CHECKLIST OF MANDATORY DOCUMENTS FOR LIHEAP & LIHWAP

All required documents must be included. Incomplete applications will not be accepted and will be returned.

community Action PARTNERSHIP of Riverside County

- ☐ **Energy Intake Form - CSD43 & CSD 43-A for LIHWAP**
  Fill out and sign - both sides - Please do not use white out
- ☐ **Statement of Citizenship form - CSD600**
  Fill out and sign - Please do not use white out
- ☐ **Current (most recent) blue gas bill/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

Both complete gas and electric bills are needed to process the LIHEAP application

- ☐ **Current (most recent) water or sewer bill**
- ☐ **Any disconnection and/or urgent notices (if applicable)**
- ☐ **Included in Rent:** If your utilities are included in the rent you need to attach **copy of the rent lease / rental agreement** and 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)
- ☐ **Household income**
  Must be current (last 4-weeks) - Needed for all members of the household
  - Paychecks: copies of all check stubs (last 4-weeks), full consecutive month of pay. If there are gaps between pay periods or missing stubs attach brief explanation.
  - 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.
  - TANF (cash aid) current Notice of Action or Passport to Service printout (**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)
  - Job paid in cash (odd jobs - write statement declaring type of work and the amount of income earned for last 4 weeks)
  - Ongoing 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**
  Need only if you or any household member 18 and older claims no income Applicant must sign and date - Please do not use white out
- ☐ **CSD-081 Client Customer Consent form** (REQUIRED)
- ☐ **Identification (for applicant only)**
  - Copy of Social Security Card. (for applicant only)
  - Picture ID with current legal name, California ID or other valid US ID.

  Proof of U.S. Citizenship or Legal Resident Status (for Applicant Only). Applicant must provide proof of U.S Citizenship or Legal Resident Status at the time of application intake or within 30 days
  - U.S. Birth Certificate **(in the USA).**
  - Certificate of Naturalization or Citizenship.
  - Military DD214: **IMPORTANT -- must show place of birth.**
  - Valid **Permanent** Resident Alien card (green card) -- ***temporary work permit (NOT ACCEPTED).***
  - U.S. passport or REAL ID CARD
  - Baptismal certificate **(must show place of birth)**
- ☐ **Please also include the following**
  - Low income housing (current month) - Section 8 - HUD
  - CalFresh (Food Stamps) Verification of benefits

Revised: 6/1/22

Department of Community Services and Development
Energy Intake Form
CSD 43 (10/2017)

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

Agency: 60073 CAP Riverside Intake Initials: Intake 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 **Riverside**	Service State **CA**	Service Zip Code

Have you lived at this residence during each of the past 12 months? ..... ☐ Yes ☐ No
Is your service address the same as mailing address?..... ☐ Yes ☐ No

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		**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.

First Name	**Last Name**	**Relation to Applicant**	**Date of Birth** MM/DD/YY	**Amount of Gross Monthly Income** (Before Taxes and Deductions)	**Source of Income**
		Self			
			Household Total Monthly Gross Income	**$**	

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

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 ☐ Other Fuel

Enter the energy company and account number:

Company Name: _____ Account #: _____

Is your utility service shut-off? ☐ Yes ☐ No

Do 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 ☐ 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 ☐ Other Fuel ☐ N/A

Are you interested in weatherization: ☐ Yes ☐ No | **If so, are you a tenant?** ☐ Yes ☐ No | **Or an owner?** ☐ Yes ☐ No

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 ☐ No

Home Referred for WX: ☐ Home Already Weatherized: ☐

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:

_____

_____

_____

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 _____

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

Helping People. Changing Lives.
community Action PARTNERSHIP of Riverside County

Community Action Partnership of Riverside County

Helping People. Changing Lives.

UTILITIES INCLUDED IN THE RENT FORM

Dear Landlord/Property Manager:

The Low-Income Home Energy Assistance Program **(LIHEAP)** assists house-holds 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: _____

_____

Address: 2038 Iowa Avenue, Suite B-102, Riverside, CA 92507
P.O Box 5760, Riverside, California 92517-5760
Phone: (951) 955-4900 1-800-511-1110
TTY: (951) 955-5126

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? ☐ Yes ☐ 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 mange those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	**Date**	**Name of CSD Contractor/Partner Organization**

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

WHY CONSENT IS NEEDED AND HOW THE INFORMATION WILL BE USED

Your consent (permission) for us to obtain and share your utility information, including your energy usage data, is needed for the purposes listed and explained below. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, can provide you with services and benefits available under various programs administered by CSD and your utility companies. The information provided will be shared and retained in accordance with applicable law concerning data security and privacy protections. The information you authorize us to obtain and share will be used for the following purposes:

1. Determine your eligibility for CSD and utility company low-income programs
2. Protect the security of your information and make it easier for you to apply for/receive services by limiting the number of times you must provide the same information about yourself and your household, your residence, income, utility account(s), energy costs and energy usage
3. Determine which services, benefits and assistance you are qualified to receive, including: payment assistance with your utility bills; weatherization services; energy efficiency services; emergency energy services; health and safety measures; solar energy services; consumer information and energy tips
4. Evaluate your home's energy usage 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.

You understand that some services may not be available to you unless you consent to share/release information as stated in this Authorization. You agree that this consent covers utility account, billing and usage information, including up to twelve months of historical data prior to the date of this Authorization, information about any prior weatherization services provided, and subsequent data throughout the period that this Authorization is in effect.

CSD and CSD Partners agree to access and share only the information and data necessary to provide energy assistance services for which you are determined eligible, and to fulfill state and federal requirements for operating these programs. If you are determined not to be eligible for services, no utility information will be accessed or exchanged. CSD and CSD Partners will safeguard your privacy and will store any information gathered in accordance with the security requirements set forth in state law.

REVOCATION OF 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.

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

Department of Community Services and Development
LIHWAP Intake Addendum Form
CSD 43 -A (04/2022)

Official Use Only:	
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 *Self*
Date of Birth: Gender: ☐ Female ☐ Male ☐ Other ☐ Unknown/Decline to State	Race:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male ☐ Other ☐ Unknown/Decline to State	Race:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male ☐ Other ☐ Unknown/Decline to State	Race:	☐American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male ☐ Other ☐ Unknown/Decline to State	Race:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male ☐ Other ☐ Unknown/Decline to State	Race:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	Hispanic/ Latino/Spanish? ☐ Yes ☐ No ☐Unknown/Decline to State

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: ☐ Female ☐ Male ☐ Other ☐ Unknown/Decline to State	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	☐ Yes ☐ No ☐Unknown/Decline to State

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: ☐ Female ☐ Male ☐ Other ☐ Unknown/Decline to State	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multi-Race ☐Other ☐Unknown/Decline to State	☐ Yes ☐ No ☐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.

X		
	*** 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

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	☐ Water Only ☐ Wastewater Only ☐ 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