



RPU SHARE PAYMENT ASSISTANCE PROGRAM INTAKE APPLICATION



Basic Information	Applicant's Last Name First Name M.I.			XXX - XX Social Security Number		Phone Number			
	Applicant's Address				How did you hear about SHARE?				
	Total number of persons living in household including applicant:			Household Members (Please include separate sheet for additional household members)					
	Utility Account Number:		Type of Utility Service: <input type="checkbox"/> Electric <input type="checkbox"/> Water		Name		Relationship to Applicant	Type of Income	Age
	Utility Service in Name of:								
	Ages 2 - or younger								
	Ages 3 - 5 years								
	Ages 6 - 17								
	Ages 18 - 59 (Adult)								
	Ages 60 or older (Senior)								
Disabled									
Income Verification	Type of Income (for every member of the household - last 4 weeks)						Income		
	1. Paychecks (Gross salary, wages, benefits, bonus, overtime and net income from self-employed)						\$		
	2. Federal or State Assistance Programs (CalFresh/SNAP, CalWorks/TANF, LIHEAP, Medi-Cal/Medicaid Healthy Families A&B, National School Lunch Program, SSI, WIC, Bureau of Indian Affairs)						\$		
	3. SSI/SSP or SSA (Please add, if both benefits are granted)						\$		
	4. Pensions (Retirement Benefits, Insurance Benefits, Disability Insurance, Workers Comp)						\$		
	5. All other income, specify (Child Support or Alimony, Savings, Investment, Interests, Jury Duty Pay, Unemployment Insurance)						\$		
	6. No Income (Please state reason and length of time of no income) Must provide documentation								
TOTAL:						\$			
Applicant's Signature	<p>1. I hereby authorize Riverside Public Utilities (RPU) and/or Community Action Partnership (CAP) to examine all employment, income, utility, and other records pertinent to my application for energy assistance.</p> <p>2. I hereby authorize RPU to release information regarding my bills past and future, to CAP.</p> <p>3. I certify that I am temporarily unable to pay my energy bill(s).</p> <p>4. I certify that I am solely or jointly responsible for payment of the utilities for this address.</p> <p>5. I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge and that I have read the Privacy Notification.</p>								
	_____			_____		_____			
Applicant's Signature			Date		Witness Signature if Applicable				
Energy Savings Assistance Program	<p>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 RPU, its contractors, consultants, other federal, state or local agencies (RPU 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.</p>								
	_____			_____		PLEASE DO NOT WRITE BELOW THIS LINE			
Applicant's Signature			Date						
Energy Needs Verification	AGENCY USE ONLY								
	Deposit Notice: _____			Amount of Bill: _____			Danger of Disconnection: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Current Assistance: _____			Current Assistance: _____					
			Last Date of SHARE Assistance: _____						
Agency Approval	Monthly: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____		_____		_____		
	Emergency/Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No								
		Intake Worker's Signature		Intake Worker's Name (Print)		Date			

PROGRAM ELIGIBILITY

Income-qualification is based on 200% of the Federal poverty guidelines and the number of people in the household.

Number in Household	Total Annual Income* Does Not Exceed	Total Monthly Income* Does not Exceed
1	\$25,760	\$2,147.00
2	\$34,840	\$2,903.00
3	\$43,920	\$3,660.00
4	\$53,000	\$4,417.00
5	\$62,080	\$5,173.00
6	\$71,160	\$5,930.00
7	\$80,240	\$6,687.00
8	\$89,320	\$7,443.00

Add for each additional person:

\$9,080

\$757

*Federal Poverty Guidelines are subject to change.

REQUIRED DOCUMENTS FOR ELIGIBILITY

- Valid government-issued I.D. (Driver's license, Identification card, REAL ID, Passport, Military ID)
- Social Security card
- Current RPU bill
- Urgent Notice
- Income for **EVERYONE** in the household (the last 4 weeks):
 - Paycheck stubs: copies of all check stubs (last 4 weeks), full consecutive month of pay.
 - SSI or SSA award letter (covering current year).
 - Current bank statement showing direct deposit only for SSI, SSA, TANF or pension.
 - Unemployment check stubs/ on-line print out showing direct deposit.
 - Current TANF Notice of Action or Passport to Services printout (including current month).
 - Child support receipts/ on-line printout
 - Alimony-spousal support.
 - Disability Insurance Payments.
 - Proof of self-employment (Current filed 1040 tax form and Schedule C).
 - Jobs paid in cash (Written statement declaring type of work, money earned for the last 4 weeks, signature and date).
 - Current year award Letter from CalFresh/SNAP, CalWorks/TANF, LIHEAP, Medi-Cal/Medicaid, Healthy Families A&B, National School Lunch Program, SSI, WIC, Bureau of Indian Affairs General Assistance.

SHARE PROGRAM GUIDELINES

- The level of incentive for electric emergency and deposit payment assistance is \$250 per customer, per 12-month period.
- The level of incentive for electric payment assistance is \$15.50 a month, not to exceed \$186 per customer per 12-month period.
- The level of incentive for water payment assistance is \$3.00 a month, not to exceed \$36 per customer per 12-month period.
- A 12-month period starts when a customer applies for and receives assistance and only if the customer has not applied for and received such assistance within twelve months of the date of the new application.
- A customer is ineligible for the \$250 electric emergency and deposit assistance until a 12-month period has passed since they last applied and received SHARE assistance, even if the applicant moves to a new address.
- Any change of address from the utility account holder while receiving the monthly bill SHARE credit will transfer over to the new address for the remaining months in the 12-month period.
- All General Program Guidelines apply.