



2022 IMACA Low Income Household Water Assistance Program (LIHWAP)

Dear applicant,

Welcome! You may qualify for water service bill assistance via California's Low Income Household Water Assistance Program (LIHWAP). LIHWAP is a ONE-time assistance program that helps pay past-due drinking water, wastewater, or stormwater bills.

Eligibility for LIHWAP is based on the household's total monthly gross income and past due amount. It is a first-come, first-served basis.

The next page is a checklist of all documents you must turn in with the application. Incomplete applications will not be accepted. **Please remember:**

- Use only a black or blue pen.
- If you make an error, **do not use Wite-Out**. Draw a line through the error, initial it, and enter the correct information.

Processing your application can take several weeks. During this time, you must continue paying your bill. We strongly encourage you to ask your energy provider about options for lower rates and/or payment plans. Once your application is reviewed, you will receive a notification letter of the outcome.

2022 Federal Income Guidelines

You may qualify for LIHEAP if your **gross monthly** household income is less than:

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$2,564.73	\$3,353.87	\$4,143.02	\$4,932.17	\$5,721.31	\$6,510.46	\$6,658.43	\$6,806.39

Protect Your Community

If you have any information about possible fraud, waste, or abuse of LIHEAP funds, please help us eliminate it by reporting it to the U.S. Department of Health and Human Services - Office of Inspector General Commission (HHS-OIG) on their website at www.oig.hhs.gov/fraud/report-fraud



2022 IMACA LIHWAP Application Checklist

All supporting documents and proof of income **must be within 30 days** of the date that your application is received. Do not send original documents – they will not be returned.

Application Packet

- LIHWAP Intake Form (p.3-5)
- Certification of Income and Expenses (p.6) – **ONLY** if you or another household adult (18+ years) report no income

Supporting Documents

- Photo ID (State identification (ID) card, Tribal identification (ID) card, driver license, U.S. passport or passport card, U.S. military card (front and back), military dependent's ID card (front and back), Permanent Resident Card, Certificate of Citizenship, Certificate of Naturalization, or Employment Authorization Document).
- Entire water service bills (must have at least 22 billing days and include the usage)
 - If your water bill is included in rent, then please submit your Landlord Agreement and documentation proving the portion of rent that is allocated toward water services (past due and current charges).
- Disconnection notice (if applicable)
- Passport to Services or Notice of Action (if anyone in the household is receiving CalFRESH/food stamps, Cash Aid, General Relief, etc.)

Proof of Income

- Gross Wages
- Self-Employment
- Jobs Paid in Cash
- TANF or Cash Aid
- Unemployment Stubs
- Child Support
- Social Security Pension or Annuities
- Tribal Per Caps

Please return application to:

Inyo Mono Advocates for Community Action, Inc. (IMACA)

C/O LIHEAP

180 Clarke St.

Bishop, CA 93514

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> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 50px; margin: 0 auto;"></div>	<p>INCOME Enter the total number of people who receive income →</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 50px; margin: 0 auto;"></div>		
<p><i>Demographics: Enter the number of people in the household who are:</i></p>		<p><i>Enter the total gross monthly income for all 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		Total Monthly Income	\$

<p>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.</p>			
<p>APPLICANT (HOUSEHOLD MEMBER 1)</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 <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 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.

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

CERTIFICATION OF INCOME AND EXPENSES

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

Name and Address	
Name:	
Address:	

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

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

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

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