



Application for LIHWAP (Water) Utility Assistance

Community Action Partnership of Orange County (CAP OC), Energy and Environmental Services Department oversees administration of the Low-Income Household Water Assistance Program (LIHWAP). This program is funded by the United States Department of Health and Human Services and the California Department of Community Services and Development (CSD). The program is designed to assist eligible low-income households to manage and meet their immediate water and wastewater needs.

If you have a disability or need help with this application, you may request assistance from an agency representative, and someone will help you.

How do I apply?

- Complete the pages included in this application and include all required documents
 - Print clearly utilizing an ink pen, do **not** use a pencil.
 - If you make an error, do **not** use white-out. Simply draw a line through the error, initial it, and enter the correct information.
 - Remember to sign and date your application.
 - A checklist of all mandatory documents is included to assist you in the application process. Incomplete and unsigned applications will delay the process of your application.
- Give the application to CAP OC in person, by mail or by fax (contact info on next page)

Who gets priority?

In accordance with federal law, our department establishes a priority rating system once we reach a financial budget benchmark. Benefits are calculated based on your household's out-of-pocket water cost versus household income and a point system.

How long will it take?

It may take up to 60 days until your utility assistance application has been processed. It is your responsibility to continue to pay and/or make payment arrangements with your utility company until eligibility is determined. We do not guarantee your benefit will be processed and paid before the date of the bill is due.

CAP OC will send you a letter to let you know if your household is approved or denied LIHWAP benefits.

Informational Page – Please take and keep for your records

CHECKLIST OF MANDATORY DOCUMENTS FOR LIHWAP

Community Action Partnership of Orange County
Energy & Environmental Services Department
11870 Monarch St., Garden Grove, CA 92841
Tel (714) 839-6199, Fax (714) 839-2817
www.capoc.org/water

INSTRUCTIONS: You **MUST** submit all forms that are included with this packet (not including this and the previous informational pages), your most recent water bill (all pages) and proof of income for the household. Your application will not be processed if we are missing any of these items. **YOU ARE REQUIRED TO MAKE YOUR OWN COPIES.**

- **Forms to fully complete, sign and date:**
 - **Energy Intake Form (CSD41)**
 - ***Certification of Income & Expenses (CSD43B):** *ONLY fill out if you receive cash income or zero income*
 - **Conflict of Interest Form**
 - **Household Demographic Questionnaire**
- **Documents required:**
 - **Most recent Water Bill (ALL pages) – NOTE: MUST be past-due**
 - **Proof of Income for everyone in the household 18 years of age and older. We look at gross income received in the LAST 30 DAYS ONLY so documents must be current/the most recent:**
 - Gross Wages: paystubs for the past 30 days pay period
 - Self-Employment: most current signed 1040 tax form AND Schedule C (self-employment) or Schedule E (for rental income)
 - Jobs Paid in Cash: complete **Form CSD43** (mentioned above)
 - TANF (Cash Aid): Notice of Action for current month & year
 - Unemployment: EDD documentation reflecting a full consecutive month
 - Child Support: Statement from DCSS or court order
 - Social Security (SSA, SSI) or Disability (SSDI): Award letter for current year or current bank statement showing direct deposit from SSA, SSI or SSDI
 - Pensions/Annuities: Statement indicating gross income within last 30 days (bank statements are not acceptable)
- **Include these documents if applicable:**
 - **Current CalFresh/ Food Stamps Notice of Action**

CATEGORICAL ELIGIBILITY: If you are over our LIHWAP income requirements BUT currently receive CalFresh/CalWORKS benefits OR applied for and received LIHEAP benefits in the past 120 days, you may automatically qualify for LIHWAP.

Informational Page – Please take and keep for your records

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:	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:			

<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:	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)? 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

Energy and Environmental Services Department

EES (8/18)

CONFLICT OF INTEREST FORM

You are being asked to complete this form because you requested Utility and/or Weatherization assistance. The State of California requires Community Action Partnership of Orange County (CAP OC) to establish safeguards to ensure its employees or its officers do not engage in actual or potential conflicts of interest. The applicable sections must be completed and returned with the Energy Intake form CSD 43 for processing. Program eligibility is solely based on income guidelines and program requirements. Your affiliation or employment with CAP OC will not be a determining factor for program eligibility.

I. Applicant Section		
First Name	Last Name	
Address	City	Zip Code
II. Affiliation Section		
Are you related or friends with an employee, board member or anyone affiliated with CAP OC?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what is the first and last name of the person? _____		
III. Program Participation Section		
Has anyone in your household applied for Utility Assistance in the same program year?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what is the first and last name of the person? _____		
IV. Confirmation Section		
<i>By signing this form, I affirm that I have answered all questions truthfully and to the best of my knowledge. I give Community Action Partnership permission to verify this information. I may be held liable under Federal and state law for knowingly making false or fraudulent statements.</i>		
X		

*** APPLICANT'S SIGNATURE ***

TODAY'S DATE

Office Use Only	
Certified By:	Certified Date:
Assistance Type: <input type="checkbox"/> *WX & UA <input type="checkbox"/> UA <input type="checkbox"/> *WX	Benefit Amount:
Conflict of Interest Compliance	
Application Request for Processing: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
X	
*** DEPARTMENT DIRECTOR'S SIGNATURE ***	
DATE	
Application Request for Processing: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
X	
*** PRESIDENT & CEO'S SIGNATURE ***	
DATE	
Data Entry Completed & Exported By:	Date:

!! PLEASE SUBMIT THIS PAGE WITH YOUR COMPLETED APPLICATION !!

INSTRUCTIONS:

Please fill out the chart below with information for each household member. Either write in or circle your answer. Use the key to determine the number that corresponds with your choice for the different categories. M means MALE, F means FEMALE. Y means YES, N means NO. DISCONNECTED YOUTH is defined as youth ages 14-24 who are neither in school nor working.

ARE YOU A RENTER OR OWNER? PLEASE CIRCLE Renter Owner

Household Member	Gender	Disabled	Health Insurance	Disconnected Youth	Education Level	Work Status	Military Status	Race	Ethnicity	Ethnicity Subcategory	Language
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							

KEY

EDUCATION LEVEL

- 1 - Grades 0-8
- 2 - Grades 9-12/Non-grad
- 3 - High school grad/ equivalency
- 4 - 12th grade + some post-secondary
- 5 - 2 or 4 years college grad
- 6 - Graduate or other post-secondary school

WORK STATUS

- 1 - Employed Full-Time
- 2 - Employed Part-Time
- 3 - Migrant Seasonal Farm Worker
- 4 - Unemployed (Short-Term, 6 mo or less)
- 5 - Unemployed (Long-Term, more than 6 mo)
- 6 - Unemployed (Not in Labor Force)
- 7 - Retired

MILITARY STATUS

- 1 - Veteran
- 2 - Active Military
- 3 - Not Military

RACE

- 1 - American Indian or Alaska Native
- 2 - Asian
- 3 - Black or African American
- 4 - Native Hawaiian/ Other Pacific Islander
- 5 - White
- 6 - Other
- 7 - Multi-Race

ETHNICITY

- 1 - Hispanic, Latino or Spanish Origin
- 2 - Not Hispanic, Latino or Spanish Origin

ETHNICITY SUBCATEGORY

- ASIAN:
 - 1 - Asian Indian
 - 2 - Chinese
 - 3 - Filipino
 - 4 - Japanese
 - 5 - Korean
 - 6 - Vietnamese
 - 7 - Other Asian
- HISPANIC LATINO:
 - 8 - Central/ South American
 - 9 - Cuban
 - 10 - Dominican
 - 11 - Mexican, Chicano
 - 12 - Other Spanish/ Latino
 - 13 - Puerto Rican
- NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER:
 - 14 - Native Hawaiian
 - 15 - Guamanian or Chamorro
 - 16 - Samoan
 - 17 - Other Pacific Islander
 - 18 - Other Asian

LANGUAGE

- 1 - Afrikaans
- 2 - Arabic
- 3 - Armenian
- 4 - Chinese
- 5 - English
- 6 - Farsi
- 7 - French
- 8 - Greek
- 9 - Hebrew
- 10 - Hindi
- 11 - Japanese
- 12 - Korean
- 13 - Pashto
- 14 - Polish
- 15 - Portuguese
- 16 - Punjabi
- 17 - Russian
- 18 - Spanish
- 19 - Turkish
- 20 - Urdu
- 21 - Vietnamese
- 22 - OTHER

Our agency collects this information to help us receive funding for our programs for the community.