



## Low-Income Household Water Assistance Program (LIHWAP)

*Application must include:*

- Current Water/Wastewater bill or Property Tax bill**
  - Applicants *must* be Past Due on water/wastewater. Applicants who are current on water/wastewater charges are *not eligible* for benefits under the LIHWAP program.
  - If water costs are included in rent, applicant *must* be Past Due on rent. The enclosed CSD 040 form must be signed by the landlord or management agent.
  
- Proof of income for all household members**
  - Proof of participation in CalFresh or CalWORKs (if enrolled)
  - Household members 18+ claiming **0 income or undocumented income** *MUST* complete the enclosed CSD 43b form.
    - i. *Note: Please include all income-related receipts, stubs, letters, etc. for the past 30 days to support the CSD 43b form.*
  
- California ID or CDL**
  - *Note: If your ID shows “FEDERAL LIMITS APPLY” in the top right corner, you must provide either a U.S. Birth Certificate or U.S. Passport.*
  
- Social Security card**

- LIHWAP is a one-time benefit, paid directly to the water/wastewater system.

**IF ANY DOCUMENTS ARE MISSING OR PAGES LEFT INCOMPLETE, THE APPLICATION WILL NOT BE PROCESSED AND THE APPLICATION PACKET WILL BE RETURNED TO YOU.**

Processing can take 90 to 120 days from the date the completed application is received.

**For any questions or concerns, please contact us:**

**888-351-4061**

**RETURN BY MAIL**  
LBCAP/ELEAT Department  
117 W. Victoria St.  
Long Beach, CA 90805

**APPOINTMENT/DROP-OFF**  
LBCAP/ELEAT Department  
3950 Paramount Blvd. #220  
Lakewood, CA 90712



# Programa de Asistencia de Agua para Hogares de Bajos Ingresos (LIHWAP)

*Las aplicaciones deben incluir lo siguiente:*

- Factura de Agua/Aguas residuales más reciente o Impuesto a la propiedad**
  - La factura *debe* estar vencida. Las facturas que no están vencidas *no son elegibles* para los beneficios del programa LIHWAP.
  - Si los costos de agua están incluidos en la renta, debe estar atrasado en el pago del alquiler.
  - Si nada en su hogar funciona con gas, adjunte una copia del contrato de arrendamiento.
  
- Comprobante de ingresos de todos los miembros del hogar**
  - Prueba de participación en CalFresh o CalWORKs (si lo recibe)
  - Personas mayores de 18 años que **reclamen 0 ingresos o ingresos indocumentados** DEBEN completar el formulario adjunto CSD 43b, “Certificación de Ingresos y Gastos.”
    - i. *Nota: Incluya todos los recibos, talones, cartas, etc. Relacionados con los ingresos de los últimos 30 días para respaldar el formulario CSD 43b.*
  
- ID de California o licencia de conducir**
  - *Nota: si su ID o licencia dice “FEDERAL LIMITS APPLY” en la esquina superior derecha, deberá presentar pasaporte de EE. UU. o certificado de nacimiento, o tarjeta de residencia permanente (Tarjeta ‘verde’).*
  
- Tarjeta de Seguro Social**

- LIHWAP es un beneficio único, pagado directamente al sistema de agua/aguas residuales.

**SI FALTA ALGÚN DOCUMENTO O LAS PÁGINAS ESTÁN INCOMPLETAS, LA SOLICITUD NO SERÁ PROCESADA Y LA SOLICITUD LE SERÁ DEVUELTA.**

El procesamiento puede demorar entre 90 y 120 días a partir de la fecha en que se recibe la solicitud completa.

**Si tiene alguna pregunta o inquietud, por favor contáctenos:**

**888-351-4061**

**PARA ENVIAR SOLICITUD POR CORREO**  
LBCAP/ ELEAT  
117 W. Victoria St.  
Long Beach, CA 90805

**DEJAR EN PERSONA / CITA**  
LBCAP/ELEAT  
3950 Paramount Blvd #220  
Lakewood, CA 90712



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

Agency: <b>LBCAP</b>	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 <b>LOS ANGELES</b>	Service State <b>CA</b>	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 <b>LOS ANGELES</b>	Mailing State <b>CA</b>	Mailing Zip Code
Social Security Number (SSN):		Telephone Number ( )	
E-mail Address:			

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

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

<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.**

**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