WATER | ENERGY | LIFE
CITY OF RIVERSIDE PUBLIC UTILITIES

community Action PARTNERSHIP of Riverside County

RPU SHARE PAYMENT ASSISTANCE PROGRAM

INTAKE APPLICATION

REQUIRED APPLICATION SECTION	
City Employee:	☐ YES ☐ NO
City Employee Relative:	☐ YES ☐ NO

Basic Information

Applicant's Last Name	First Name	M.I.	Social Security Number	Phone Number

Application Address	How did you hear about SHARE?

Total number of persons living in household including applicant:		**Household Members** (Please include separate sheet for additional household members)			
Utility Account Number	Type of Utility Service: ☐ Electric ☐ Trash ☐ Water	Name	Relationship to Applicant	Type of Income	Age
Utility Service in Name of					
Ages 2 - or younger					
Ages 3 - 5					
Ages 6 - 17					
Ages 18 - 59 (Adult)					
Ages 60 - older (Senior)					
Disabled					

Income Verification - Income Type for Entire Household

Type of Income (for every member of the household - last 8 weeks)	Income
1. Tax documentation (Tax return and/or W2, 1040 and Schedule C) REQUIRED	$
2. Paycheck Stubs. (Gross Salary, Bank Statements, Wages, Benefits, Bonus, Overtime, and Net Income from Self-Employed) Last 8 weeks/2 months, minimum full consecutive month of pay.	$
3. Federal or State Assistance Programs (CalFresh/SNAP, CalWorks/TANF, LIHEAP, Medi-Cal/Medicaid Health Families A&B, National School Lunch Program, WIC, Bureau of Indian Affairs)	$
4. SSI/SSP or SSA Award Letter (Covering Current Year)	$
5. Pensions (Retirement Benefits, Insurance Benefits, Disability Insurance, Workers Comp)	$
6. All other income, specify (Child Support or Alimony, Savings, Investments, Interests, Jury Duty Pay, Unemployment Insurance)	$
7. No Income (Please state reason and length of time of no income) Must Provide Documentation and Signed Affidavit	$
8. Jobs paid in cash (Written, signed, and dated statement from employer declaring money earned for minimum last 8 weeks)	$
TOTAL:	**$** 0.00

Applicant's Signature

1. I hereby authorize the Community Action Partnership (CAP) to examine all employment, income, utility, and other records pertinent to my application for energy assistance. 2. I hereby authorize RPU to release information regarding my bills past and future, to CAP. 3. I certify that I am temporarily unable to pay my energy bill(s). 4. I certify that I am solely or jointly responsible for payment of the utilities for this address. 5. I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge and that I have read the Privacy Notification

Applicant's Signature _____ Date _____ Witness Signature if Applicable _____

Energy Savings Assistance Program | Mobile-Home and Multi-Family Energy Efficiency Program

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 RPU, its contractors, consultants, other federal, state or local agencies (RPU 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.

Applicant's Signature _____ Date _____ **PLEASE DO NOT WRITE BELOW THIS LINE**

AGENCY USE ONLY

Deposit Notice	Current Assistance	Amount of Bill
Last Date of SHARE Assistance	Danger of Disconnection: ☐ YES ☐ NO	

Agency Approval

Notes:	Intake Worker's Signature	Intake Worker's Name (Print)	Date

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RPU SHARE PAYMENT ASSISTANCE PROGRAM GUIDELINES

Community Action Partnership of Riverside County

PROGRAM ELIGIBILITY

Income-qualification is based on 250% of the Federal poverty guidelines and the number of people in the household.

Number in Household	Total Annual Income* Does Not Exceed	Total Monthly Income* Does Not Exceed
1	$39,900	$3,325
2	$54,100	$4,509
3	$68,300	$5,692
4	$82,500	$6,875
5	$96,700	$8,059
6	$110,900	$9,242
7	$125,100	$10,425
8	$139,300	$11,609
Add for each additional person:	$14,200	$1,184

*Federal Poverty Guidelines are subject to change.

REQUIRED DOCUMENTS FOR ELIGIBILITY

- Valid government-issue I.D. (Driver's License, Identification Card, REAL ID, PASSPORT, Military ID)
- Social Security Card
- Urgent Notice
- Income for EVERYONE in the household:
  - Tax documentation (Tax return and/or W2, 1040 and Schedule C) REQUIRED
  - Paycheck Stubs. (Gross Salary, Bank Statements, Wages, Benefits, Bonus, Overtime, and Net Income from Self-Employed) Last 8 weeks/2 months, minimum full consecutive month of pay.
  - Federal or State Assistance Programs (CalFresh/SNAP, CalWorks/TANF, LIHEAP, Medi-Cal/Medicaid Health Families A&B,
  - National School Lunch Program, WIC, Bureau of Indian Affairs)
  - SSI/SSP or SSA Award Letter (Covering Current Year)
  - Pensions (Retirement Benefits, Insurance Benefits, Disability Insurance, Workers Comp)
  - All other income, specify (Child Support or Alimony, Savings, Investments, Interests, Jury Duty Pay, Unemployment Insurance
  - No Income (Please state reason and length of time of no income) Must Provide Documentation and Signed Affidavit
  - Jobs paid in cash (Written, signed, and dated statement from employer declaring money earned for minimum last 8 weeks)

SHARE PROGRAM GUIDELINES

- The level of incentive for electric emergency and deposit payment assistance is $250 per customer, per 12-month period.
- The level of incentive for electric payment assistance is $28.00 a month, not to exceed $336 per customer per 12-month period.
- The level of incentive for water payment assistance is $5.75 a month, not to exceed $69 per customer per 12-month period.
- The level of incentive for trash payment assistance is $5.75 a month, not to exceed $69 per customer per 12-month period.
- A 12-month period starts when a customer applies for and receives assistance and only if the customer has not applied for and received such assistance within twelve months of the date of the new application.
- A customer is ineligible for the $250 electric emergency and deposit assistance until a 12-month period has passed since they last applied and received SHARE assistance, even if the applicant moves to a new address.
- Any change of address from the utility account holder while receiving the monthly bill SHARE credit will transfer over to the new address for the remaining months in the 12-month period.
- All General Program Guidelines apply.

Please return completed application and copies of documents to one of the following locations:

Community Action Partnership
5555 Arlington Avenue, Riverside, CA 92504

RPU Customer Resource Center
3025 Madison St. Riverside, CA 92504