

LIHWAP

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM

LIHWAP is a federally funded program that offers a **one-time payment** to help you pay your **current** or **past due water or wastewater bills** up to \$2000. LIHWAP is a one-time grant that does not have to be repaid.

Am I Eligible?

Eligibility for LIHWAP services can vary depending on income, water system participation, place of residence, and other factors.

Your household may qualify if:

- Your total household gross **income** is at or below 60% of the State Median Income (see table) or a household member is a current recipient of CalFresh or CalWORKs;
- You receive service from a **community water system** or **wastewater treatment provider** (private wells and septic excluded); and
- Your water or wastewater system has **enrolled** in the Form CSD43B -only if applicable,see instructions

How to apply:

Complete application and return it to our office either by mail or walk it in along with the following documents:

- Completed and signed application CSD41 form
- Government issued photo ID
- Proof of gross income for the last 30 days for all household members OR proof of active participation in CalFresh or CalWORKs, OR received LIHEAP assistance in the past 120 days.
- Current water /sewer bill with meter readings.



Pacific Asian
Consortium in Employment

1055 WILSHIRE BLVD, SUITE 900E.
LOS ANGELES, CA 90017
HOURS: MONDAY – FRIDAY
8AM – 3PM
PHONE NUMBER: (213) 989-3177



2023 INCOME ELIGIBILITY GUIDELINES

Household Size	Monthly Income
1	\$2,700.17
2	\$3,531.00
3	\$4,361.83
4	\$5,192.75
5	\$6,023.59
6	\$6,854.43
7	\$7,010.21
8	\$7,166.00
9	\$7,321.78
10	\$7,477.56

We do not validate parking

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>PEOPLE LIVING IN HOUSEHOLD Enter the total number of people living in the household, including yourself → </p>	<p>INCOME Enter the total number of people who receive income → </p>
<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: Age:	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: _____ Age: _____	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: _____ Age: _____	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: _____ Age: _____	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: _____ Age: _____	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: _____ Age: _____	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: _____ Age: _____	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)? 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

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

THIS FORM CSD43B IS TO BE COMPLETED IF YOU ARE IN ONE OF THE FOLLOWING CATEGORIES:

IF YOU ARE SELF EMPLOYED (BUSINESS OWNER) YOU ARE TO COMPLETE THE ENTIRE FORM , STATE ON SECTION 4 HOW MUCH YOU EARNED IN THE LAST 30 DAYS , AND SIGN IT. ALONG NEEDS TO BE SUPPORTING DOCUMENTS ATTACHED, FOR EXAMPLE YOUR TAXES ; 1040 FORM SIGNED WITH SCHEDULE C, BUSINESS LEDGE, BANK STATEMENT, PAYCHECKS SHOWING GROSS, CONTRACT ETC..

IF YOU ARE SELF EMPLOYED AND WORK FOR SOMEONE IN PARTICULAR COMPLETE THE ENTIRE FORM , STATE ON SECTION 4 HOW MUCH YOU EARNED IN THE LAST 30 DAYS , AND SIGN IT. ALONG NEEDS TO BE SUPPORTING DOCUMENTS , FOR EXAMPLE A DETAILED EMPLOYER LETTER WITH A LETTER HEAD, STATING YOUR MONTHLY GROSS EARNINGS, HOW OFTEN PAID, AND EMPLOYER FULL CONTACT INFORMATION AND SIGNITURE, OR PAYCHECKS FOR THE LAST 30 DAYS SHOWING GROSS AND PAY PERIOD.

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

Explain on section 4 the situation and provide supporting documents.

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