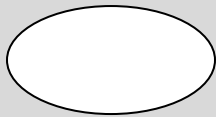
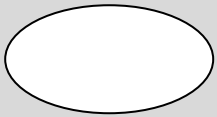


**COMPLETE, SIGN, AND RETURN THIS FORM**

LATHROP IRRIGATION DISTRICT

Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	

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	
Have you lived at this residence during each of the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
Mailing Address						Unit Number	
Mailing City			Mailing County		Mailing State	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.					
First Name	Last Name	Relation to Applicant	Date of Birth MM/DD/YY	Amount of Gross Monthly Income (Before Taxes and Deductions)	Source of Income
		Self			
<b>Household Total Monthly Gross Income</b>				<b>\$</b>	
<b>Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					


**ENERGY INFORMATION**

The questions below are **MANDATORY**. Please check all energy sources used to heat your home.

A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided.

NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

**What is the main fuel used to HEAT your home?** One main heating source **MUST** be checked.

Natural Gas    Electricity    Wood    Propane    Fuel Oil    Kerosene    Other Fuel

**In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):**

Natural Gas    Electricity    Wood    Propane    Fuel Oil    Kerosene    Other Fuel    N/A

**Are you the account holder:**   **Electric Bill**    Yes    No   **Natural Gas Bill**    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 LID, its contractors, consultants, other federal or state agencies (LID 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.

<b>X</b>		
	*** APPLICANT'S SIGNATURE ***	Date


# LATHROP IRRIGATION DISTRICT

## Statement of Financial Support

This declaration is to be completed for income verification purposes.

**PLEASE ATTACH COPIES OF REQUIRED DOCUMENTS AS APPLICABLE**

Type of Income or Support	Amount received in the last 30 days	Source/Provider Verification <small>The signature of the provider is required where indicated.</small>
➤ Employment (Irregular, Seasonal) <b>REQUIRED DOCUMENTS:</b> Verification Letter from employer or statement reporting gross income	\$ _____	Business or Name: _____ Address: _____ Phone: _____
➤ Self-Employment <b>REQUIRED DOCUMENTS:</b> 1040 Tax Form with Schedule C; Hand-written ledger or 30 Day Profit and Loss (all must be signed and dated)	\$ _____	Business or Name: _____ Address: _____ Phone: _____
➤ Personal Income (Irregular income resulting from occasional sources such as, but not limited to, babysitting, mowing lawns, redeeming cans/bottles, donating blood/plasma, paid in cash or selling personal property) <b>Income Type Here:</b> _____	\$ _____	Business or Name: _____ Address: _____ Phone: _____
➤ Housing/Rental Assistance (Section 8, General Assistance) <b>REQUIRED DOCUMENTS:</b> HUD Verification Letter or GA Form SJ 64	\$ _____	Agency Name: _____ Address: _____ Phone: _____
➤ Child/Spousal Support (Private pay only) <b>REQUIRED DOCUMENTS:</b> If enforced by the courts or Dept. of Child Support, must provide support order or current statement of payments	\$ _____	Name: _____ Address: _____ Phone: _____ Signature of Provider: _____
➤ Regular Cash Payments or Gifts on behalf of the household (Regular support expected to continue)	\$ _____	Name: _____ Address: _____ Phone: _____ Signature of Provider: _____
➤ Irregular Cash Payments or Gifts on behalf of the household (One-time or occasional support not expected to continue)	\$ _____	Name: _____ Address: _____ Phone: _____ Signature of Provider: _____
➤ Loans (An advance of money from lender to borrower where borrower has to repay, with or without interest. This applies to any commercial as well as noncommercial loan [between relatives, friends or others])	\$ _____	Name: _____ Address: _____ Phone: _____ Signature of Provider: _____

By signing this form, I affirm that I believe these facts are accurate and true. I understand the agency will evaluate the information provided on this form to verify income and my eligibility for assistance. I understand that withholding information which would affect eligibility for assistance or the amount thereof, or giving false information in order to obtain or use benefits from the energy assistance program is fraud. I give the agency my permission to verify this information. The agency may deny services if the information appears to be insufficient or contradictory. I may be held liable under federal or state law for knowingly making false or fraudulent statements.

\_\_\_\_\_  
Signature of Applicant or Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant or Household Member (Print)

\_\_\_\_\_  
Applicant's Address

**LATHROP IRRIGATION DISTRICT**

Applicant Name \_\_\_\_\_

**CERTIFICATION OF INCOME AND EXPENSES**

You are being asked to complete this form because you requested assistance. The applicant **MUST** 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: _____ Address: _____ Phone: _____
Utility Bills	\$		Name: _____ Address: _____ Phone: _____
Food	\$		Name: _____ Address: _____ Phone: _____

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 \_\_\_\_\_



# Budget Worksheet

Use this worksheet to see how much money you spend this month. Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

## My income this month

Income	Monthly total
Paychecks (salary after taxes, benefits, and check cashing fees)	\$
Other income (after taxes) for example: child support	\$
<b>Total monthly income</b>	<b>\$</b>

**Income**

## My expenses this month

	Expenses	Monthly total
<b>HOUSING</b>	Rent or mortgage	\$
	Renter's insurance or homeowner's insurance	\$
	Utilities (like electricity and gas)	\$
	Internet, cable, and phones	\$
	Other housing expenses (like property taxes)	\$
<b>FOOD</b>	Groceries and household supplies	\$
	Meals out	\$
	Other food expenses	\$
<b>TRANSPORTATION</b>	Public transportation and taxis	\$
	Gas for car	\$
	Parking and tolls	\$
	Car maintenance (like oil changes)	\$
	Car insurance	\$
	Car loan	\$
	Other transportation expenses	\$



# Budget

	Expenses	Monthly total
<b>HEALTH</b>	Medicine	\$
	Health insurance	\$
	Other health expenses (like doctors' appointments and eyeglasses)	\$
<b>PERSONAL AND FAMILY</b>	Child care	\$
	Child support	\$
	Money given or sent to family	\$
	Clothing and shoes	\$
	Laundry	\$
	Donations	\$
	Entertainment (like movies and amusement parks)	\$
	Other personal or family expenses (like beauty care)	\$
<b>FINANCE</b>	Fees for cashier's checks and money transfers	\$
	Prepaid cards and phone cards	\$
	Bank or credit card fees	\$
	Other fees	\$
<b>OTHER</b>	School costs (like supplies, tuition, student loans)	\$
	Other payments (like credit cards and savings)	\$
	Other expenses this month	\$
<b>Total monthly expenses</b>		<b>\$</b>

**Expenses**

$$\begin{array}{c}
 \$ \quad \square \\
 \text{Income}
 \end{array}
 -
 \begin{array}{c}
 \$ \quad \square \\
 \text{Expenses}
 \end{array}
 =
 \begin{array}{c}
 \$ \quad \square
 \end{array}$$

Maybe your income is more than your expenses. You have money left to save or spend.

Maybe your expenses are more than your income. Look at your budget to find expenses to cut.