



2023 LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM

Complete application using *Blue or Black ink only* and sign where indicated - **NO WHITE OUT**

WAYS TO RETURN YOUR APPLICATION

THESE APPLICATIONS ARE TIME SENSITIVE AND WILL EXPIRE WITHIN 30 DAYS AFTER SIGNING THEM

Drop Box : A box is located outside office door to drop off completed applications and a pick up box for new applications (English and Spanish)

By Mail: 3970 Short St Suite 110,
San Luis Obispo, CA 93401

By Fax: 805 594-1065

By Email: Water@capslo.org

Questions? Call us at 805-541-4122 x114 or x 115

LIHWAP will offer a One -time Payment to help you pay your Current or Past due Water or Wastewater

You must receive service from a community **water system that is**

Enrolled w/ 3rd party vendor or wastewater treatment provider

(Private wells and septic excluded)

**Eligibility is Based on household size and gross monthly income.
Household income must not exceed the following amounts**

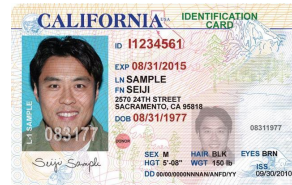
<u>Persons in the household</u>	<u>Gross Monthly Income</u>
1	\$2,700.17
2	\$3,531.00
3	\$4,361.83
4	\$5,192.75
5	\$6,023.59
6	\$6,854.43
7	\$7,010.21
8	\$7,166.00
9	\$7,321.78
10	\$7,477.56

The following documents are required along with your Signed application:

Please make sure all sections are filled out including Dates of Birth for each household member.

- **Proof of Government Identification:**

State Identification (ID) Card
Driver License
U. S. Passport or Passport Card



- **Water bill must be in the applicant's name or a household member's name.**
- **Most current water or wastewater bill showing current charges and amount due; shut off notice (Disconnection notice if applicable)**

Household Income:

All sources of Income for everyone in the household must be provided. Must be current within the last 4 weeks.

Gross Wages: Copies of all check stubs (4 weeks), Full consecutive month of pay. *If paid bi-weekly the last 2 current consecutive check stubs are required, if paid weekly, the last 4 current consecutive check stubs are needed, if paid monthly, the most current check stub will be needed* If there are gaps between pay periods or missing stubs complete CSD 43B form and explain in section 4 the reason for not providing that specific check stub.

If any member of your household is a current recipient of CalWorks or Food Stamps : They must send in CURRENT Notice of Action or Memo from your caseworker showing amounts received for the month. You may also log onto [Mybenefitscalwin.org](https://mybenefitscalwin.org) to obtain a copy.

SSI/ SSA recipients must have a CURRENT benefit letter from the Social Security office stating 2023 monthly Social Security amount with complete name of the recipient or Bank Statement showing recipient name linked to the account, and direct deposit amount(s) deposited within the last 6 weeks, and source of deposit.

Unemployment Benefits: Copies of EDD documentation reflecting a full consecutive month (within the last 6 weeks). Please provide a printout with a clear name on the top right hand corner. A copy of online payment history showing the last 6 weeks of Benefits received along with the weekly payment amount.

Disability Income/ Denial of income (State—EDD or Workers Compensation) Copy of online payment history showing the last 6 weeks of benefits received and recipient name. Please provide a denial letter if applicable.

Child Support: Proof of income received within the last 4 weeks; If paid in cash or check a written statement from the parent must be provided. The total monthly amount of support paid, date, signature, contact information and address must be stated. You may also log on to: www.cse.ca.gov/CustomerConnect/login.

Alimony (Spousal Support): Proof of income received within the last 4 weeks; Most current court ordered document or copy of detailed check must be provided. If directly deposited to a bank account current proof must be provided of the deposit and date.

Jobs Paid in Cash: (odd jobs)– Complete **LIHEAP Self Certified Statement** declaring type of work and the amount of income you earned for the last 6 weeks. See attached Self Certification Form.

Ongoing Family Assistance: Written letter from family members or friends who have assisted you with ongoing expenses for the last 6 weeks stating the amount they have provided. Please have them include contact information and full complete address with a signature.

Pension/ Annuities: Current Monthly pension verification statement (ONLY) **No direct deposit or bank statement will be accepted.**

Self –Employment: Complete **LIHEAP Self Certified Statement** with type of business; total net income received for past 30 days. Provide 2 most current detailed bank statements for business and personal accounts. Along with a Profit & Loss statement for last month. **(Additional documentation may be required)**

Low Income Housing : Section 8 Voucher (Current Month and year) Award letter stating the amount Hud(Section 8) pays for rent and the amount you pay for rent.

Certification of Income and Expenses– CSD43B: Complete this form if you or any other household member 18 years of age or older claims **ZERO** income or receives compensation in cash. Please make sure section 4 is completed. **(Additional documentation may be required)**

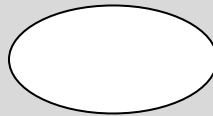
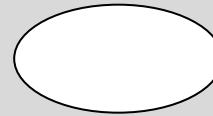
Department of Community Services and Development

LIHWAP Intake Form

CSD 41 (04/2022)

<i>Official Use Only:</i>	
A.C.C.	
Eligibility Cert Date	

Agency:		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 (this <i>cannot</i> be a P.O. Box)							
Service Address						Unit Number	
Service City			Service County		Service State	Service Zip Code	
Is your service address the same as mailing address?..... <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						Unit Number	
Mailing City			Mailing County		Mailing State	Mailing Zip Code	
Social Security Number (SSN):						Telephone Number ()	
E-mail Address:							

PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself → 		INCOME Enter the total number of people who receive income → 	
<i>Demographics: Enter the number of people in the household who are:</i>		<i>Enter the total gross monthly income for all people living in the household:</i>	
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 Monthly Income	\$

HOUSEHOLD MEMBERS			
ENTER THE INFORMATION BELOW FOR ALL HOUSEHOLD MEMBERS.			
If you have more than 7 people in your household, please list the information on a separate piece of paper.			
APPLICANT (HOUSEHOLD MEMBER 1)			
First Name		M.I.	Last Name
Date of Birth:		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Other		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 7

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			

<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or someone in your household received LIHEAP assistance in the past 120 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PAY BILL

To which bill, includes property tax statements, (CHOOSE ONLY ONE) do you want the LIHWAP benefit to be applied? (Attach complete copy of most recent bill or receipt)

Water Bill Wastewater Bill Water and Wastewater is Combined in One Bill

Enter the water/wastewater company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? Yes No

Do you have a past due notice or past due balance on your bill? Yes No

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. 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 and/or other information needed to provide services and benefits to me as described at the end of the form. I understand that if my application for LIHWAP 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. 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 water or wastewater costs.

X		
*** APPLICANT'S SIGNATURE ***		Date

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Low Income Household Water Assistance Program (LIHWAP). AUTHORITY: Government Code Section 12087.2 (b) Names CSD as the agency responsible for administering LIHWAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHWAP benefit. 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. 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.

Total LIHWAP Benefit \$ _____

Total Water or Wastewater Cost (for water burden only) \$ _____ **Water Burden** _____

Water Services Restored after disconnection: Yes No Disconnection of Water Services prevented: Yes No

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)		
		WORKER'S COMP	UNEMPLOYME	GOVERNMENT SPONSORED BENEFITS
				CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)		
		ANNUITY	PENSION	TRIBAL CASINO PAYMENTS
				RENTAL INCOME
				INSURANCE BENEFITS

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? _____

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

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

COMPLETE IF APPLICABLE



LIHEAP SELF-CERTIFICATION STATEMENT

Name: _____

Address: _____ Phone: _____

I, _____

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL OF THE FOLLOWING IS TRUE AND CORRECT.

Signature: _____

Date: _____