



# LOW INCOME HOME WATER ASSISTANCE PROGRAM (LIHWAP) 2022 APPLICATION PACKET

*Helping Alameda County Residents Pay Their Water/Wastewater Bills*

## **ONE FINAL STEP**

**Before you seal the envelope, please mark all boxes below to ensure you have enclosed all required documents. An incomplete packet may delay the processing of your application.**

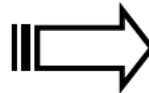
- Complete Application (all forms must be completed and signed).
- Copy of Water and/or Wastewater Bill (please include a copy of all pages).
- Proof of Income (for all adults 18 years or older living in the dwelling).
- Form CSD 43B Certification of Income & Expense. This form is required for all persons listed on the application who are 18 years of age or older who **DO NOT** submit proof of income.



[www.SpectrumCS.org](http://www.SpectrumCS.org)



LIHEAP APP



For quick processing, **MAIL** the completed application with **REQUIRED DOCUMENTS** to:

Spectrum Community Services  
LIHEAP Program  
P.O. Box 4317  
Hayward, CA 94540-4317  
[www.SpectrumCS.org](http://www.SpectrumCS.org)

PLEASE DO NOT USE WHITE OUT.



## LIHWAP Eligibility Applicant Agreement

Because of significant funding cuts, the federal government enacted a law requiring that states target households with low incomes and high water costs, taking into consideration households with elderly and disabled persons, and children under six. This means there could be households that receive 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.

Eligibility is based on the household's total month income, which cannot exceed the 2022 Low Income Guidelines listed below. The chart below shows the gross income guidelines for this program:

### 2022 Monthly Gross Income Guidelines

HOUSEHOLD SIZES	MONTHLY GROSS 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

**Please remember LIHWAP is not an entitlement program.** Spectrum also offers energy and weatherization services to help households lower their utility bills. All applicants are encouraged to continue paying on their utility bills.

**I understand and have read the LIHWAP Eligibility Agreement above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

QUESTIONS? Please call us at (510) 881-0300

**Department of Community Services and Development**

LIHWAP Intake Form

CSD 41 (04/2022)

<i>Official Use Only:</i>	
A.C.C.	
Eligibility Cert Date	

Agency:	Intake Initials:	Intake 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:			

<p><b>PEOPLE LIVING IN HOUSEHOLD</b></p> <p>Enter the total number of people living in the household, including yourself → </p>	<p><b>INCOME</b></p> <p>Enter the total number of people who receive income → </p>		
<p><i>Demographics: Enter the number of people in the household who are:</i></p>		<p><i>Enter the total <b>gross</b> monthly income for <b>all</b> people living in the household:</i></p>	
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>

<p><b>HOUSEHOLD MEMBERS</b></p> <p>ENTER THE INFORMATION BELOW FOR <b>ALL</b> HOUSEHOLD MEMBERS.</p> <p>If you have more than 7 people in your household, please list the information on a separate piece of paper.</p>			
<p><b>APPLICANT (HOUSEHOLD MEMBER 1)</b></p>			
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"/> 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		
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 <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:	

**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 <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:	

**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 <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:	

**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 <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:	

**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 <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:	

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

<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:

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or someone in your household received LIHEAP assistance in the past 120 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<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



## **APPLICATION CHECKLIST**

### **Low Income Home Water Assistance Program**

Please REMEMBER to submit:

1. **YOUR APPLICATION**
2. **COMPLETE WATER AND/OR WASTEWATER BILL** Copy of entire current bill which must be past due. Please include your 15-day, 48-hour, or Shut-off notice if you have one.
3. **CERTIFICATION OF INCOME & EXPENSE:** If you or other members of your household (18 years of age or older) **do not** or **cannot** provide proof of income, a **Certification of Income and Expense Form** must be completed by ***each individual*** in the home who meets this criteria. If you have proof of your income, you do not need to complete the **Certification of Income and Expense Form.**
  - a) **PROOF OF INCOME** – Copy of income documents within the last 30 days, payroll checks (if weekly = 4; bi weekly = 2).
  - b) **SSI/SSA** - 2022 Award letters, most recent bank statements, treasury deposits, or a copy of SSI/SSA.
  - c) **EDD** - Last 4 weeks of pay stubs or payment history.
  - d) **GA (General Assistance)** – Cal-Learn, CalWORKs, food stamp notice of action letter or print out within the last 30 days.
  - e) **Loans** - If you are receiving help from friends and relatives (if it is monthly, we will need a signed letter from the Lender with the specific amount, dates and telephone numbers).
  - f) **Self-Employed** - We will need signed taxes (all pages signed at the bottom) with the Schedule C, Ledger, or Receipt book with in the last 30 days.
  - g) **Pensions, Annuities and IRAs** – We will need the Award Letter for the last 30 days or Lifetime Award Letter. Bank statements cannot be accepted.
  - h) **Child Support** – We will need a recent copy of the child support notice from the court within the last 30 days or a letter from the parent stating the monthly amount.



## BUDGET COUNSELING FORM

### Why a budget?

A budget is a spending plan that makes you aware of where your money is going and what is important to you. This is a one-month budget plan to give you an example of how to spend your money. Please fill out the budget information below so you can see for yourself where your money goes. **If some of these items from the list below do not apply to you, you may put \$0 as the amount.**

**THIS MUST BE COMPLETED TO PROCESS YOUR APPLICATION.**

#### Monthly Income

Monthly Gross Income: (Before taxes)	\$
Monthly Net Income: (Minus Taxes)	\$
Total Income:	\$

#### Monthly Expenses

<i>*Please only enter the amount YOU PAY for Rent or Mortgage*</i>	Rent/Mortgage	\$
Food (Out of Pocket Expense):		\$
Food Stamps:		\$
Telephone:		\$
Garbage:		\$
Water:		\$
Electric Utility:		\$
Gas Utility:		\$
Insurance:		\$
Medical:		\$
Transportation:		\$
Other:		\$
TOTAL:		\$

<b><u>INCOME:</u></b>	\$
<b><u>EXPENSE:</u></b>	\$
<b><u>REMAINING FUNDS:</u></b>	\$

## 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
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: _____ Address: _____
Utility Bills	\$		Name: _____ Address: _____
Food	\$		Name: _____ 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.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"><b>Signature</b></td> <td style="width: 30%; border: none;"><b>Date</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>
<b>Signature</b>	<b>Date</b>	



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				RENTAL INCOME
				INSURANCE BENEFITS

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YES	NO	Are you using some other asset? How much? _____
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Signature:		
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<b>Signature</b>	<b>Date</b>	