



HWAP

Low Income Household Water Assistance Program Apply Today!

What is LIHWAP?

The Low Income Household Water Assistance Program (LIHWAP) is a temporary emergency program to help low-income families with assistance on past due water and sewer bills - up to \$2,000. LIHWAP is a grant. You do not have to repay it.

To receive help, you must:

- · Be a Riverside County resident.
- · Have an unpaid water or sewer bill.
- Meet the income guidelines.

How do I apply?

Call the Riverside County Community Action Partnership at (951) 955-4900 to request an application. If you apply for LIHEAP now, it will pre-qualify you for LIHWAP. You may apply for LIHEAP online at www.capriverside.org.

To apply you will need:

- Names of the people in your household.
- · Picture ID and social security card of person applying.
- · Last 4 weeks of income for all household members.
- Water/sewer bill.
- · Proof of citizenship.

Additional eligibility:

If you receive CalWORKS, CalFresh and/or received LIHEAP within the last 4 months, you will automatically qualify for LIHWAP.

Your water system must be enrolled in the Direct Pay Program to receive payment from us.

2022 LIHWAP INCOME ELIGIBILITY					
Household Size	Monthly Income				
1	\$2,564.73				
2	\$3,353.87				
3	\$4,143.02				
4	\$4,932.17				
5	\$5,721.31				
6	\$6,510.46				
7	\$6,658.43				
8	\$6,806.39				
9	\$6,954.36				
10	\$7,102.32				



FOR MORE INFORMATION CONTACT: (951) 955-4900 www.capriverside.org





HWAP

Programa de Asistencia de Agua para Hogares de Bajos Ingresos ¡Solicite Hoy Mismo!

¿Qué es LIHWAP?

El Programa de Asistencia de Agua para Hogares de Bajos Ingresos (LIHWAP, por sus siglas en inglés) es un programa de emergencia temporal para ayudar a las familias de bajos ingresos con asistencia con las facturas de agua y alcantarillado atrasadas, hasta \$2,000. LIHWAP es una subvención. Usted no tiene que devolverlo.

Para recibir ayuda, debe:

- · Ser residente del condado de Riverside.
- Tener una factura de agua o alcantarillado sin pagar.
- · Cumplir con las pautas de ingresos.

¿Cómo lo solicito?

Llame a la asociación Community Action Partnership del Condado de Riverside al (951) 955-4900 para pedir una solicitud. Si usted solicita LIHEAP ahora, lo precalificará para LIHWAP. Usted puede solicitar LIHEAP en línea en www.capriverside.org.

Para solicitarlo necesitarás:

- Nombres de las personas de su hogar.
- Identificación con foto y tarjeta de seguro social de la persona que solicita.
- Últimas 4 semanas de ingresos para todos los miembros del hogar.
- Factura de agua/alcantarillado.
- Prueba de ciudadanía.

Elegibilidad adicional:

Si usted recibe CalWORKS, CalFresh y/o recibió LIHEAP en los últimos 4 meses, automáticamente calificará para LIHWAP.

Su sistema de agua debe estar inscrito en el Programa de Pago Directo para recibir el pago de nosotros.

2022 LIHWAP INGRESOS ELEGIBLES

Tamaño del hogar	Ingreso mensual			
1	\$2,564.73			
2	\$3,353.87			
3	\$4,143.02			
4	\$4,932.17			
5	\$5,721.31			
6	\$6,510.46			
7	\$6,658.43			
8	\$6,806.39			
9	\$6,954.36			
10	\$7,102.32			



PARA MÁS INFORMACIÓN, PÓNGASE EN CONTACTO: (951) 955-4900 www.capriverside.org

Department of Community Service	Department of Community Services and Development						Official Use Only:		
LIHWAP Intake Form									
CSD 41 (04/2022)						A.C.C.			
Agency: Inta	take Dat	e:	Eligibilit	y Cert I	Date				
First name		Middle Initia	I	Last Nam	e			Date of Birth	
								MM/DD/YY	
SERVICE ADDRESS – Address where y	ou live	(this <i>cannot</i> l	be a P	.O. Box)					
Service Address								Unit Number	r
Service City		Service Co	ounty			Service Stat	e	Service Zip C	ode
Is your service address the same as m	-								
Do you own or rent your home?									
Mailing Address								Unit Numbe	er
Mailing City		Mailing (Count	y		Mailing Sta	ate	Mailing Zip	Code
Social Security Number (SSN):	y Number Telephone Number ()								
E-mail Address:									
PEOPLE LIVING IN HOUSEHOLD					OME			1	
Enter the total number of people	(the total number	of people			
living in the household,				who r	eceive income	\rightarrow			
including yourself Demographics: Enter the number of	of neor	le in the		Enter	the total gros	s monthly i	l ncome	for all neor	le livina in
household who are:	, , , , , , , , , , , , , , , , , , , ,				ousehold:	<u>.</u>		Joi <u>un</u> peop	
Ages 0 – 2 Years				TANF	/ CalWorks		\$		
Ages 3 - 5 years				SSI /	SSP		\$		
Ages 6 - 18 years				SSA /	SSDI		\$		
Ages 19 - 59				Paych	eck(s)		\$		
Ages 60 and older				Intere	est		\$		
Disabled				Pensi	on		\$		
Native American				Othe			\$		
Seasonal or Migrant Farmworker				Tota	I Monthly Inc	come	\$		

HOUSEHOLD MEMBERS

Seasonal or Migrant Farmworker

ENTER THE INFORMATION BELOW FOR <u>ALL</u> 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 Self
Date of Birth:	Race:	American Indian or	Hispanic/ Latino/Spanish?	
Gender: 🗆 Female 🗆 Male	Black or African American			🗆 Yes 🗆 No
🗆 Other	Native Hawaiian or Other Pacific Islander			Unknown/Decline to
Unknown/Decline to State		□ Multi-Race □Othe	State	
Amount of Gross Monthly Income (befor	e taxes)):	Source of Income:	

HOUSEHOLD MEMBER 2				
First Name	M.I.	Last Name		Relationship to Applicant
Date of Birth:	Race:	☐ American Indian o	r Alaska Native 🛛 Asian	Hispanic/ Latino/Spanish?
Gender: 🗆 Female 🗆 Male		Black or African Ar	merican	🗆 Yes 🗆 No
🗆 Other	1	🗆 Native Hawaiian o	r Other Pacific Islander 🗆 White	Unknown/Decline to
Unknown/Decline to State		□ Multi-Race □Oth	er Unknown/Decline to State	State
Amount of Gross Monthly Income (befo	ore taxes	5):	Source of Income:	
HOUSEHOLD MEMBER 3				
First Name	M.I.	Last Name		Relationship to Applicant
Date of Birth:	Race:	American Indian o	r Alaska Native 🛛 Asian	Hispanic/Latino/Spanish?
Gender: Female Male	1	Black or African Ar	merican	☐ Yes ☐ No
Other		Native Hawaiian or	r Other Pacific Islander 🗆 White	Unknown/Decline to
Unknown/Decline to State			er Unknown/Decline to State	State
Amount of Gross Monthly Income (befo	re taxes		Source of Income:	
HOUSEHOLD MEMBER 4				
First Name	M.I.	Last Name		Relationship to Applicant
Date of Birth:	Race:	American Indian or	r Alaska Native 🛛 Asian	Hispanic/ Latino/Spanish?
Gender: 🗆 Female 🗆 Male		Black or African An	nerican	🗆 Yes 🗆 No
Other		Native Hawaiian or	r Other Pacific Islander 🗆 White	Unknown/Decline to
Unknown/Decline to State		□ Multi-Race □Othe	er Unknown/Decline to State	State
Amount of Gross Monthly Income (befo	re taxes):	Source of Income:	
HOUSEHOLD MEMBER 5				
First Name	M.I.	Last Name		Relationship to Applicant
Date of Birth:	Race:	I American Indian or	Alaska Native 🛛 Asian	Hispanic/ Latino/Spanish?
Gender: Female Male	1	Black or African An	nerican	🗆 Yes 🗆 No
Other		□ Native Hawaiian or	Other Pacific Islander 🗆 White	Unknown/Decline to
Unknown/Decline to State		□ Multi-Race □Othe	er Unknown/Decline to State	State
Amount of Gross Monthly Income (before				
HOUSEHOLD MEMBER 6				
First Name	M.I.	Last Name		Relationship to Applicant
Date of Birth:	Race.	American Indian or	Alaska Native 🗆 Asian	Hispanic/Latino/Spanish?
Gender: Genale Male		Black or African Am		
			Other Pacific Islander 🗆 White	Unknown/Decline to
				State
Unknown/Decline to State Amount of Gross Monthly Income (befor			er Unknown/Decline to State Source of Income:	Jule
HOUSEHOLD MEMBER 7				
First Name	M.I.	Last Name		Relationship to Applicant
Date of Birth:	Pace	Amorican Indian an	Alaska Native 🗆 Asian	Hispanic/ Latino/Spanish?
Gender: Gen		American Indian or Black or African Am		
Gender: 🗆 Female 🗀 Male			lencafi	

.

Unknown/Decline to State	□ Native Hawaiian or Other Pacific Islander □ White □Unknown/Decline to				
	□ Multi-Race □Oth	□ Multi-Race □Other □Unknown/Decline to State			
Amount of Gross Monthly Income (before	iross Monthly Income (before taxes): Source of Income				
L					
Are you or someone in your household CU	RRENTLY receiving CalFresh	(Food Stamps)?	🗆 Yes	🗆 No	
Are you or someone in your household CU	RRENTLY receiving CalWork	s (Cash Aid)?	🗆 Yes	🗆 No	
Have you or someone in your household r	eceived LIHEAP assistance in	the past 120 days?	🗆 Yes	🗆 No	
PAY BILL					
To which bill, includes property tax statem	ents. (CHOOSE ONLY ONE)	do vou want the LIHW/	AP benefit (to be applied? (Attach	
complete copy of most recent bill or receipt)	, (,			
🛛 🗆 Water Bill 🔹 Wastewater Bill 🔷 Wa	ater and Wastewater is Com	pined in One Bill			
Enter the water/wastewater company and	account number:				
Company Name:	Α	ccount #:			
Is your utility service shut-off?	Yes	🗆 No			
Do you have a past due notice or past due b	palance on your bill? 🗌 Yes	🗆 No	_		
Are your utilities included in rent or subme	etered? 🗌 Yes 🗌 No				
to CSD, its contractors, consultants, other federa about my household's utility account and/or othe understand that if my application for LIHWAP be initiate a written appeal with the local service pro- satisfied with the local service provider's decision 22, California Code of Regulations section 100809 that the funds received will be used solely for the	er information needed to provid nefits or services is denied, or if ovider and my appeal shall be re n I may then appeal to the Depa 5. I declare, under penalty of pe	le services and benefits to I receive untimely respon eviewed no later than 15 o rtment of Community Ser rjury, that the information	me as descu se or unsatis days after the vices and De	ribed at the end of the form. I sfactory performance, I may e appeal is received. If I am not evelopment pursuant to Title	
x					
*** APPLICANT	'S SIGNATURE * * *			Date	
AGENCY NAME: Community Services and Develop Program (LIHWAP). AUTHORITY: Government Co The information you provide will be used to decid choose to apply for assistance, you must give all of the Department of Health and Human Services application processing, CSD's designated subcont subcontractor will keep your completed applicatio records holding information about you. CSD does origin, ancestry, physical disability, mental disabil APPLICANT: DO NOT F	de Section 12087.2 (b) Names C de if you are eligible for a LIHW, required information. OTHER IN s' State Median Income, Federal tractor may need to ask you for on and other information, if use to not discriminate in the provisio	SD as the agency respons AP benefit. GIVING INFOR FORMATION: CSD uses st Income Poverty Guidelin more information to deci- ed, to determine your elig on of services on the basis status, sex, age, or sexual	ible for adm MATION: Th atistical defin es, to detern de your eligil ibility. You h of race, relig orientation.	inistering LIHWAP. PURPOSE: is program is voluntary. If you nitions from the annual update nine program eligibility. During bility. ACCESS: CSD's designated ave the right to access all gious creed, color, national	
Total LIHWAP Benefit \$					
Total Water or Wastewater Cost (for water					
	burden only) \$	Wat	ter Burden		
Water Services Restored after disconnection:				es 🗆 No	

State of California DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT LIHWAP Landlord/Management Agreement CSD 040 (Rev. 4/2022)

LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

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LANDLORD/MANAGEMENT AGREEMENT

LIHWAP provides financial assistance to low-income Californians to help manage their residential water and wastewater utility costs. The federal LIHWAP funds are administered by the U.S. Department of Health and Human Services (U.S. HHS) and the California Department of Community Services and Development (CSD) has been designated the administering agency for LIHWAP in California.

The Landlord/Management Agreement is a supplement form to the LIHWAP application. This agreement is used for the landlord/management agent to verify the: 1) tenancy of the applicant and 2) that water, wastewater, and/or stormwater costs are included in tenant's rent and 3) these costs are past due. The landlord/management agent signature of the Landlord/Management Agreement ensures the LIHWAP benefit will be applied towards the tenant's upcoming utilities included in rent payment.

Tenant Name			
Service Address		Unit Number	
City, State, Zip			
Phone	Email	15	

Amount of monthly	\$	Assistance	Water Only Wastewater Only
rent that covers water		to Cover	□ Water and Wastewater when combined in
and/or wastewater and or stormwater costs		- 2	one bill under the Landlord/Management Agent's account
Number of months past	due on rent		

Property Owner		
Manager/Rental Agent		
Address		
City, State, Zip		
Phone	Email	

Landlord or Management Agent Certification: The landlord or management agent confirms the tenant listed above has entered into a rental agreement with the landlord or management agent and the tenant's water and/or wastewater and/or stormwater charges are included in rent. The landlord/ management agent agrees to accept a reduced rental payment from the tenant in the amount of the LIHWAP benefit which will be applied to the current or subsequent month's rent. The landlord/management agent consents to the release of the landlord/management's utility account information to the California Department of Community

	Services and Development (CSD)	and its authorized	l agents, including HORNE LLP, for the purp	oose of		
944 - 944	processing the LIHWAP benefit.	/* E: 1085	CAR AND A TRANSPORT	$\langle g(x) \rangle = \langle g_{0}(x) \rangle^{2}$	325	ġ
			for a state of the		6	:(U)

Landlord or Management Agent Signature

<u>Tenant Certification</u>: I certify that I am a tenant named on the rental agreement with the Landlord. I understand the landlord/management agent agrees to accept a reduced rental payment if my LIHWAP application is approved and a corresponding payment is issued to the landlord's utility company for my households' water, wastewater, and/or stormwater charges. I understand I may be entitled to tenant protections if the landlord does not honor the terms of the Landlord/Management Agreement.

Tenant Signature 4877-0539-5737, v. 1

Date

Date

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State of California DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

CSD 600 (Rev. 3/24/06)

	STATEMENT OF CITIZENSHIP or NON-CITIZE	N STATUS FOR PUBLIC BENEFITS
Name of the	e Applicant Requesting Energy Services	Date
Name of Pe	rson Acting for Applicant, if any	Relationship to Applicant
Constant.	Public Benefits to Citizens A	nd Non-Citizens
Citizens	and Nationals of the United States who meet all eligibility r	
	ome Energy Assistance Program and/or the Department of E	
	fill out Section A and D	
	ens who meet all eligibility requirements may receive service	
	and/or the Department of energy Low-Income Weatherization	Assistance Program and must complete Sections A,B
or C, and		+ Status Declaration
1 To the a	Section A: Citizenship/Non-citizen	
	applicant a citizen or national of the United States? nswer to the above question is yes, where was he/she born?	Citu/State
	is used to the above question is yes, where was he/she born?	City/State
	altered to establish proof.	ocuments on List A (attached hereto) which is legible
	a <u>Citizen or National of the United States</u> , please go direct	ly to Service D
	Non-Citizen, please complete Section B, or if applicable Se	
- you are	Section B: Non-citizen Statu	
Importar	t: Please indicate the applicant's non-citizen status below, an	
citizen sta	tus documents listed for each category are the most common	v used documents that the United States Immigration
and Natur	alization Service (INS) provides to non-citizens in these cates	gories. You can provide other acceptable evidence of
	citizens status even if not listed below	a subsection from the sector of the sector o
□1. An :	alien lawfully admitted for permanent residence under the Im	migration and Naturalization Act (INA) Evidence
	udes:	
• 🖪	IS Form I-5512 (alien Registration Receipt Card, commonly I	known as a "green card"): or
• U	nexpired Temporary I-551 stamp in foreign passport or on IN	S Form I-94.
	alien who is granted asylum under section 208 of the INA. E	
	IS Form I-94 annotated with Stamp showing grant of asylum	
	IS Form I-688B (Employment Authorization Card) annotated	
	S Form I-766 (employment Authorization Document) annota	ted "A3"; or
	rant letter from the Asylum Office of INS; or	
	rder of an immigration judge granting asylum.	
	fugee admitted to the United States under section 207 of the	
i de la constante de	S form I-94 annotated with stamp showing admission under	2. Hora 19. Hora 19
	S Form I-688B (Employment Authorization Document) anot S Form I-766 (Employment Authorization Document) annota	
	S Form I-700 (Employment Authorization Document) annota	
	lien paroled into the United States for at least one year under	section 212(d)(5) of the INA Evidence includes:
	S Form I-94 with stamp showing admission for at least one year under	
	nnot aggregate periods of admission for less than one year to	
	lien whose deportation is being withheld under section 243(h	
	on 241(b)(3) of such Act (as amended by section 305(a) of d	
	S Form I-688B (Employment Authorization Card) annotated	
	S Form I-766 (Employment Authorization Document) annota	
	der from an immigration judge showing deportation withhel	
	pril 1, 1997, or removal withheld under section 241(b)(3) of t	
	lien who is granted conditional entry under section 203(a)(7)	of the INA as in effect prior to April 1, 1980.
Evid	ence includes:	

INS Form I-94 with stan	p showing admission	under section	203(a)(7) of the INA;
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- 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

<u>Important</u>: 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.

- I. 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)?

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.		
Date		
Date		

Attachment: Lists A and B