WATER | ENERGY | LIFE
CITY OF RIVERSIDE PUBLIC UTILITIES

Community Action PARTNERSHIP of Riverside County

RPU SHARE PAYMENT ASSISTANCE PROGRAM

INTAKE APPLICATION

REQUIRED APPLICANT 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

Applicant's 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)			
	Name	Relationship to Applicant	Type of Income	Age
Utility Account Number: / Type of Utility Service: ☐Electric ☐Trash ☐Water				
Utility Service in Name of:				
Ages 2 - or younger				
Ages 3 - 5 years				
Ages 6 - 17				
Ages 18 - 59 (Adult)				
Ages 60 or older (Senior)				
Disabled				

Income Verification

Type of Income (for every member of the household - last 4 weeks)	Income
1. Paychecks (Gross salary, wages, benefits, bonus, overtime and net income from self-employed)	$
2. Federal or State Assistance Programs (CalFresh/SNAP, CalWorks/TANF, LIHEAP, Medi-Cal/Medicaid Healthy Families A&B, National School Lunch Program, SSI, WIC, Bureau of Indian Affairs)	$
3. SSI/SSP or SSA (Please add, if both benefits are granted)	$
4. Pensions (Retirement Benefits, Insurance Benefits, Disability Insurance, Workers Comp)	$
5. All other income, specify (Child Support or Alimony, Savings, Investment, Interests, Jury Duty Pay, Unemployment Insurance)	$
6. No Income (Please state reason and length of time of no income) Must provide documentation	
TOTAL:	$

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

Energy Needs Verification

AGENCY USE ONLY

Deposit Notice: _____
Current Assistance: _____

Amount of Bill: _____
Current Assistance: _____
Last Date of SHARE Assistance: _____

Danger of Disconnection: ☐ Yes ☐ No

Agency Approval

Monthly: ☐ Yes ☐ No
Emergency/ Deposit: ☐ Yes ☐ No

Intake Worker's Signature _____ Intake Worker's Name (Print) _____ Date _____

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

Community Action Partnership
2038 Iowa Ave. Suite B-101/B102, Riverside, CA 92507

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

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RPU SHARE PAYMENT ASSISTANCE PROGRAM
GUIDELINE

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	$39,125	$3,260
2	$52,875	$4,406
3	$66,625	$5,552
4	$80,375	$6,697
5	$94,125	$7,843
6	$107,875	$8,989
7	$121,625	$10,135
8	$135,375	$11,281
Add for each additional person:	$13,750	$1,145

*Federal Poverty Guidelines are subject to change.

REQUIRED DOCUMENTS FOR ELIGIBILITY

- Valid government-issued I.D. (Driver's license, Identification card, REAL ID, Passport, Military ID)
- Social Security card
- Current RPU bill
- Urgent Notice
- Income for **EVERYONE** in the household (the last 4 weeks):
  - Paycheck stubs: copies of all check stubs (last 4 weeks), full consecutive month of pay.
  - SSI or SSA award letter (covering current year).
  - Current bank statement showing direct deposit only for SSI, SSA, TANF or pension.
  - Unemployment check stubs/ on-line print out showing direct deposit.
  - Current TANF Notice of Action or Passport to Services printout (including current month).
  - Child support receipts/ on-line printout
  - Alimony-spousal support.
  - Disability Insurance Payments.
  - Proof of self-employment (Current filed 1040 tax form and Schedule C).
  - Jobs paid in cash (Written statement declaring type of work, money earned for the last 4 weeks, signature and date).
  - Current year award Letter from CalFresh/SNAP, CalWorks/TANF, LIHEAP, Medi-Cal/Medicaid, Healthy Families A&B, National School Lunch Program, SSI, WIC, Bureau of Indian Affairs General Assistance.

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 $24.00 a month, not to exceed $288 per customer per 12-month period.
- The level of incentive for water payment assistance is $5.25 a month, not to exceed $63 per customer per 12-month period.
- The level of incentive for trash payment assistance is $4.46 a month, not to exceed $53.52 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.

REV 7/2025