

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

Application Instructions

All necessary supporting documentation must be dated within 30 days of the date you submit your application. An incomplete application will prevent you from receiving assistance.

- Use only **blue** or **black** ink.
- Please cross out mistakes and initial the change. Do **NOT** use white out.

Please Note: At this time, LIHWAP assistance can only help with past due accounts. If your water or wastewater cost are included in rent, your rent must be past due and you and your landlord must complete the enclosed form "LANDLORD/MANAGEMENT AGREEMENT" (CSD040)

Income Guidelines	
Size of Household	Monthly Income
1	\$2,564.73
2	\$3,353.87
3	\$4,143.02
4	\$4,932.17
5	\$5,721.31
6	\$6,510.46
7	\$6,658.43
8	\$6,806.39
9	\$6,954.36
10	\$7,102.32

The following supporting documentation MUST BE INCLUDED with your application packet:

- **Income:** Provide copies of all income verification for everyone in the household. All verification must be dated within 30 days of submitting the application and it must reflect a full consecutive month. Each person over 18 years of age without an income needs to complete and sign the CERTIFICATION OF INCOME AND EXPENSES – CSD43B (High School students are excluded).

Special Income Eligibility:

- If any household member has been certified for LIHEAP benefits in the last 4 months some of the income documentation may not be required. You can call us to discuss what is necessary.
- If any household member currently receives CalFRESH or CalWORKS they need to provide verification of their benefits but they can self-certify the rest of the household income on the LIHWAP Intake Form (CDS041).

In both cases The household must provide accurate income information on intake documents (CSD041) but that income can exceed program limits. Please contact us with any questions. **(530) 938 – 4115 ext. 114**

- **ID:** Applicants must provide proof of government identification (ID) to receive assistance under LIHWAP. Identification must include a photo. If you cannot provide a State ID, State Drivers license, or a US passport please contact us for a list of alternative identification.
- **Water/Wastewater Bill:** Provide a copy of all pages of the household's most recent water or wastewater bill, property tax statement, or property assessment that shows water or sewer charges. If your past due charges are not itemized further information may be requested from you water/wastewater vendor. LIHWAP benefits can only be issued to water/wastewater systems who have enrolled in the state's payment program. If your water/wastewater system is not enrolled you will be on a waitlist until they complete the process.

LIHWAP
Examples of Proof of Income
Keep for Your Records

Proof of income is required for everyone in the household 18+ and not a high school student.

All documents provided need to include a name or SSN to be acceptable verification of income.

- **SSA/SSI/SSP/SSDI**: 2022 Annual Award Letter from Social Security, bank statements reflecting direct deposit amounts or checks dated within the last 30 days.
- **CalFresh/TANF** (Temporary Assistance for Needy Families): Please provide a **Verification of Benefits** dated within the last 30 days. If you are only receiving CalFresh food stamps, please provide this information as documentation that you are not receiving any other income or county aid. Adults listed in the household but who are not the “Case Name” need to submit a signed “Certification of Income and Expenses” if they do not have any other income.
- **Pension/Annuities**: Please provide 2022 annual statements or copies of checks dated within the last 30 days from each pension plan. You need to provide proof of the gross amount received. If you provide a bank statements reflecting direct deposits you should also include your most recent 1099 form to verify withholding status.
- **Wages/Paychecks**: Copies of all check stubs/receipts dated within the last 30 days, reflecting a FULL CONSECUTIVE MONTH of pay for the last 30 days worked. Be sure that the dates are in chronological order and that there are no gaps between pay periods or missing stubs/receipts. If there was a gap in work with no pay, please attach a brief explanation.
- **Unemployment Benefits**: Copies of EDD documentation reflecting a FULL CONSECUTIVE month dated within the last 30 days. Please provide documentation of an award amount and verification of benefits received.
- **Self-Employment/Odd Jobs**: All household members who are self-employed and/or perform odd jobs within the last 30 days will need to complete, sign and date a “Self-Certification of Household Income Verification”. This certifies the actual amount that have been earned and received for the last 30 days.
- **Child/Spousal Support**: Copies of checks, bank statements reflecting direct deposits or other documentation reflecting a FULL CONSECUTIVE MONTH dated within the last 30 days.
- **Worker’s Compensation**: Copies of recent check stubs or other documentation reflecting a FULL CONSECUTIVE MONTH for the last 30 days.
- **Other Income**: If any other forms of income are received that are not listed above, documentation can be provided on bank statements for direct deposits or checks dated within the last 30 days.
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GREAT NORTHERN
- services -

Great Northern Services

310 Boles Street
Weed, CA 96094
(530) 938-4115
Fax (530) 938-1040
www.gnservices.org

LIHWAP Information Keep for Your Records

- The Low Income Household Water Assistance Program (LIHWAP) is a federally funded program that is administered by the state of California to assist low-income households in arrearages on their water or wastewater bills. This is a one-time program and is not expected to be repeated. Great Northern Services can only assist households located in Siskiyou County.
- Completing an application is not a guarantee for assistance.
- ***You will be notified*** when we receive your application, if required documents are missing or if your water/wastewater system is not enrolled, and again if assistance can be provided.
- Your application may not be processed immediately. Applications will be prioritized based on the severity of the situation and the water/wastewater systems enrollment status. If your application is not processed immediately you may need to provide additional documentation before a benefit can be issued.
- **Apply online:** Great Northern Services uses ShareFile and RightSignature to give clients a safe and secure way to apply for LIHWAP online if they prefer. Visit **gnservices.org/water** for more information.
- **Apply by mail:**
Send the entire application by U.S. Mail to
Great Northern Services – ATTN: LIHWAP
310 Boles Street
Weed, CA 96094
- For personal assistance in completing the application you can call 530-938-4115 ext. 114 or text 530-938-4115 (message & data rates may apply); stop by our office Monday – Thursday, 9 am – 4 pm; or visit your local Community Resource Center (see list on next page).
- Spanish language assistance is available, please call 530-938-4115 ext. 131 to schedule a phone call or in-person appointment.

LIHWAP
Resource Information Guide
Keep for Your Records

Pacific Power

CARE Program: Income-qualifying residential customers can receive a 20 percent discount on Pacific Power bills through the California Alternate Rates for Energy (CARE) program. You can contact Pacific Power by phone at 1-888-221-7070 and ask about their payment plans and/or obtain an application for the CARE program, or enroll through their Website: www.pacificpower.net/care

CDBG-CV Subsistence Program

Qualified households can receive up to \$3,000 covering utility bills and/or \$3,000 covering rent payments or owner-occupied home mortgage payments. Program requirements are different from LIHWAP and qualifying for LIHWAP does not necessarily mean you qualify for the Subsistence Program, but you may be referred to the program if your water/wastewater bill is higher than the LIHWAP maximum or if your water/wastewater system is not enrolled. You can download an application for the Subsistence Program at gnservices.org

Siskiyou County Community Resource Centers

- **Dunsmuir Community Resource Center:** 5844 Dunsmuir Ave, Dunsmuir. (530) 235-4400.
- **Happy Camp Family Resource Center:** 38 Parkway Rd., Happy Camp. (530) 493-5117.
- **HUB Communities Family Resource Center:** 310 S. 13th St., Montague. (530) 459-3481.
- **McCloud:** Opening soon!
- **Mount Shasta Community Resource Center:** 109 E. Lake St., Mt. Shasta. (530) 926-1400.
- **Scott Valley Family Resource Center:** 11920 Main St., Fort Jones. (530) 468-2450.
- **Tulelake/Newell Family Resource Center:** 810 Main St., Tulelake. (530) 667-2147.
- **Family & Community Resource Center of Weed:** 260 Main St., Weed. (530) 938-9914.
- **Yreka Community Resource Center:** 201 S. Broadway, Yreka. (530) 842-1313.

Most resource centers have copies of our applications on hand. They can help fill applications out, provide additional instructions, and submit the applications to us by fax. In addition each center has a wide variety of other services. Please call first to verify hours and availability of assistance.

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 <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:							

PEOPLE LIVING IN HOUSEHOLD

Enter the total number of people living in the household, including yourself →

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 <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"/> Black or African American			
<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			
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		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			

<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



Great Northern Services

310 Boles Street
Weed, CA 96094
(530) 938-4115
Fax (530) 938-1040
www.gnservices.org

LIHWAP Great Northern Services Application

Name: _____ SSN: _____

Government ID Submitted: _____ (don't forget to include a copy)

Home Address: _____ City: _____ Zip: _____

Cell phone: _____ Home phone: _____

☐ It's ok to send me text messages about my application and additional services.

Email: _____

☐ Please add me to the GNS email list

How did you hear about these services? ☐ Friends/Family ☐ Resource Center ☐ Social Media ☐ Other: _____

Is your residence a ☐ House ☐ Apartment ☐ Duplex ☐ Mobile Home ☐ Other _____

Do you ☐ own ☐ rent How much do you pay for rent/mortgage? _____

List disabled parties living in your home: _____

Has anyone in your home served in the US military? ☐ No ☐ Yes, active duty NAME(S): _____

☐ Yes, veteran NAME(S): _____

LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

LANDLORD/MANAGEMENT AGREEMENT

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 (U.S. HHS) 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 of the Landlord/Management Agreement ensures the LIHWAP benefit will be applied towards the tenant's upcoming utilities included in rent payment.

Tenant Name			
Service Address		Unit Number	
City, State, Zip			
Phone		Email	

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

Property Owner			
Manager/Rental Agent			
Address			
City, State, Zip			
Phone		Email	

Landlord or Management Agent Certification: The landlord or management agent confirms the tenant listed above has entered into a rental agreement with the landlord or management agent and the tenant's water and/or wastewater and/or stormwater charges are included in rent. The landlord/ management 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/management agent consents to the release of the landlord/management'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 or Management Agent Signature

Date

Tenant Certification: I certify that I am a tenant named on the rental agreement with the Landlord. I understand the landlord/management agent agrees to accept a reduced rental payment if my LIHWAP application is approved and a corresponding payment is issued to the landlord's utility 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



Great Northern Services

310 Boles Street
Weed, CA 96094
(530) 938-4115
Fax (530) 938-1040
www.gnservices.org

COUNTY OF SISKIYOU
CALFRESH-FOOD/NUTRITIONAL ASSISTANCE
818 SOUTH MAIN STREET
YREKA, CA 96097
FAX# 841-2723

TO WHOM IT MAY CONCERN,

PLEASE FAX MY VERIFICATION OF BENEFITS TO GREAT NORTHERN SERVICES AT 530-938-1040.

PRINTED NAME

SIGNATURE

DATE

CASE #/SS #

Invigorate • Initiate • Improve

Access to Capital • Portfolio Management • Economic Development • Energy Assistance • Home Weatherization
Community Food • Community Services • HIV/AIDS Case Management • Community Development

CA Lic. # 629328

Department of Community Services and Development

CSD 43B (rev.12/2013)

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	UNEMPLOYMENT	GOVERNMENT SPONSORED BENEFITS	CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)			
		ANNUITY PAYMENT	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.

Signature

Date