



# What is LIHWAP?

**LIHWAP** stands for the **Low Income Household Water Assistance Program**.

**LIHWAP** offers a **one-time payment** to help you pay your **past due water or wastewater bills**.

**LIHWAP** helps **pay overdue bills** which accrued during **any timeframe**.

There is no date restriction for when the overdue amount occurred.

## How Do I Apply?

Households can apply for LIHWAP assistance through a local LIHWAP service provider.

Eligibility for LIHWAP services can vary depending on income, water system participation, place of residence, and other factors. Households whose utility payments are included in their rent may also be eligible for LIHWAP. Contact your local LIHWAP service provider to learn more about how to apply by visiting <https://csd.ca.gov/waterbill>.

## What Can I Qualify For?

LIHWAP provides one-time payments to low-income households that are eligible for assistance. The size of a benefit can vary depending on the past due balance of the household's residential water and wastewater bills. In addition, program participation is limited to households receiving services from water and wastewater providers enrolled in LIHWAP to receive the payment of assistance benefits.

**Households that qualify for LIHWAP could reduce their water or wastewater charges, or both if their bills include both services, by up to \$2,000.**

If you are struggling to afford your water or wastewater bills, please visit [csd.ca.gov/waterbill](https://csd.ca.gov/waterbill) to see if you qualify for payment assistance through LIHWAP and to find the local service provider near you to apply.



## 2022 FACT SHEET ENERGY ASSISTANCE PROGRAM

### LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

Established in 1981, LIHEAP is a federally funded program that helps low-income households pay their energy bill. Assistance is in the form of a dual or single party warrant or a direct payment to a utility company on behalf of an eligible applicant. Eligibility is based on the household's total monthly income, which cannot exceed the 2022 LIHEAP Income Guidelines listed below. Because of significant funding cuts, the federal government enacted a law requiring that states target households with low-incomes and high energy costs, taking into consideration households with elderly and disabled persons, and children under six. This means there could be households that received assistance in the past and will no longer receive assistance because they fall into a low priority group and are not considered among the neediest of the needy. The amount of assistance is based on the number of persons in the household, total gross household income, the cost of energy within the county the households resides, and funding availability. LIHEAP provides one payment per program year. Under most circumstances, it takes approximately six weeks to process an application and pay the applicant. However, an incomplete/incorrect application will take additional time to process. Persons living in board-and-care facilities, nursing or convalescent homes, or in jail or prison, are not eligible for LIHEAP.

The local community services agencies are responsible for processing applications and the Department of Community Services and Development (CSD) is responsible for issuing LIHEAP payments. To find out how to apply for services, please call, ---Enter agency contact number for LIHEAP assistance here---.

Utility companies throughout the state offer reduced rate programs. Customers should contact their utility company to find out if they offer such a program and to request an application.

### WEATHERIZATION ASSISTANCE PROGRAM

Weatherization is the process of making your home more "air tight" and energy efficient. The goal is to keep the warm air in and the cold air out in the winter; and keep the cold air in and the warm air out in the summer. Weatherizing your home could help lower your energy usage and utility costs. Your home will be assessed to determine what weatherization work can be done. The most common types of weatherization include: sealing the holes and cracks, insulation, weather stripping, fixing windows, water heater blankets and making sure your heating and air condition systems are working correctly.

Free weatherization services are available to low income property owners and renters. Eligibility is based on the household's total monthly income, which cannot exceed the income guidelines listed below. To find out if you qualify, you must contact your local service provider. To find out how to apply for services, please call, ---Enter agency contact number for Weatherization here---.

#### 2022 LIHEAP INCOME GUIDELINES

Size of Household	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

NOTE: Income amounts for family sizes greater than six persons were determined based on the following calculation: Add 1% to 132% for each additional family member, multiply the new percentage by \$59,186, and divide by 12. Example: household size of 7:  $132\% + 3\% = 135\% \times \$59,186 = \$79,901.10 \div 12 = \$6,658.43$  per month.

# WATER ASSISTANCE PROGRAM CHECK LIST

Submit your application by mail, email, fax or as a walk - in:

## **LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM**

1470 Civic Court, Ste. 200, Concord CA 94520

Phone: 925-267-6624 Fax: 925-229-6784

Email: csbheap@ehsd.cccounty.us

**All LIHWAP applicants are responsible for providing the following documents required by the State of California. Without the required information, your application will not be processed and may be denied. Upon receipt and review of your application, staff will contact you regarding your eligibility and status.**

**Please check each box once completed to ensure all documents are received in our office:**

- ☐ 1. Complete and **SIGN** "LIHWAP Intake Form" (CSD 41 04/2022)
- ☐ 2. Complete and **SIGN** "Statement of Citizenship or Non-Citizen Status" CSD 600 on **BOTH** sides.
- ☐ 3. Provide a copy of a birth certificate or green card verifying **legal status in the USA** for the person applying for assistance.
- ☐ 4. Provide a copy of a government identification (ID).
- ☐ 5. Provide a copy of your **current monthly** water and/or wastewater and/or stormwater bill. Must include a past due balance in order to receive LIHWAP benefits.
- ☐ 6. If you or any member in the household are a current CalFRESH/CalWORKs recipient, or have received LIHEAP Assistance within the last 120 days, provide a copy of your benefit letter.
- ☐ 7. Copies of the total **GROSS MONTHLY INCOME** for **ALL** household members 18 years and older (must be within 6 weeks from intake date) **if you do not meet #6**.
  - **If there is zero income**; a "Certification of Income and Expenses" form will need to be completed for each adult without income.
  - **If you are reporting zero income for a consecutive year**, a "Certification of Income and Expenses" form will need to be completed for each adult without income **PLUS** provide documentation of your living expenses (a letter from the person/agency that supports the applicant's rental, food and/or utility expenses).
- ☐ 8. **When water bill is included in rent**, a complete CSD 040 (Rev. 4/2022) LIHWAP Landlord/Management Agreement" Form is required to be completed by tenant and landlord. To qualify you must meet these requirements:
  - The servicing water or wastewater or billing system is authorized to receive direct payment of LIHWAP benefits
  - Renter applicant, or a member of the household, must be a tenant on the lease
  - Charges to water and/or wastewater and/or stormwater services are embedded in the month rent charges
  - Must be delinquent or past due on rent
  - Able to secure the landlord cooperation to provide information and documents needed to complete the application for assistance.
- ☐ 9. **IF APPLICABLE**: Birth certificates or documentation verifying any children ages 0-5 in the household and/or identification for any household members 60 years or older.

**For acceptable documents of legal status, proof of identification and proof of income, see other side for details → →**

# WATER ASSISTANCE PROGRAM CHECK LIST

## Providing Proof of Legal Status

### ACCEPTABLE PROOF:

#### ► Citizenship status (if you were born in the USA):

- A copy of the birth certificate for **the person applying for assistance and all children under 5 years**
- A copy of your child's birth certificate **ONLY** if it states your name and **where YOU were born**
- A copy of your marriage license **ONLY** if it states your name and **where YOU were born**
- A copy of your U.S. passport
- Military Form DD 214; **IF** it states place of birth *(if form does not state place of birth, it will NOT be acceptable proof)*
- A copy of REAL ID card

#### ► Naturalization status:

- A copy of your naturalization certificate
- A copy of your U.S. passport, showing your nationality as the United States of America *(must not be expired)*

#### ► Alien status:

- A copy of both sides of your green card *(must not be expired)*
- A copy of any other document listed on the "Statement of Citizenship Status" Form

## Providing Proof of Government Identification

### ACCEPTABLE PROOF:

- 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

## Providing Proof of Income *(provide ALL income that applies to you)*

- Income (total monthly gross) from **ALL household members 18 years and older**.
- Income must be current to within 6 weeks from the intake date and should cover a one-month period (Example, if you get paid once a week, send in 4 check stubs).
- All documents must be official, **no hand written information**.
- All documents must be **current (within the last 6 weeks from intake date)**.
- Ask a LIHWAP Representative for other acceptable income if it's not listed below.

### ACCEPTABLE PROOF OF INCOME:

- Paycheck stubs, odd jobs, self-employment, income & expenses report
- Welfare (TANF)
- Social Security (a letter from Soc. Sec. or a direct deposit statement of your bank account)
- Social Security Disability Income / State Disability Insurance award letter
- Spousal & child support award documents
- Workman's Comp check stubs
- Unemployment Insurance check stubs
- Retirement & Pension award letter or check stubs
- "Survey of Income and Expenses"; for every member in the household 18yrs or older with NO Income.

**Department of Community Services and Development**

LIHWAP Intake Form

CSD 41 (04/2022)

*Official Use Only:*

A.C.C.

Agency:		Intake Initials:		Intake Date:		Eligibility Cert Date	
First name		Middle Initial		Last Name		Date of Birth MM/DD/YY	
SERVICE ADDRESS – Address where you live (this <i>cannot</i> be a P.O. Box)							
Service Address						Unit Number	
Service City		Service County		Service State		Service Zip Code	
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you own or rent your home?..... <input type="checkbox"/> Own <input type="checkbox"/> Rent							
Mailing Address						Unit Number	
Mailing City		Mailing County		Mailing State		Mailing Zip Code	
Social Security Number (SSN):						Telephone Number ( )	
E-mail Address:							

**PEOPLE LIVING IN HOUSEHOLD**

Enter the total number of people living in the household, including yourself →

**INCOME**

Enter the total number of people who receive income →

*Demographics: Enter the number of people in the household who are:*

*Enter the total **gross** monthly income for **all** people living in the household:*

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 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"/> Other		<input type="checkbox"/> Black or African American			
<input type="checkbox"/> Unknown/Decline to State		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
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		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"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:
<b>Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?</b> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>		
<b>Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)?</b> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>		
<b>Have you or someone in your household received LIHEAP assistance in the past 120 days?</b> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>		
<b>PAY BILL</b> <b>To which bill, includes property tax statements, (CHOOSE ONLY ONE) do you want the LIHWAP benefit to be applied?</b> (Attach complete copy of most recent bill or receipt) <input type="checkbox"/> Water Bill <input type="checkbox"/> Wastewater Bill <input type="checkbox"/> Water and Wastewater is Combined in One Bill <b>Enter the water/wastewater company and account number:</b> Company Name: _____ Account #: _____ Is your utility service shut-off? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span> Do you have a past due notice or past due balance on your bill? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>		
<b>Are your utilities included in rent or submetered?</b> <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>		
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>		
	<b>*** APPLICANT'S SIGNATURE ***</b>	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.	
<b>Total LIHWAP Benefit \$</b> _____	
<b>Total Water or Wastewater Cost (for water burden only) \$</b> _____	<b>Water Burden</b> _____
Water Services Restored after disconnection: <input type="checkbox"/> Yes <input type="checkbox"/> No           Disconnection of Water Services prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 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 **Sections 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 a **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 those categories. You can provide other acceptable evidence of your non-citizen 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-551 (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 "A5";
  - 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 Card) annotated "274a.12(a)(3)";
  - 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)”;
  - INS Form I-766 (Employment Authorization Document) annotated “A3.”
- ☐ 7. An alien who is a Cuban or Haitian entrant (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 I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7;
  - INS Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for 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 a 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 OF 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

Attachments: Lists A and B

## 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 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	

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	

**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 agents, including HORNE LLP, for the purpose of processing the LIHWAP benefit.

---

Landlord or Management Agent Signature

---

Date

**Tenant Certification:** 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

---

Date

## CERTIFICATION OF INCOME AND EXPENSES

*You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:*

Name and Address	
Name:	
Address:	

Section 1: Do you have sources of income you forgot to report?					
YES	NO	During the previous month have you been employed part time?			
YES	NO	During the previous month have you been self-employed?			
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?			
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:			
YES	NO	During the previous month did you receive any of the following: (circle any that apply)			
		WORKER'S COMP	UNEMPLOYME	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)			
		ANNUITY	PENSION	TRIBAL CASINO PAYMENTS	RENTAL INCOME
					INSURANCE BENEFITS

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

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

Section 3: Please tell us how you paid these monthly expenses during the previous months:			
EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:
Rent or Mortgage	\$		Name: _____
			Phone: _____
Utility Bills	\$		Address: _____
			Name: _____
Food	\$		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