



## WAYS TO APPLY FOR UTILITY ASSISTANCE

**Online:** <https://www.caliheapapply.com/>

**By email:** [energy@capriverside.org](mailto:energy@capriverside.org)

**By Fax:** 951-955-2230 \*\*\*Disconnections only

**By mail:** CAP Riverside P.O Box 5760, Riverside, California 92517-5760

**In person:** (call 951-955-4900 for an appointment)

### Address:

**Main Office:**

2038 Iowa Ave. Suite B-101/B-102  
Riverside, CA 92507

**Hemet Service Center:**

749 N. State St.  
Hemet, CA 92543

**Mecca WIC/CAP:**

91275 Suite 100  
66th Avenue  
Mecca, CA 92254

**County Administrative Center:**

260 N. Broadway  
Blythe, CA 92225

**Desert Hot Springs WIC/CAP:**

14320 Palm Drive  
Desert Hot Springs, CA 92240

**Temecula WIC/CAP:**

41002 County Center Dr., B  
Temecula, CA 92591

### IMPORTANT DISCLAIMER

\*\*\* Due to the overwhelming demand and the limited funding resources available for assistance, the State of California requires Local Service Providers (agencies) to establish a priority plan. The highest priority are households that have both low-incomes and high energy costs, taking into consideration households with elderly and disabled persons, and children under six years of age. This means some households that received assistance in the past will no longer qualify to receive funding under the new priority plan.



**HWS** HOUSING AND  
WORKFORCE  
SOLUTIONS  
ENGAGE. ENCOURAGE. EQUIP.



**BEFORE TURNING IN YOUR APPLICATION,  
PLEASE MAKE SURE TO SUBMIT COPIES OF  
ALL OF YOUR DOCUMENTS**

**CHECK LIST FOR ALL REQUIRED DOCUMENTS  
ON THE NEXT PAGE **



**HWS** HOUSING AND  
WORKFORCE  
SOLUTIONS  
ENGAGE. ENCOURAGE. EQUIP.

2038 Iowa Ave. Suite B-101  
Riverside, CA 92507

951-955-4900

Community Action Partnership of Riverside  
County





## CHECKLIST OF MANDATORY DOCUMENTS FOR LIHEAP & LIHWAP

Incomplete applications will not be accepted and will be returned.

- Energy Intake Form CSD43 & CSD 43-A for LIHWAP Fill out and sign both sides. Please do not use white out.
- Form CSD600 "Statement of Citizenship" Fill out and sign both sides. Please do not use white out.

### *The most recent bill for both gas and electric are needed to process the LIHEAP*

- Current (most recent) gas or propane bill - Entire bill (all pages), showing 22+ days of usage.
- Current (most recent) electric bill - Entire bill (all pages), showing 22+ days of usage.
- Current (most recent) water or sewer bill - Entire bill (all pages), showing 22+ days of usage.
- Any disconnection and/or urgent notices (if applicable).
- Included in Rent:** If your utilities are included in rent, you need to attach a copy of the lease or rental agreement. Both you and your landlord need to fill out the "UTILITIES INCLUDED IN THE RENT" form (attached).
- All Electric:** If your home is "All Electric", please indicate so on the application (CSD43-page 3).
- Household Income – *Must be current (last 4 weeks). Income is needed for all members of the household.*
  - Paychecks: copies of all check stubs (last 4-weeks), full consecutive month of pay. Attach a brief explanation if there are gaps between pay periods or missing stubs.
  - Unemployment benefits: copies of EDD documentation reflecting a full consecutive month (within the last 4-weeks) or copy of online payment history showing the last 4 weeks of benefits received.
  - Disability Income/Denial of Income (State, EDD, or Worker's Compensation) or copy of online payment history showing the last 4 weeks of benefits received.
  - Child support: proof of income (received within the last 4 weeks).
  - Alimony/Spousal support: proof of income (received within the last 4 weeks).
  - Social Security (SSA): current bank statement showing direct deposit, award letter for current year, or copy of check.

- Supplemental Security Income (SSI): current bank statement showing direct deposit, award letter for current year, or copy of check.
- CalWORKS (cash aid): “Notice of Action” or “Passport to Service” printout for the current month.
- Pension/Annuities: current year annual statements or monthly statement (only) no direct deposit or bank statement will be accepted.
- Self-employment income: (1040 tax form and Schedule C) or profit and loss, or journal (1-month).
- Proof of cash earned: state type of work and amount of money received within the last 4-weeks.
- Family Assistance: written letter from family members or friends who have assisted you with ongoing expenses for the last 4 weeks stating what they have provided.

**Survey of Income and Expense CSD-43B** - only needed if you or members of your household over the age of 18 are reporting “zero” income. Applicant must sign and date, please do not use white out.

***The applicant must sign and date the application. Please do not use white out.***

**CSD-081 Authorization Form (REQUIRED FOR LIHEAP)** - This form is only needed if the electric or gas bill is not in the applicant’s name.

**Identification** - This is required only for the applicant. Must be a government issued identification card with a picture and current legal name (California ID, Driver license or Tribal ID).

**Copy of Social Security Card** - Only for the applicant.

**Proof of U.S. Citizenship or Legal Resident Status (for Applicant Only).** Provide one of the following documents:

- U.S. Birth Certificate.
- Certificate of Naturalization or Citizenship.
- Military DD214: must show place of birth.
- Valid Permanent Resident Alien card (green card) - temporary work permit NOT ACCEPTED.
- U.S. Passport, Passport Card, or REAL ID CARD.

**Please also include the following (if they apply):**

- CalFresh and/or CalWORKs Verification of benefits (Notice of Action - Current month).
- Low Income housing: Section 8, HUD (Current month).



**LIHEAP UTILITY ASSISTANCE AND WEATHERIZATION PROGRAMS  
2024 POVERTY GUIDELINES – Valid through 06/30/2025**

Household Size	Monthly Income
1	\$2,882.83
2	\$3,769.83
3	\$4,656.83
4	\$5,543.92
5	\$6,430.92
6	\$7,317.92
7	\$7,484.25
8	\$7,650.58
9	\$7,816.92
10	\$7,983.17



## INCOME VERIFICATION

1. Proof of income must be current and must cover the most current four (4) weeks from the date submitted. (Documents must cover a full month)
2. Total gross (before deductions) income for all members living in the household at the time application is submitted must be reported.
3. **PLEASE SEND COPIES. ORIGINALS CANNOT BE RETURNED**

COUNTABLE INCOME (CONSIDERED INCOME)	NON-COUNTABLE INCOME (NOT CONSIDERED INCOME)
<ul style="list-style-type: none"> <li>• CALWORKS; Temporary Assistance for Needy Families (TANF): Notice of Action, passport to services, computer printout, benefit letter, copy of welfare check.</li> <li>• Supplemental Security Income: Notice of Planned Action or Form 2458, computer printout from Social Security Office, copy of bank statement showing SSI direct deposit, copy of SSI/SSP check.</li> <li>• Social Security: copy of current check(s), SSA Form 4926, or 2458, computer printout from Social Security Administration Office, Bank Statement showing direct deposit.</li> <li>• Pension and Annuities: copy of a current check, verification on letterhead or annual statement from pension plan.</li> <li>• Wages: Copy of current paycheck stub(s) covering a one-month period and showing gross income.</li> <li>• Dividends (i.e. stocks, bonds or savings accounts). Royalties (i.e. compensation for use of property)</li> <li>• Interest Income: monthly or quarterly bank statement, statement of interest income from bank or agency.</li> <li>• Disability Compensation: copy of a current check, printout or letter from agency or insurance company verifying the compensation amount.</li> <li>• Insurance or annuity payments, regular.</li> <li>• Workers' compensation.</li> <li>• Unemployment Benefits: copy of current (last week's) check(s), printout from Employment Development Department.</li> <li>• Jury duty pay.</li> <li>• Military pay.</li> <li>• Child and/or Spousal support: copy of current check.</li> <li>• Support from an Individual: copy of check and statement signed by person providing the support – regular (monthly)</li> <li>• Veteran's Benefits: letter indicating receipt of Veteran's Pension or copy of Veteran's Administration check.</li> <li>• Signed Federal Tax Form 1040 (valid through April 15, for current filing year): Need first 4 pages including Schedule C, or profit and loss journal (1-month). WILL ONLY BE ACCEPTED FOR SELF-EMPLOYED.</li> </ul>	<ul style="list-style-type: none"> <li>• Capital Gains.</li> <li>• Adoption Assistance.</li> <li>• Foster Grandparents and Senior Companion Programs.</li> <li>• Educational assistance - Student income grants loans – Pell grants.</li> <li>• Any Assets Withdrawn from a Bank.</li> <li>• Draw down from Reverse Mortgages.</li> <li>• The Sale of Property (Car or House).</li> <li>• Tax Refunds.</li> <li>• Gifts.</li> <li>• Loans.</li> <li>• Advance pay.</li> <li>• Lump-sum sale of a property.</li> <li>• Lump-Sum Inheritances.</li> <li>• Military combat pay</li> <li>• One-Time Insurance Payments.</li> <li>• One-Time Compensation for Injury.</li> <li>• Withdrawal from Savings.</li> <li>• Food Stamp with NO dollar amount.</li> <li>• Food or Housing vouchers received in Lieu of Wages.</li> <li>• Federal Non-case Benefit Programs (Medicare, Medicaid, School Lunches, and Housing Assistance).</li> <li>• W2 Forms and Medi-Cal cards are not accepted as proof of income.</li> <li>• Earned Income Tax.</li> <li>• Food (CalFresh) Assistance.</li> <li>• Rent (HUD) Assistance.</li> </ul>

**Department of Community Services and Development**

Energy Intake Form

CSD 43 (10/2022)

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

Agency:	Intake Initials:	Intake 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
Have you lived at this residence during each of the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
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:			

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →		<b>INCOME</b> 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 <b>gross</b> monthly income for <b>all</b> 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		<b>Total Monthly Income</b>	<b>\$</b>

**HOUSEHOLD MEMBERS**  
ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.  
If you have more than 6 people in your household, please list the information on a separate piece of paper.

**APPLICANT (HOUSEHOLD MEMBER 1)**

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
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 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:	

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**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:**

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Is your utility service shut-off?  Yes  NoDo you have a past due notice?  Yes  No**Are your utilities included in rent or submetered?**  Yes  No**Are your utilities all electric?**  Yes  No**Is your Natural Gas Company the same as your Electric Company?**  Yes  No**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**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

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.

**APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.**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  NoHome Referred for WX:  Home Already Weatherized:

**Department of Community Services and Development**

LIHWAP Intake Addendum Form

CSD 43 -A (04/2022)

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

Agency: \_\_\_\_\_ Intake Initials: \_\_\_\_\_ Intake Date: \_\_\_\_\_

Do you own or rent your home?.....  Own  Rent

**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	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		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"/> 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		

**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		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to
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		

**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		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"/> 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		

**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		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"/> 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		

**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		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"/> 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		

**HOUSEHOLD MEMBER 6**

First Name	M.I.	Last Name	Relationship to Applicant
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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		

**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			

Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)?  Yes  No

Have you or someone in your household received LIHEAP assistance in the past 120 days?  Yes  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.

<b>X</b>		
	*** 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



## PROOF OF CITIZENSHIP – ACCEPTABLE DOCUMENTS

If you are a citizen or legal resident of the United States any of the following documents are acceptable as proof of citizenship:

### A. Primary Evidence

- Applicants Certificate of Birth showing name and place of birth
- Proof of permanent residence (green card)
- United States Passport showing place of birth
- Report of Birth Abroad of a U.S. citizen
- Certificate of Naturalization
- Certificate of Citizenship
- United States Citizen Identification Card
- Northern Mariana Identification Card
- Statement provided by a U.S. Consular Officer
- American Indian Card with a Classification code “KC”

*Please be advised that: Individuals who hold an INS I-94 who are admitted as temporary entrants (such as students, visitors, tourists, diplomats, etc.) are **NOT** eligible to apply. Temporary resident card accompanied by a social security card that says **“For Work Only” is not an acceptable proof of citizenship.***

### B. Secondary Evidence

If the applicant cannot present one of the documents listed in A. above, the following may be relied upon to establish U.S. citizenship or nationality:

- Religious Record recorded within 3 months after birth showing a place and date of birth
- Evidence of civil service employment by the U.S. government before June 1, 1976
- Early school records showing school date of admission, child and parent name, date, and place of birth
- Census record showing US citizenship, or place and date of birth, or age of applicant
- Adoption Finalization Papers showing place of Birth in any of the 50 States, District of Columbia, or other US. Jurisdiction such as: Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa or Northern Mariana Islands.
- DD214 (as long as it shows place of birth).
- Any other document that establishes a U.S. place of Birth or in some way indicates U.S. citizenship,

### C. Collective Naturalization

If the applicant cannot present one of the documents listed in A or B above, the following will establish U.S. citizenship for collectively naturalized individuals:

#### Puerto Rico:

- Evidence of birth in Puerto Rico

#### U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands

#### Northern Mariana Islands (NMI):

- Evidence of birth in the NMI

Rev. 1/29/14

**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 Section **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 **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 these categories. You can provide other acceptable evidence of your non-citizens 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-5512 (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 "A3"; or
  - 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 Document) anotated "A3"; or
  - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
  - 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)"; or
  - INS Form I-766 (Employment Authorization annotated "A3").
7. An alien who is a Cuban or Haitian entrain (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 I551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
  - INS Form I-094 with stamps showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status of 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 as 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 OR 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

Attachment: Lists A and B



## QUESTIONNAIRE

### How did you hear about Utility Assistance at Community Action Partnership of Riverside County?

- Utility Company
- Family/Friend

Is the family/friend employed by Community Action Partnership of Riverside County?

Please check:                      **Yes**                      **No**

If **yes**, please write the name of the person we have the pleasure of thanking for your referral:

\_\_\_\_\_

- Repeat Utility Assistance Customer
- Social Media
- Community Organization. Please list the name \_\_\_\_\_
- Community Event. Please list the event \_\_\_\_\_
- Church. Please list name \_\_\_\_\_
- Other

### If you are interested in applying or learning more about Weatherization Services, please include your name and contact information below.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## PLEASE READ BEFORE FILLING OUT THE NEXT SECTION

- **INCLUDED IN RENT FORM:** If the utility assistance service you need assistance with is included in your rent, then please fill out this form.
- **CSD-43B INCOME AND EXPENSES:** If nobody in the household has income, the CSD-43B is required.
- **CSD FORM 081 ACCOUNT HOLDER AUTHORIZATION FORM:** This form is only needed if the electric or gas bill is not in the applicant's name.





## UTILITIES INCLUDED IN THE RENT FORM

Dear Landlord/Property Manager:

The Low-Income Home Energy Assistance Program (**LIHEAP**) assists households in paying their gas and electric expenses. Because of a change in the way **LIHEAP** is administered, applicants must now show how much of their household income is paid towards these energy costs before they can receive assistance. This request is pursuant to the Low- Income Home Energy Assistance Program Reauthorization Act 1994, Public Law 97-35, as amended.

Therefore, in keeping with the intents of Federal Law, landlords and property managers are asked to provide, upon request of LIHEAP applicants, the amount of rent dollars that are spent to pay for gas and/or electricity.

**If you are unable to determine the actual cost per unit, you can estimate the costs by dividing the total current energy costs on the utility bill by the number of units serviced by that bill.** In addition, your utility company is a good source of information and may be able to assist you with obtaining this information.

**Please have your landlord fill out each section as required (applicant – landlord). You must also provide copy of rental agreement and/or lease.**

We sincerely appreciate your cooperation.

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Monthly Amount of Rent Paid towards Gas: \$ \_\_\_\_\_ Electricity: \$ \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Department of Community Services and Development**

CSD 43B (rev.12/2013)

**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	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)			
		ANNUITY PAYMENT	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:
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Signature:
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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
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# Department of Community Services and Development

## Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

### ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

### UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

### AUTHORIZATION AND CONSENT

By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	Date	Name of CSD Contractor/Partner Organization CAP RIVERSIDE
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### REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

### APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program