



621 Richmond Ave
Oxnard CA, 93030
P: (805)436-4000
Fax: (805)204-4887
www.ca-vc.org



IMPORTANT PLEASE READ

The Low-Income Household Water Assistance Program (LIHWAP) assists income qualified households pay the costs of their past due water bills. We would like to invite you to apply by returning the attached application by Fax (805) 204-4887, in our office or by Mail.

The following information is required to complete the intake process for your application:

1. Completed and signed intake form (CSD-41)
2. Copy of valid state identification (Applicant only)
3. Copy of Social Security card (Applicant only)
4. Copy of PAST DUE water bill (All pages including details of usage)
5. Current rent receipt or contract, Section 8 / Housing certificate or mortgage statement (Must have current address)
6. CALFRESH / CALWORKS recipient(s) must provide a CURRENT NOTICE OF ACTION indicating benefit amount received for the current month.
7. Income documentation for ALL ADULTS (over the age 18) household members is required. SSI/SSA recipients must have a current award letter from Social Security Administration or the most recent bank statement showing the direct deposit of funds. (30 days) Proof of Paychecks, Unemployment Benefit (EDD), Disability, Child Support, Retirement Pension, Alimony, etc.

All income documentation MUST be dated within the last 30 days.

If you have questions, Please feel free to call 805-436-4021
or 805-436-4000. (Closed 12:00PM - 1:00PM)

Incomplete applications will be destroyed after 30 Days from the date of application



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General Intake

1. Name _____ 2. Social Security Number _____ - _____ - _____ 3. Date _____
4. Address _____ City _____ ZIP _____
5. Date of Birth ____/____/____ 6. Please indicate total number of people living in your house ____
7. Email _____ 8. Telephone _____ - _____ - _____

Applicant Demographic Worksheet

1. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	4. Race <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> White	5. Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	6. Family Type <input type="checkbox"/> Grandparent Raising Child(ren) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Single Person <input type="checkbox"/> 2 or more adults No children <input type="checkbox"/> 2 Parent Household
2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
3. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Health Insurance <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> VA <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicaid <input type="checkbox"/> Other	8. Education <input type="checkbox"/> 0-8th <input type="checkbox"/> 9-12th <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12+ <input type="checkbox"/> College Grad	9. Characteristic <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Farmer <input type="checkbox"/> Seasonal Farmer <input type="checkbox"/> Veteran Family <input type="checkbox"/> Military Family	10. Housing <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless 11. Need Child Support Referral <input type="checkbox"/> Yes <input type="checkbox"/> No

This Box is for Official use only

NOTES: _____

Program Year: 2021 WAP

☐ Income: \$ _____
☐ Household size: _____
☐ Special needs
☐ Verify ID
☐ Verify SS Card
☐ EBT Card
☐ CalWorks N of A

Bill of Choice: WATER

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ None
☐ Copy of income
☐ Proof of rental / Mtg Receipt / Section 8
☐ CSD 81
☐ Amount Eligible \$ _____
☐ Transferred Date: _____

Department of Community Services and Development

LIHWAP Intake Form

CSD 41 (04/2022)

Official Use Only:

A.C.C.

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 *cannot* 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?..... ☐ Yes ☐ NoDo you own or rent your home?..... ☐ Own ☐ Rent

Mailing Address

Unit Number

Mailing City

Mailing County


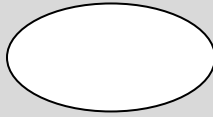

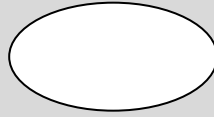
Mailing State

Mailing Zip Code

Social Security Number
(SSN):

Telephone Number ()

E-mail Address:

PEOPLE LIVING IN HOUSEHOLDEnter the total number of people
living in the household,  **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.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name

M.I.

Last Name

Relationship to Applicant
Self

Date of Birth:

Race: ☐ American Indian or Alaska Native ☐ Asian

Hispanic/ Latino/Spanish?

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

State

Amount of Gross Monthly Income (before taxes):

Source of Income:

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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		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<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 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		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<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 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		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<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 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		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<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 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		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"/> Black or African American		
<input type="checkbox"/> Other	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
<input type="checkbox"/> Unknown/Decline to State	<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 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		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Other			

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<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) <input type="checkbox"/> Water Bill <input type="checkbox"/> Wastewater Bill <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a past due notice or past due balance on your bill? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are your utilities included in rent or submetered? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Disconnection of Water Services prevented: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 manage those energy needs for the purposes stated in this Authorization.

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

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