

SOCIAL SERVICES APPLICATION FOR LIHWAP 2022



ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE COMPLETED IN A TIMELY MANNER.

**LIHWAP ASSISTANCE IS A BASELINE SERVICE.
ALL ELIGIBLE HOUSEHOLDS WILL RECEIVE \$100.00
(To be paid to Water Vendor)**

The Low-Income Household Water Assistance Program is a new federally-funded ARP program that will provide assistance to help households with their water bills. In order to qualify, you must meet the income guidelines listed below. Depending on your income and specific needs members may be eligible for help with:

- Reconnect Household Water Services
- Prevent Disconnection of Household Water Services
- Help Reduce Current Household Water Bills

DOCUMENTATION NEEDED TO COMPLETE APPLICATION:

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

1. Application Must be Completed and Signed for Processing
2. Tribal Verification
3. Proof of Income for All Adults in the Home
4. If Applicant has no Income, Zero Income Form Must be Filled Out
5. Water Provider Information: Statement/Bill
6. Proof of Disability if Disabled

100%, 110% and 150% of the U.S. Department of Health and Human Services Federal Poverty Guidelines (FPG) Published on February 1, 2021 the tables below show the calculations for the FPG for optional use in Federal Fiscal Year (FFY) 2021 LIHEAP and mandatory use in FFY 2022 LIHEAP. Select Percentages of FPG for All States except Alaska and Hawaii and for the District of Columbia:

SIZE OF HOUSEHOLD	100 % OF FPG	110% OF FPG	150% OF FPG
1	\$12,880	\$14,168	\$19,320
2	\$17,420	\$19,162	\$26,130
3	\$21,960	\$24,156	\$32,940
4	\$26,500	\$29,150	\$39,750
5	\$31,040	\$34,144	\$46,560
6	\$35,580	\$39,138	\$53,370
7	\$40,120	\$44,132	\$60,180
8	\$44,660	\$49,126	\$66,990

FIRST NAME	MIDDLE NAME	LAST NAME

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE

SOCIAL SECURITY NO.	TELEPHONE NO.	DATE OF BIRTH

LIST ALL MEMBERS OF YOUR HOUSEHOLD:

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO YOU:

SOURCE OF INCOME IN HOUSEHOLD: LIST ALL HOUSEHOLD INCOME INCLUDING APPLICANT:

NAME:	SOURCE OF INCOME	HOW OFTEN: WEEKLY/MONTHLY	RECIPTS ATTACHED	STAFF VERIFIED INITIALS

Please Check Requested Assistance (Only One):

_____ Reconnect Household Water Service

_____ Prevent Disconnection of Household Water Services (please provide copy of shut off notice)

_____ Help Reduce Current Household Water Bill

WATER VENDOR INFORMATION:

Company Name	
Company Phone Number	
Account Number	

If your household rents your home and DOES NOT have a separate water bill, please provide a copy of your most recent rental receipt or lease/ rental agreement stating that water is covered in your rental fee.

Landlord or Company Name	
Address	
Phone Number	

Are there any Elders in the home? _____ YES _____ NO

Are there any disabled persons in the home? _____ YES _____ NO

Are there children under the age of 6 in the home? _____ YES _____ NO

Are there any life-threatening health conditions that may affect your family if utilities are shut off?

Provide your landlord's name and phone number to verify your residence:

Landlord's Name: _____

Phone Number: _____ Address: _____

I certify by signing this application that all information given is true and accurate to the best of my knowledge. I am also aware that giving false information is subject to immediate dismissal of this application process. I understand this application must be accompanied by verification of income and Indian ancestry for all household members:

BAND AFFILIATION: _____

APPLICANT PRINTED NAME: _____

APPLICANT SIGNATURE

DATE

SOCIAL SERVICES COORDINATOR SIGNATURE: _____

FOR OFFICE USE ONLY:

APPLICATION DATE: _____

REQUISITION NO: _____

APPROVED AMOUNT: _____

SOURCE OF FUNDS: _____

APPROVAL DATE: _____

DATE PROCESSED BY SS DEPT: _____
