



**DO YOU NEED HELP PAYING  
YOUR WATER BILLS?  
If so, please complete  
application and send income  
documents**

**COVID-19  
LIHWAP  
Assistance**

**Dear Water Applicant:**

The Federal government is offering a one-time water bill assistance benefit through the Low-Income Household Water Assistance Program (LIHWAP) of up to \$2,000 to income-eligible Santa Clara County’s households.

To see if you qualify for this program, applicants must:

- 1) Complete and sign the attached application;
- 2) **Need Applicant’s Current US ID** (Driver’s License, work or school ID) - Applicant’s name must match name on ID. The name on the water bill **does not** need to be the applicant’s name;
- 3) Attach a current residential water and/or wastewater bill within the last 60 days or property tax statement. If you have a Shut Off/Delinquency/Late Notice, **include** this along with a current itemized bill;
- 4) Include current income for every adult, 18 years or older, in the household for the last 30 days. For adults who make cash income or have no income, they must complete their own Certification of Income (see attached), **If you or anyone in your household receive CalFRESH and/or CalWORKS, we will need a current printout of your Notice of Action,**
- 5) Return the application in the enclosed envelope or drop it off anytime in Sacred Heart’s HEAP drop box located at 1381 S. First Street, San Jose (main entrance on W. Alma St).

Households with water services **included in rental payments or submetered, you will need to have your landlord or management company complete the Landlord/Management Agreement.** A person on the rental agreement must be listed as “Tenant” and sign the agreement. Tenant and Water applicant do not need to be the same person. **The landlord or management company must sign this form giving permission and provide Sacred Heart their current water bill.**

If you have any questions, please leave a message at (408.916.5014) or by email at [waterassistance@sacredheartcs.org](mailto:waterassistance@sacredheartcs.org)

Funding for this program is limited and applications will be processed until funding is exhausted.

The Sacred Heart Community Service LIHWAP Team

**Income Qualification**

Household Size	1	2	3	4	5	6	7	8
Monthly Limits	\$2,700	\$3,531	\$4,361	\$5,192	\$6,023	\$6,854	\$7,166	\$7,321

## WATER SAVINGS TIPS

The average Californian uses 196 gallons of water per day. Below are some no-cost and low-cost tips to reduce water use in your home by 20%, which is about 39.2 gallons per day. [watersavings.org](http://watersavings.org)

- Wash only full loads of laundry and use cold water to save energy. That action will save about 15–45 gallons per load.
- Install a high-efficiency toilet (1.28 gallons per flush). That action will save about 19 gallons per person per day.
- Install a water-efficient showerhead. That action will save about 1.2 gallons per minute or 6 gallons per 5-minute shower.
- Fix leaky toilets. That action will save about 30–50 gallons per day per toilet.
- Turn off the water when brushing your teeth or shaving. That action will save about 10 gallons per person per day.
- Take 5-minute showers. That action will save about 12.5 gallons per shower.
- Use a brush to scrape dishware clean rather than rinsing with water. That action will save about 5 gallons per load.
- Turn off the tap while washing your hands. That action will save about 10 gallons per person per day.
- Wait until your dishwasher is full before running it. That action will save about 5–15 gallons per load.

Valley Water is here to help you save water and money. Please visit [watersavings.org](http://watersavings.org) to learn about our discount programs, rebates and free water-saving devices. If you have questions, call the Water Conservation Hotline at (408) 630-2554 or email [Conservation@valleywater.org](mailto:Conservation@valleywater.org).



For an application call: **1-408-916-5014**  
or download at [www.sacredheartcs.org](http://www.sacredheartcs.org)

*Please use **black or blue***

LIHWAP-Water Intake Form CSD 41 (04/2022)

First name	Middle Initial	Last Name	Date of Birth (MM/DD/YYYY)
Mailing Address			Unit Number
City	County Santa Clara	State CA	Zip Code
<b>SERVICE ADDRESS</b> – Address where you live (this <i>cannot</i> be a P.O. Box):			
Is your <b>service</b> address the same as <b>mailing</b> address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please complete <b>service</b> information below.			
Have you lived at this residence during each of the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you OWN or RENT your home?..... <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Service Address			Unit Number
City	County Santa Clara	State CA	Zip Code
Social Security Number (SSN):		Telephone Number ( )	

E-mail Address: (Optional) If you do not speak English, what language do you speak?

<p><b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the home, <b>including yourself</b> → <input style="width: 100px; height: 40px;" type="text"/></p>	<p><b>Enter total number of people 18 years or older, who received income in the last 30 days</b> → <input style="width: 100px; height: 40px;" type="text"/></p>
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<p><b>Enter the number people in living in the home related or not, including you, who are:</b></p> <table border="1"> <tr><td>AGES 0 – 2 YEARS</td><td></td></tr> <tr><td>AGES 3 - 5 YEARS</td><td></td></tr> <tr><td>AGES 6 - 17 YEARS</td><td></td></tr> <tr><td>AGES 18 – 59 YEARS</td><td></td></tr> <tr><td>AGES 60 – 69 YEARS</td><td></td></tr> <tr><td>AGES 70 and OLDER</td><td></td></tr> <tr><td>DISABLED</td><td></td></tr> <tr><td>LIMITED ENGLISH</td><td></td></tr> <tr><td>Seasonal or Migrant Farmworker</td><td></td></tr> </table>	AGES 0 – 2 YEARS		AGES 3 - 5 YEARS		AGES 6 - 17 YEARS		AGES 18 – 59 YEARS		AGES 60 – 69 YEARS		AGES 70 and OLDER		DISABLED		LIMITED ENGLISH		Seasonal or Migrant Farmworker		<p><b>Enter total <u>gross</u> monthly income for <u>all</u> people living in the home. (Gross income is the amount of money received before taxes or anything else is taken out.)</b></p> <table border="1"> <tr><td>PAYCHECK(S)</td><td>\$</td></tr> <tr><td>SSI / SSP / SSA / SSDI</td><td>\$</td></tr> <tr><td>TANF / CalWorks / GA / CAPI</td><td>\$</td></tr> <tr><td>CHILD / SPOUSAL SUPPORT</td><td>\$</td></tr> <tr><td>UNEMPLOYMENT / WORKER'S COMP</td><td>\$</td></tr> <tr><td>PENSION / ANNUITY / PREMIUM</td><td>\$</td></tr> <tr><td>INTEREST / TRUST FUND / IRA</td><td>\$</td></tr> <tr><td>CASH FROM WORK / OTHER</td><td>\$</td></tr> <tr><td><b>Total Monthly Gross Income</b></td><td><b>\$</b></td></tr> </table>	PAYCHECK(S)	\$	SSI / SSP / SSA / SSDI	\$	TANF / CalWorks / GA / CAPI	\$	CHILD / SPOUSAL SUPPORT	\$	UNEMPLOYMENT / WORKER'S COMP	\$	PENSION / ANNUITY / PREMIUM	\$	INTEREST / TRUST FUND / IRA	\$	CASH FROM WORK / OTHER	\$	<b>Total Monthly Gross Income</b>	<b>\$</b>
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Are you or someone in your household <b>CURRENTLY</b> receiving CalFresh (Food Stamps)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or someone in your household <b>CURRENTLY</b> receiving CalWorks (Cash Aid)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or someone in your household received LIHEAP in the past 4 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PAY BILL**

List your water company/agent here: \_\_\_\_\_ Account #: \_\_\_\_\_

Do you have a **past due notice or past due balance** on your water bill?  Yes  No

Is your water bill included in **rent or sub-metered**?  Yes  No

Is your water **service shut-off**?  Yes  No

To which bill, includes property tax statements (**CHOOSE ONLY ONE**), do you want the water benefit to be applied?

Water Bill  Wastewater Bill  Water and Wastewater is Combined in One Bill

Attach a most recent copy of the bill/receipt or property tax statement.

<b>Household Members</b> List the total number of people living in your household, including yourself _____ Enter the information below for ALL household members.			
<b>1) First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicant</b> <i>Self/Applicant</i>
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Race</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
Total Gross Monthly Income (before taxes) \$ _____			
Source of Income: <input type="checkbox"/> Paycheck(s) <input type="checkbox"/> SSI/SSP/SSA/SSDI <input type="checkbox"/> CalWorks/GA/CAPI <input type="checkbox"/> Unemployment <input type="checkbox"/> Cash from Work <input type="checkbox"/> Other			
<b>2) First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicant</b>
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Race</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
Total Gross Monthly Income (before taxes) \$ _____ <input type="checkbox"/> Minor (age 0-17)			
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<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Race</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
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<b>4) First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicant</b>
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Race</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
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<b>6) First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Relationship to Applicant</b>
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Race</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Decline	<b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
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If you have more than 6 people in your household, please list the information on a separate piece of paper.

**AGENCY NAME:** Community Services and Development (CSD). **UNIT RESPONSIBLE FOR MAINTENANCE:** Low Income Household Water Assistance Program (LIHWAP).  
**AUTHORITY:** Government Code Section 12087.2 (a) Names CSD as the agency responsible for managing 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 Dept 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 for either or both programs. **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.

**PERMISSION/AUTHORIZATION:** 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, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHWAP benefits or services is denied, or if I received 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 paying my water or wastewater costs.

Permission Sign Here



\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**Today's Date**

**Water Savings Tips:** I have received information regarding changes I can make to reduce water use in my home.  
**Water savings tips are on the backside of the coversheet.**

Sign here



\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**Today's Date**

**APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.**

Is the bill past due?  Yes  No ACC # \_\_\_\_\_

VW eligible?  Yes  No

Total Water Cost (for water burden only) \$ \_\_\_\_\_

Water Burden \_\_\_\_\_

**Total LIHWAP Benefit \$** \_\_\_\_\_

Water Services Restored after disconnection:  Yes  No

Disconnection of Water Services prevented:  Yes  No

Eligibility Certification Date: \_\_\_\_\_

Intake Date: \_\_\_\_\_

Intake Initials: \_\_\_\_\_



# CERTIFICATION OF INCOME AND EXPENSES FORM (CSD 43B)

**COMPLETE THIS FORM** for any adult (18 years or older) in the household who **DOES NOT** have income OR received **CASH INCOME** in the last **30 days**.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Please check any that apply:

I receive cash income from other sources       I have NO income       I am a student

## SECTION 1: Tell us about your income sources for the previous MONTH:

Have you been employed part time? If <b>YES</b> , put <b>exact</b> amount received in Section 4.	YES	NO
Have you been <b>self-employed</b> ? If <b>YES</b> , put <b>exact</b> amount received in Section 4.	YES	NO
Did you receive money for any work that you perform only once in a while, like yard work, babysitting, cleaning houses or received cash income from other sources like recycling, selling personal items, etc.? If <b>YES</b> , put <b>exact</b> amount received in Section 4.	YES	NO
Have you received any gifts of money from anyone? If <b>YES</b> , please list the name and phone number of the person who gave you the gift and when:	YES	NO
Did you receive any of the following: (If <b>YES</b> , mark all that apply and <b>provide document(s)</b> ) <input type="checkbox"/> <i>Worker's Comp/SSDI</i> <input type="checkbox"/> <i>Unemployment (EDD)</i> <input type="checkbox"/> <i>Government Sponsored Benefits (SSI/SSA/VA/CAPI/Etc.)</i> <input type="checkbox"/> <i>IRA</i> <input type="checkbox"/> <i>Annuity Payment</i> <input type="checkbox"/> <i>Pension</i> <input type="checkbox"/> <i>Tribal Casino Payments</i> <input type="checkbox"/> <i>Insurance Benefits</i> <input type="checkbox"/> <i>Child/Spousal Support</i>	YES	NO
Have you received rental income from renting out a room or other property in the last 30 days? If <b>Yes</b> , put amount received in Section 4.	YES	NO

## SECTION 2: How did you pay these monthly expenses during the previous months?

Are you using savings or a home equity loan?	If <b>YES</b> , how much?	\$	YES	NO
Are you using some other asset?	If <b>YES</b> , how much & what are they?	\$	YES	NO
Are you borrowing from credit cards?	If <b>YES</b> , how much?	\$	YES	NO
Are you borrowing from some other source?	If <b>YES</b> , how much and how long and when?	\$	YES	NO

## SECTION 3: Please tell us how you paid the following monthly expenses during the previous month:

Expense	Monthly Cost	How has this expense been paid? Please explain:	If someone else pays for you, please complete:
Rent or Mortgage	\$		Name: _____ Address: _____ Phone: _____
Electric/Gas Bills	\$		Name: _____ Address: _____ Phone: _____
Food	\$		Name: _____ Address: _____ Phone: _____

## SECTION 4: Please explain how your monthly expenses were paid or cash income received in the last 30 days:

(Example: In the last 30 days, I made \$150 in cash babysitting. In the last 30 days, I made \$500 in cash from recycling.)


By signing this form, I affirm that I believe these facts are accurate and true. I give Sacred Heart Community Service 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 \_\_\_\_\_

## CERTIFICACIÓN DE INGRESOS Y GASTOS (CSD 43B)

**Todos los adultos en el hogar mayores de 18 años deben completar este formulario si recibieron Dinero en Efectivo o Sin Ingresos en los últimos 30 Días.**

Nombre: \_\_\_\_\_ Domicilio: \_\_\_\_\_

Por favor, marque todas las categoría que apliquen a usted:

Recibo ingresos en efectivo de otras fuentes     
  No tengo ingreso     
  Soy estudiante

**Sección 1: Indique sus fuentes de ingresos del MES anterior.**

Durante el último mes ha trabajado usted horas parciales? Si es haci, escriba la cantidad exacta recibida en la <b>Sección 4.</b>	SI	NO
Durante el último mes trabajó por su propia cuenta? Si es haci, escriba la cantidad exacta recibida en la <b>Sección 4.</b>	SI	NO
¿Recibió dinero por algún trabajo que realiza solo de vez en cuando, como trabajo de jardinería, cuidar niños, limpiar casas o recibió ingresos en efectivo de otras fuentes como reciclar, vender artículos personales, etc. Si es haci, escriba la cantidad exacta recibida en la <b>Sección 4.</b>	SI	NO
Durante el último mes ha recibido usted algun regalo en dinero? Si su respuesta es SI por favor complete la siguiente información <b>Nombre:</b> _____ <b>Cantidad:</b> _____ <b>Por cuanto tiempo:</b> _____	SI	NO
Recibió usted alguno de los siguientes beneficios: marque todos aquellos que usted ha recibido y proporcione documentos. <input type="checkbox"/> <b>Compensación del trabajo</b> <input type="checkbox"/> <b>Desempleo (EDD)</b> <input type="checkbox"/> <b>Programas de Gobierno (SSI/SSA/etc.)</b> <input type="checkbox"/> <b>Manutención de los hijos</b> <input type="checkbox"/> <b>Pago de Anualidades</b> <input type="checkbox"/> <b>Pensión</b> <input type="checkbox"/> <b>Pagos Tribales</b> <input type="checkbox"/> <b>Beneficios de Seguro</b> <input type="checkbox"/> <b>IRA</b>	SI	NO
Esta recibiendo usted ingreso por alquiler? Si es haci, escriba la cantidad exacta recibida en la <b>Sección 4.</b>	SI	NO

**Sección 2: Por favor diganos como ha pagado estos gastos mensuales durante los meses anteriores?**

Esta usando sus ahoros o prestamo con garantia hipotecaria?	Si es asi, cuanto?	\$	SI	NO
Esta utilizando otros bienes?	Si es asi, cuanto y que son?	\$	SI	NO
Esta tomando prestado de una tarjeta de credito?	Si es asi, cuanto?	\$	SI	NO
Esta usted tomando prestado de alguna otra fuente?	Si es asi, cuanto y por cuanto tiempo?	\$	SI	NO

**Sección 3: Por favor diganos como ha pagado estos gastos mensuales durante los meses anteriores?**

Gastos	Gastos Mensuales	Como se ha pagado este gasto? Por favor aclare.	Si alguien mas pago sus gastos mensuales, favor de completar abajo
Renta o Hipoteca	\$		Nombre: _____ Dirección: _____ Teléfono: _____
Factura de Energia / Gas	\$		Nombre: _____ Dirección: _____ Teléfono: _____
Alimentación / Comida	\$		Nombre: _____ Dirección: _____ Teléfono: _____

**Sección 4: Por favor, explique como sus gastos mensuales han sido pagados: Si ha recibido dinero en efectivo en los últimos 30 días cuanto recibio?**

(Ex. Gane \$150 en efectivo cuidando niños en los últimos 30 días. Del 1 al 30 de Junio, gane \$500 en efectivo trabajando como jornalero.)

Al firmar este formato, yo afirmo que estos hechos son exactos y verdaderos. Otorgo al proveedor del Servicio Comunitario del Sagrado Corazón permiso para verificar esta información. Puedo ser responsable bajo la ley estatal o federal por dar información falsa o fraudulenta.





## LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) LANDLORD/MANAGEMENT AGREEMENT

***(ONLY fill out this form if your water bill is INCLUDED in your rent or is sub-metered)***

LIHWAP provides financial assistance to low-income Californians to help manage their residential water and wastewater utility costs. The federal LIHWAP funds are administered by the U.S. Department of Health and Human Services and the California Department of Community Services and Development (CSD) has been designated the administering agency for LIHWAP in California.

The Landlord/Management Agreement is a supplement form to the LIHWAP application. This agreement is used for the landlord/management agent to verify the: 1) **tenancy** of the applicant and 2) that water, wastewater, and/or stormwater costs are **included in tenant's rent** and 3) these costs are **past due**. The landlord/management agent signature ensures the LIHWAP benefit will be applied towards the tenant's upcoming water charges included in rent payment.

Tenant Name:			
Service Address:		Unit #:	
City:		CA	Zip Code: <input type="text"/>
Phone:	( <input type="text"/> ) <input type="text"/>	Email:	<input type="text"/>

Amount of monthly rent that covers water and/or wastewater costs:	\$ <input type="text"/>
<b>PAY BILL :</b> Assistance to Cover (check one)	<input type="checkbox"/> Water Only <input type="checkbox"/> Wastewater Only <input type="checkbox"/> Water & Wastewater when combined in one bill under the Landlord/Management Agent's account
Number of months past due on rent: <input type="text"/>	

Property Owner:			
Manager/Rental Agent:			
Address:		City:	State: <input type="text"/>
Phone:	( <input type="text"/> ) <input type="text"/>	Email:	<input type="text"/>
Water Company Name		Account #	<input type="text"/>

**Landlord or Management Agent Certification:** The landlord/agent confirms the tenant listed above has entered into a rental agreement with the landlord/agent and the tenant's water and/or wastewater and/or stormwater charges are included in rent. The landlord/agent agrees to accept a reduced rental payment from the tenant in the amount of the LIHWAP benefit which will be applied to the current or subsequent month's rent. The landlord/agent consents to the release of the landlord/agent's utility account information to the California Department of Community Services and Development (CSD) and its authorized agents, including HORNE LLP, for the purpose of processing the LIHWAP benefit.

**Landlord/Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tenant Certification:** I certify that I am a tenant named on the rental agreement with the Landlord. I understand the landlord/agent agrees to accept a reduced rental payment if my LIHWAP application is approved and a corresponding payment is issued to the landlord's water company for my households' water, wastewater, and/or stormwater charges. I understand I may be entitled to tenant protections if the landlord does not honor the terms of the Landlord/Management Agreement.

**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PROGRAMA DE ASISTENCIA DE AGUA PARA HOGARES DE BAJOS INGRESOS (LIHWAP)  
ACUERDO DE PROPIETARIO/AGENTE/MANEJADOR DE LA PROPIEDAD**

**(SÓLO llene este formulario si su factura de agua está INCLUIDA en su alquiler o es submedida)**

LIHWAP brinda asistencia financiera a los californianos de bajos ingresos para ayudarlos con sus costos de servicios de agua y aguas residuales residenciales. Los fondos federales de LIHWAP son administrados por el Departamento de Salud y Servicios Humanos de los EE. UU. y el Departamento de Servicios Comunitarios y Desarrollo (CSD) de California ha sido designado como la agencia administradora de LIHWAP en California.

El Acuerdo de **Arrendador/Propietario** (Manejador) es un formulario complementario a la solicitud LIHWAP. Este acuerdo se utiliza para que el arrendador/agente de administración verifique: 1) la **tenencia** del solicitante y 2) que los costos de agua, aguas residuales y/o aguas pluviales **estén incluidos en el alquiler del inquilino** y 3) estos costos estén **atrasados**. La firma del propietario/agente garantiza que el beneficio LIHWAP se aplicará a los próximos cargos de agua del inquilino incluidos en el pago del alquiler.

Nombre del inquilino:			
Domicilio de Servicio:		# de unidad:	
Ciudad:		CA	Código postal:
Teléfono:	(    )	Correo electrónico:	

Renta mensual que cubre los costos de agua.	\$ _____
<b>PAGO DE FACTURA:</b> Marque como quiere aplicar su beneficio: (Solo marque una casilla)	<input type="checkbox"/> Solo agua <input type="checkbox"/> Solo aguas residuales <input type="checkbox"/> Agua y aguas residuales cuando se combinan en una factura bajo el Arrendador/Cuenta del propietario
¿Cuántos meses está atrasado en el pago de su alquiler?	

Propietario:			
Arrendador/Agente:			
Domicilio:		Ciudad:	
		Estado:	Código postal:
Teléfono:	(    )	Correo electrónico:	
Nombre de la empresa de agua:		# de cuenta	

**Certificación del arrendador o agente de administración:** El arrendador/agente confirma que el arrendatario mencionado anteriormente ha entrado en un contrato de alquiler con el arrendador/agente y que los cargos por agua y/o aguas residuales y/o aguas pluviales del arrendatario están incluidos en el alquiler. El propietario/agente acuerda aceptar un pago de alquiler reducido del inquilino por el monto del beneficio LIHWAP que se aplicará al alquiler del mes actual o subsiguiente. El arrendador/agente da su consentimiento para la divulgación de la información de la cuenta de servicio de agua del arrendador/agente al Departamento de Desarrollo y Servicios Comunitarios de California (CSD) y sus agentes autorizados, incluido HORNE LLP, con el fin de procesar el beneficio/pago LIHWAP.

**Firma del Propietario/Agente :** \_\_\_\_\_ **Fecha :** \_\_\_\_\_

**Certificación del Inquilino:** Certifico que soy un inquilino nombrado en el contrato de alquiler con el Propietario. Entiendo que el arrendador/agente acepta aceptar un pago de alquiler reducido si se aprueba mi solicitud LIHWAP y se emite el pago correspondiente a la compañía de agua del arrendador por los cargos de agua, aguas residuales y/o aguas pluviales de mi hogar. Entiendo que puedo tener derecho a las protecciones del inquilino si el propietario no cumple con los términos del Acuerdo de Propietario/Administración.

**Firma del Inquilino :** \_\_\_\_\_ **Fecha :** \_\_\_\_\_