

LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM APPLICATION CHECKLIST

**PLEASE READ BOTH SIDES of this instruction sheet.
ALL INCOMPLETE APPLICATIONS WILL BE DENIED!!!**

*******THIS IS NOT A GUARANTEED PROGRAM!!!*******

**1-800-233-4480 Toll Free HEAP Line / 1-844-742-6925 Toll Free Fax
You can apply online by visiting our website: www.nces.org**

The following information is required to apply for the Low-Income Household Water Assistance (LIHWAP) Program:

- Applicant must provide a government issued identification (ID) card, which **must include a CLEAR photo**. Acceptable forms of ID are:
 - State identification (ID) card / Tribal Identification (ID) card
 - Driver license
 - U.S. Passport or passport card
 - U.S. military card (front and back) / Military dependent's ID card (front and back)
 - Permanent Resident card / Certificate of Citizenship
 - Certificate of Naturalization
 - Employment Authorization Document
- **Water Bill:** Need current month's water bill. The bill must show a past due balance owed. If water is included in the rent, then submit the **Landlord/Management Agreement** included in this packet.
- **Income:** Need income verification from every adult in the home covering the past 30 days. If any household member is a current recipient of CAL-Works (cash aid) or CAL-Fresh (food stamps), please provide verification in the form of:
 - Benefit letter for the current month/quarter; **OR**
 - Verification of Benefits printout for the current month (previously known as Passport to Services); **OR**
 - Printout from the county entity (Social Services) for the current month.

Income Guidelines 2023:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons
\$2,700.17	\$3,531.00	\$4,361.83	\$5,192.75	\$6,023.59	\$6,854.43

(Please call if there are more than 6 household members)

Please return your application to the address that applies to your county:

<u>Lake, Mendocino & Napa Counties:</u>	<u>Lake County:</u>	<u>Solano County:</u>	<u>Sonoma County:</u>	<u>Yolo County:</u>
North Coast Energy Services, Inc. P.O. Box 413 Ukiah CA 95482 (707) 463-0303 (707) 463-0637 Fax	North Coast Energy Services, Inc. 5132 Hill Rd E Lakeport CA 95453 (707) 463-0303 (707) 463-0637 Fax	North Coast Energy Services, Inc. 190 S. Orchard Ave Vacaville CA 95688 (707) 422-3200 (707) 422-3227 Fax	North Coast Energy Services, Inc. 1100 Coddington Ctr Santa Rosa CA 95401 (707) 495-4417 (707) 497-3010	North Coast Energy Services, Inc. 1250 Harter Ave, Ste F Woodland CA 95776 (530) 669-5700 (530) 669-5800

YOU MUST PROVIDE *CURRENT* PROOF OF INCOME AND ENERGY COSTS WITH YOUR APPLICATION COVERING THE

**PAST 30 DAYS. IF NOT PROVIDED YOUR APPLICATION WILL BE DENIED!
*Proof of income and energy bills must be dated within the past 6 weeks!!!***

INCOME – TYPES OF INCOME AND ACCEPTABLE FORMS OF VERIFICATION

****Please note: Income verification must show the name of the person receiving the income and the dates/period covered***

- **Wages/Earned Income** – Current copy of paystubs covering one full month showing gross amount before taxes **OR** letter from employer showing company name, address, phone number, the gross amount before taxes and period covered **OR** Notice of Action from Social Services showing earned income.
- **Pensions and Annuities** – copy of check stub **OR** annual statement for current month/year **OR** letter or printout for current month/year **OR** Form 1099 (***Only acceptable until February 15th of the current year.***)
- **Public Assistance / General Assistance** – current “Passport to Services” printout **OR** current Notice of Action **OR** verification from worker with amount of payment & date **OR** Food Stamp verification with current income amount listed **OR** copy of bank statement showing direct deposit.
- **SSA/SSI/SSDI/SSP** – copy of check within the last 30 days **OR** copy of bank statement (all pages) showing direct deposit **OR** dated annual benefit letter for current year **OR** computer printout from Social Security office **OR** payee letter showing income amount for current year **OR** Form 2458 from Social Security Office **OR** current HUD statement **OR** Notice of Planned Action (SSA-L8155-U2) **OR** Form 1099 (***Only acceptable until February 15th of the current year.***)
- **Interest/Dividend/Royalties Income** – current statement from bank(s) **OR** current copy of financial statement(s) showing direct deposit **OR** copy of current check(s) **OR** Form 1099 (***Only acceptable until February 15th of the current year***)
- **Workers Comp/Disability/Unemployment Benefits** – copy of current check stub(s) **OR** current printout **OR** current award letter.
- **Child/Spouse/Individual Support** – court document **OR** copy of check **OR** signed statement from person providing the support **OR** Notice of Action showing support amount.
- **Veteran’s Benefits** – copy of check or check stub **OR** benefit letter for the current year **OR** letter of verification from VA **OR** copy of current bank statement (all pages) showing direct deposit.
- **Self-Employed / Rental Income** – copy of ledger, journal or profit & loss statement covering the past full months, signed & dated, showing gross receipts and expenses (listed out) totals. Also need most recent Tax Form 1040 (2 pages), Schedule 1 and Schedule C / Schedule E (for rental properties), signed and dated. (***i.e 2019 tax forms are good until April 15, 2021.***)
- **Survivors’ Benefits** – Copy of current check or check stub **OR** current printout **OR** current award letter **OR** current bank statement showing direct deposit.
- **Other Sources of Income / No income verification**– current receipts for recycled materials; a signed & dated CSD 43B form – Survey of Income and Expenses, Survey of Income and Expenses, filled out completely (see attached)

<i>Official Use Only:</i>	
A.C.C.	
Agency: NCES	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 cannot 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	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:			

Notified client by: Email Mail Phone on _____ that the application was Incomplete. Client to respond by _____ (10 working days)

Received remaining information on _____ NOTIFICATION LETTER TO BE SENT BY _____ (15 working days from receipt)

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?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <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		Hispanic/ Latino/Spanish?
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Unknown/Decline to State	<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	State
Amount of Gross Monthly Income (before taxes):		Source of Income:

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? Yes No

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.

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

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

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 provided by the U.S. Department of Health and Human Services 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 supplemental form to the LIHWAP application. This Agreement is used for the landlord/management agent to verify: 1) the tenancy of the applicant; 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 on the Landlord/Management Agreement assures 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	

Amount of monthly rent that covers water and/or wastewater and/or stormwater costs	\$	Assistance to Cover	<input type="checkbox"/> Water Only <input type="checkbox"/> Wastewater Only <input type="checkbox"/> Water and Wastewater when combined in 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	

Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

Electronic Signature. Both the Landlord/Management Agent and Tenant consent to the use of electronic signatures on this Agreement and all documents relating to this Agreement, including amendments to any of

the foregoing. An electronic signature shall have the same validity and enforceability as a handwritten signature to the fullest extent permitted by applicable law. The Agreement and any document related to this Agreement executed with electronic signatures shall be deemed to be "written" or "in writing", to have been executed, and to constitute an original written record when printed, and shall be fully admissible in any legal proceeding. For purposes hereof, "electronic signature" shall have the meaning set forth in the California Uniform Electronic Transactions Act ("UETA") (Civ. Code § 1633.1 - §1633.17).

Landlord/Management Agent Certification: The Landlord/Management Agent confirms the Tenant listed above has entered into a rental agreement with the Landlord/Management Agent and the Tenant's water, 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 Tenant's current or subsequent month's rent within 45 days of confirmation that the LIHWAP benefit was applied to Landlord/Management Agent's utility account. The Landlord/Management Agent consents to the release of the Landlord/Management Agent's utility account information and copy of current utility bill to the California Department of Community Services and Development (CSD) and its authorized agents, including HORNE LLP, for the purpose of processing the LIHWAP benefit. CSD and its authorized agents will restrict the uses and disclosures of this information to the minimal amount necessary to process LIHWAP benefits.

Landlord or Management Agent Signature

Date

Tenant Certification: I certify that I am a tenant named on the rental agreement with the Landlord/Management Agent. 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/Management Agent's utility company for my household's water, wastewater, and/or stormwater charges. I understand CSD, or its authorized agents, will notify the Landlord/Management Agency when the LIHWAP benefit is credited to the Landlord/Management Agent's utility account, and I consent to the release of this information for the purposes of processing my LIHWAP benefits. I understand I may be entitled to tenant protections, which may include a civil suit in small claims court for breach of contract, if the Landlord/Management Agent does not honor the terms of the Landlord/Management Agreement.

Tenant Signature

Date

Department of Community Services and Development

CSD 43B (rev. 12/2013)

Anyone 18 & older with NO INCOME must fill out this form completely, then sign and date at the bottom. Also use this form for any further explanation of income situation.

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 your 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 Decary 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 _____