



2016 HEAP PROGRAM

Wood, Oil, Propane, or Pellets

If you are a low-income resident of El Dorado or Alpine County, your Household may qualify for the 2016 HEAP Program. Qualified households may receive, once a-year, electricity, wood, propane, natural gas, or oil assistance and also Weatherization services. There is a \$500.00 maximum benefit amount to each applicant household for assistance with the purchase of Wood, Propane or Oil.

To process your application you need to provide the following:

- 1. A completed 2016 HEAP Application for Wood, Propane, or Oil.**
- 2. Proof of your current total household income for the past 30 days.**
(Applicants that are 18 years or older claiming zero (0) income, must fill out a Survey of Income and Expenses Form. This form must be filled out and explain how the person with no income is paying for their monthly expenses.)
- 3. A written estimate for Wood or Pellets or copy of Propane/Oil Bill.**
**For Wood and Pellets: Estimate must include vendor information, amount of wood/pellets (how many cords/bags), and type and length of wood, can include tax and delivery. ** For Propane, Oil, Natural Gas: A copy of the bill that includes name of propane company, account number and name of person on account.
- 4. Utility bills for other sources of energy usage, such as electric bill**
- 5. A copy of the applicant's birth certificate, or other supporting document indicating citizenship.**

**Please call for an appointment to bring your application
& supporting documents to the following HEAP office location:**

El Dorado County Department of Human Services

937 Spring Street
Placerville, CA 95667
(530) 621-6150 Fax (530) 295-2581

1360 Johnson Blvd., #103
South Lake Tahoe, CA 96150
(530) 573-3490 Fax (530) 542-9312



HEAP Payments are Not Guaranteed! You need to continue to pay your utility costs /bills until the HEAP benefit is credited on your account or you receive a voucher from us indicating credit. Please Note: Process time of HEAP Applications vary and usually take 14-18 weeks to process.

Department of Community Services and Development



Energy Intake Form

CSD 43 (11/2015)

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

| | | | | | |
|--|--|------------------|-----------|---|--|
| Agency: | | Intake Initials: | | Intake Date: | |
| First name | | Middle Initial | Last Name | | Date of Birth MM/DD/YY |
| Mailing Address | | | | | Unit Number |
| Mailing City | | Mailing County | | Mailing State | Mailing Zip Code |
| SERVICE ADDRESS – Address where applicant lives (this <i>cannot</i> be a P.O. Box) | | | | | |
| Is your service address the same as mailing address?..... | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you lived at this residence during each of the past 12 months..... | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Service Address | | | | | Unit Number |
| Service City | | Service County | | Service State | Service Zip Code |
| Social Security Number (SSN): | | | | Telephone Number () <input type="checkbox"/> Message Only? | |
| E-mail Address (Optional): | | | | | |

| | | | |
|--|--|---|-----------|
| PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including the applicant → | | INCOME Enter the number of household members who receive income → | |
|  | |  | |
| Demographics - Enter the number of people who are: | | Enter total gross monthly income for all people living in the household: | |
| Ages 0 – 2 Years | | TANF / CalWorks | \$ |
| Ages 3 - 5 years | | SSI / SSP | \$ |
| Ages 6 - 18 years | | SSA / SSDI | \$ |
| Ages 19 - 59 | | Paycheck(s) | \$ |
| Ages 60 and older | | Interest | \$ |
| Disabled | | Pension | \$ |
| Native American | | Other | \$ |
| Seasonal or Migrant Farmworker | | Total Income | \$ |

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 | Amount of Monthly Income | Source of Income |
|--|-----------|-----------------------|------------------------|--------------------------|--|
| | | Self | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Household Total Monthly Gross Income | | | | \$ | |
| Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**2016 VENDOR INFORMATION FORM
for WOOD, PELLETS, PROPANE OR OIL**

*El Dorado County Health and Human Services Agency
HEAP-Home Energy Assistance Program*

Applicant's Must Fill out the Following Information

WOOD/PELLET VENDOR INFORMATION:

CLIENT INFORMATION:

| | | | |
|---------------------|--|---|--|
| Name of Business | | Client Name | |
| Address of Business | | Delivery/Service Address | |
| | | Client Phone Number | |
| Phone number | | Account No. | |
| Fax number | | Mailing Address if different from above | |

(Vouchers issued for WPO cannot be transferred to a new service address, to a different propane company or credit to a new household. Any credit balance will be returned to El Dorado County Energy Programs)

ESTIMATE:

| | Amount | Length | Type | Cost | Delivery/Tax | TOTAL COST |
|---------------------|--------|--------|------|------|--------------|-----------------|
| Wood: | | | | | | \$500.00 |
| Heating Oil: | | | | | | \$500.00 |
| Pellets: | | | | | | \$500.00 |

LIHEAP (Low Income Home Energy Assistance Program) is a federally funded program and acceptance of a Voucher as payment assures your compliance with the following federally mandated provisions:

1. No household receiving assistance under this program will be treated adversely because of such assistance under applicable provisions of State law for public regulatory requirements;
2. Not to discriminate, either in the cost of goods supplied or in the services provided, against the eligible household on whose behalf payments are made;
3. To allow representatives of the agency referenced above and/or the State, access to records relating to payments to households for the purpose of verification of compliance with these assurances;
4. Return of any credit balance to the El Dorado County Health and Human Services Agency if an eligible household moves or stops utility service; no transfer of service to a new service address or credit to a new household; and no cash refunds will be made to recipient households.

To which energy bill do you want the LIHEAP benefit to be applied? (Attach copy of most recent bill or receipt)
 Natural Gas Electricity Wood Propane Fuel Oil Kerosene Other Fuel

List energy company and account number: Company Name: _____ Account #: _____

What is the main fuel used to HEAT your home? A main heating source **MUST** be checked. (Attach copy of most recent bill or receipt)
 Natural Gas Electricity Wood Propane Fuel Oil Kerosene 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):
 (Attach copy of most recent bill or receipt)
 Natural Gas Electricity Wood Propane Fuel Oil Kerosene Other Fuel N/A

Energy Bill 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: Attach copies of all most recent energy bills and/or receipts. A copy of an **electric bill must be included.**

| ELECTRIC SERVICE | NATURAL GAS SERVICE | WOOD, PROPANE or FUEL OIL SERVICE (WPO) |
|---|---|--|
| Are your utilities all electric? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your electricity shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your Natural Gas Company the same as your electric Company? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your Natural Gas shut-off? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a past due notice? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels). Number of Days: _____ <input type="checkbox"/> N/A |

Are your utilities included in rent or submetered? Yes No

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that this consent shall remain in effect for three years from the date signed unless otherwise revoked by me in writing. 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 *** | Today's Date | Witness's Signature (If signed with an X) |
|----------|--------------------------------------|--------------|---|

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.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.

| | |
|--|---|
| Utility Assistance being provided under which program → <input type="checkbox"/> HEAP <input type="checkbox"/> Fast Track <input checked="" type="checkbox"/> HEAP WPO <input type="checkbox"/> ECIP WPO | |
| Supplement \$ _____ | Total Benefit \$ <u>500-</u> <input checked="" type="checkbox"/> Home referred for WX <input type="checkbox"/> Home already weatherized |
| Energy Services Restored after disconnection: <input type="checkbox"/> Yes <input type="checkbox"/> No Disconnection of Energy Services prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Type of Dwelling: <input type="checkbox"/> MFD – Owner, 2 - 4 units <input type="checkbox"/> Mobile Home – Owner <input type="checkbox"/> Shelter: # of units _____ <input type="checkbox"/> Unoccupied MFD: 2 – 4 units | |
| <input type="checkbox"/> SFD – Owner, 1 unit <input type="checkbox"/> MFD – Rental, 2 - 4 units <input type="checkbox"/> Mobile Home - Rental Total # of residents: _____ <input type="checkbox"/> Unoccupied MFD: > 5 units | |
| <input type="checkbox"/> SFD – Rental, 1 unit <input type="checkbox"/> MFD – Owner, 5 or more units Total Energy Cost: _____ Energy Burden: _____ % | |
| <input type="checkbox"/> MFD – Rental, 5 or more units \$ _____ % | |
| Agency Defined Priorities: <input type="checkbox"/> Medically Needy <input type="checkbox"/> Frail Elderly <input type="checkbox"/> Severe Financial Hardship <input type="checkbox"/> Hard to Reach <input type="checkbox"/> Priority Offsets <input type="checkbox"/> N/A | |

STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS

| | |
|--|---------------------------|
| Name of the Applicant Requesting Energy Services | Date |
| Name of Person Acting for Applicant, if any | Relationship to Applicant |

Public Benefits To Citizens And Non-Citizens

Citizens and Nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out *Sections A and D*.

Non-Citizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete *Sections A, B or C, and D*.

Section A: Citizenship/Non-Citizen Status Declaration

1. Is the applicant a citizen or national of the United States? Yes No
If the answer to the above question is yes, where was he/she born? City/State
2. To establish citizenship or naturalization, please submit one of the documents on *List A* (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to *Section D*.

If you are a **Non-Citizen**, please complete *Section B, or, if applicable, Section C*.

Section B: Non-Citizen Status Declaration

Important: Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

- 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
- 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
 - INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(5)”;
 - INS Form I-766 (Employment Authorization Document) annotated “A5”;
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
- 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
 - INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
 - INS Form I-766 (Employment Authorization Document) annotated “A3”;
 - INS Form I-571 (Refugee Travel Document)
- 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
 - INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.(Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

- 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
 - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10)”;
 - INS Form I-766 (Employment Authorization Document) annotated “A10”; or
 - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
 - INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
 - INS Form I-766 (Employment Authorization Document) annotated “A3.”
- 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
 - INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7;
 - INS Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
- 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

Section C: Declaration for Certain Battered Aliens

Important: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
- 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

Section D: Certification

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

| | |
|--|------|
| Applicant's Signature | Date |
| Signature of Person Acting for Applicant | Date |

Attachments: Lists A and B

CERTIFICATION OF INCOME AND EXPENSES

You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:

| Name and Address | |
|------------------|--|
| Name: | |
| Address: | |

| Section 1: Do you have sources of income you forgot to report? | | | | | | | |
|--|--------------|---|-----------------|--------------------|-------------------------------|---------------|--------------------|
| YES | NO | During the previous month have you been employed part time? | | | | | |
| YES | NO | During the previous month have you been self-employed? | | | | | |
| YES | NO | During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc? | | | | | |
| YES | NO | During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift: | | | | | |
| YES | NO | During the previous month did you receive any of the following: (circle any that apply) | | | | | |
| | | <table border="1"> <tr> <td>WORKER'S COMP</td> <td>UNEMPLOYMENT</td> <td>GOVERNMENT SPONSORED BENEFITS</td> <td>CHILD SUPPORT</td> </tr> </table> | WORKER'S COMP | UNEMPLOYMENT | GOVERNMENT SPONSORED BENEFITS | CHILD SUPPORT | |
| WORKER'S COMP | UNEMPLOYMENT | GOVERNMENT SPONSORED BENEFITS | CHILD SUPPORT | | | | |
| YES | NO | Do you receive any of the following (circle any that apply) | | | | | |
| | | <table border="1"> <tr> <td>ANNUITY PAYMENT</td> <td>PENSION</td> <td>TRIBAL CASINO PAYMENTS</td> <td>RENTAL INCOME</td> <td>INSURANCE BENEFITS</td> </tr> </table> | ANNUITY PAYMENT | PENSION | TRIBAL CASINO PAYMENTS | RENTAL INCOME | INSURANCE BENEFITS |
| ANNUITY PAYMENT | PENSION | TRIBAL CASINO PAYMENTS | RENTAL INCOME | INSURANCE BENEFITS | | | |

Put Notary stamp below, if needed (DOE only) or have Executive Director Sign here

| Section 2: Are you spending your savings or borrowing money to cover monthly expenses? | | |
|--|----|---|
| YES | NO | Are you using savings or a home equity loan? How much? _____ |
| YES | NO | Are you using some other asset? How much? _____ |
| YES | NO | Are you borrowing from credit cards? How much? _____ |
| YES | NO | Are you borrowing from some other source? How much? _____ |

| Section 3: Please tell us how you paid these monthly expenses during the previous months: | | | |
|---|--------------|--------------------------------|--|
| EXPENSE | MONTHLY COST | HOW HAS THE EXPENSE BEEN PAID? | IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE: |
| Rent or Mortgage | \$ | | Name: _____ Phone: _____ Address: _____ |
| Utility Bills | \$ | | Name: _____ Phone: _____ Address: _____ |
| Food | \$ | | Name: _____ Phone: _____ Address: _____ |

| Section 4: If none of the above applies to you, please explain how your monthly expenses were paid: | |
|---|--|
| | |
| | |
| | |

| Signature: |
|------------|
|------------|

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

Signature _____

Date _____

CLIENT EDUCATION CONFIRMATION OF RECEIPT

| | | | |
|---|------|-----------------|-------------|
| Name of Occupant | | Age of Dwelling | |
| Address of Dwelling | | | |
| Confirmation of Receipt | | | |
| I have received the following information: | | | |
| <input type="checkbox"/> Lead-Safe Education – A copy of the pamphlet, <i>Renovate Right: Important Lead Hazard Information for Families, Child Care Providers, and Schools</i> , informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit. | | | |
| <input checked="" type="checkbox"/> Energy Education – Information regarding changes I can make in order to reduce the energy consumption of my household. | | | |
| <input type="checkbox"/> Mold and Moisture Education - A copy of the pamphlet, <i>A Brief Guide to Mold and Moisture In Your Home</i> , informing me of how to clean up residential mold problems and how to prevent mold growth. | | | |
| <input checked="" type="checkbox"/> Budget Counseling - Information regarding personal financial management. | | | |
| <input type="checkbox"/> Radon Education - A copy of the pamphlet, <i>A Citizen's Guide to Radon</i> , informing me of the potential risk of radon and how to lower the radon level in my dwelling unit. | | | |
| Signature of Recipient | | | Date |
| Self-Certification Option | | | |
| I certify that I attempted to deliver the following educational information to the dwelling listed above: | | | |
| <input type="checkbox"/> Lead-Safe <input type="checkbox"/> Energy <input type="checkbox"/> Mold/Moisture <input type="checkbox"/> Budget Counseling <input type="checkbox"/> Radon | | | |
| <i>If the information was delivered but a signature was not obtainable, you may check the appropriate box below.</i> | | | |
| <input type="checkbox"/> Refusal to Sign — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit with the occupant. | | | |
| <input type="checkbox"/> Unavailable for Signature — I certify that I have made a good faith effort to deliver the information to the dwelling unit listed above and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the information at the unit by sliding it under the door. | | | |
| Attempted delivery dates and times | | | |
| Date | Time | Date | Time |
| | | | |
| Signature (Agency Representative) | | Print name | |
| | | | |
| Mailing Option: | | | |
| I certify that I have mailed the following educational information to the dwelling listed above (attach copy of Certificate of Mailing for lead-safe education only): | | | |
| <input type="checkbox"/> Lead-Safe <input type="checkbox"/> Energy <input type="checkbox"/> Mold/Moisture <input type="checkbox"/> Budget Counseling <input type="checkbox"/> Radon | | | |
| Signature (Agency Representative) | | Print name | Date mailed |
| | | | |



El Dorado County

HEAP Program

HEAP applications will be available for pick-up and drop off at the following locations. When picking up or dropping off a HEAP application Please expect a 10-20 minute wait time at all off-site locations.

HEAP Off-Site Locations

SOMERSET

Pioneer Park Community Center
6740 Fair Play Road
Across from Perry Creek Road
1st Wednesday of the month
9:30 a.m.-11:30 a.m.

EL DORADO HILLS

White Rock Village Community
2200 Valley View Parkway
Behind Target off of White Rock Rd.
3rd Monday of the month
11:00a.m.-2:00 p.m.

COOL

Cool Community Church
863 Cave Valley Road
Located across from North Side School
Call for Dates- 530-621-6150

GREEN VALLEY CHURCH

3500 Missouri Flat Road, Placerville
Saturdays
8:00 a.m.-10:00 a.m.
Call for Dates- 530-621-6150

CAMERON PARK

Knolls at Green Valley Apartments
3301 Cimmarron Road, Cameron Park
Clubhouse Room
Last Tuesday of the month.
12:30 p.m.-4:30 p.m.

POLLOCK PINES

Pollock Pines Community Church
6361 Pony Express Trail
West of Fifty Grand Steak House
2nd Thursday of the month
9:30 a.m.-1:00 p.m.

GEORGETOWN

Georgetown Community Center
6329 Lower Main Street
North of Georgetown Gas & Go
3rd Wednesday of the month
9:30 a.m.-1:00 p.m.

SOCIAL SERVICES OFFICE- PVILLE

3057 Briw Road, Placerville,
2nd Tuesday of the month
10:00 a.m. - 3:00 p.m.

SOCIAL SERVICES OFFICE- S. LAKE TAHOE

3368 Lake Tahoe Blvd, SLT
Bottom floor of El Dorado Center
3rd Thursday of the month
10:00 a.m.-3:00 pm

HEAP MAIN OFFICE

EDC HHS-Community Services
937 Spring Street, Placerville
Appointment Only
530-621-6150
Monday – Friday 8 a.m.-5 p.m
www.edcgov.us/HEAP/