINAS Mailing County: RIVERSIDE Mailing State: CA Mailing Zip Code: 93901

SERVICE ADDRESS - Address where applicant lives (this cannot be a P.O. Box)
Is your service address the same as mailing address? ☐ Yes ☒ No
Have you lived at this residence during each of the past 12 months? ☒ Yes ☐ No

Service Address: 100 CENTER ST Unit Number: STREET

Service City: RIVERSIDE Service County: RIVERSIDE Service State: CA Service Zip Code: 92504

Social Security Number (SSN): 012-54-5214 Telephone Number: Message Only?

E-mail Address (Optional): joebin@joebingmail.com

PEOPLE LIVING IN HOUSEHOLD
Enter the total number of people in the household, including the applicant: 1

INCOME
Enter the number of household members who receive income: 1

Demographics - Enter the number of people who are:

| Age Group | Count | Income Source | Amount |
|--------------------------------|-------|-----------------|----------|
| Ages 0 to 2 Years | 0 | TANF / CalWorks | \$0.00 |
| Ages 3 to 5 Years | 0 | SSI / SSP | \$0.00 |
| Ages 6 to 18 Years | 0 | SSA / SSDI | \$0.00 |
| Ages 19 to 59 | 0 | Paycheck(s) | \$900.00 |
| Ages 60 and Older | 0 | Interest | \$0.00 |
| Disabled | 0 | Pension | \$0.00 |
| Native American | 0 | Other | \$0.00 |
| Seasonal or Migrant Farmworker | 0 | Total Income | \$900.00 |

HOUSEHOLD MEMBERS (Optional)
FULL NAME: Full name is First Name, Last Name.
RELATIONSHIP TO THE APPLICANT: For example: husband, daughter, friend, aunt, grandfather, etc.
DATE OF BIRTH: List the date of birth of each household member.
AMOUNT OF MONTHLY GROSS INCOME: "gross" income means the amount of money received before taxes or anything else is taken out. If you have more than 8 people in your household, you can write the information on a separate piece of paper.

| First Name | Last Name | Relation to Applicant | Date of Birth MM/DD/YY | | |
|------------|-----------|-----------------------|------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TO SUBMIT YOUR APPLICATION, CHECK THE 'I AGREE' BOX AND CLICK FINISH

* ☐ I Agree
By selecting 'I Agree', you agree to the [terms of use](#).


FINISH

To submit the application, checkmark the **I Agree** box to the terms of use box. Click **Finish** to submit the application. A message will appear informing you the application was submitted successfully.

 **DO NOT LEAVE THE SCREEN** 

The system will automatically redirect you to the profile screen where information on the application submitted can be viewed. Once you are redirected to the profile page, click **Log Off** located in the top right corner.

Manage User Profile

 Congratulations! Your application was submitted successfully. We will notify you of status updates via the email address you provided.

START A NEW LIHEAP APPLICATION

USER PROFILE INFORMATION

Name*:

JOE

BIN

Email Address*:

Alternate Email:

Zip Code*:

92504

City*:

RIVERSIDE

County*:

RIVERSIDE

UPDATE PROFILE

UPDATE PASSWORD

Current Password*:

New Password*:

★

★

★

★


★

 Password safety

Confirm Password*:

UPDATE PASSWORD

SUBMITTED APPLICATIONS

| Download | Applicant | Status | Status Date | Submitted On |
|---|-----------|-------------|-------------|--------------|
|  | JOE BIN | IN PROGRESS | 11/3/2016 | 11/3/2016 |