

# APPLICATION FOR THE LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

To apply for Water Assistance, you must complete all questions front and back and sign at the red "X".

**If you do not understand these instructions, contact your local county assistance office.**

**1** Please complete this section for the head of household. \*Use the codes from question 2 to help provide the details.

Name (Include Last, First Middle Initial)		Date of Birth	Sex	Social Security Number	
Home Address (Include Street, Apt. Number, City, State & ZIP Code+4)					
Mailing Address if different (Include Street, Apt. Number, City, State & ZIP Code+4)					
County You Live In	Phone Number: ( )	Citizenship*	Race (Optional)*	Ethnicity (Optional)*	Marital Status*
If you are currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income you have on file?					<input type="checkbox"/> Yes <input type="checkbox"/> No

**2** List the people who live with you at this address. Include all children and adults. Include related roomers. Include all unrelated roomers who share household expenses. Do not include anyone in jail/prison. Do not include the household member listed in block 1.

Use the codes below to help provide the details for each individual in your household.

**CITIZENSHIP\*:** (1) U.S. Citizen, (2) Permanent Alien, (3) Temporary Alien, (4) Refugee, (5) Other-not eligible for benefits (All non-U.S. citizens must provide proof of alien status.)

**RACE\*:** (optional) (1) Black or African American, (3) American Indian or Alaskan Native, (4) Asian, (5) White, (7) Native Hawaiian or other Pacific Islander. List all groups that apply.

**ETHNICITY\*:** (optional) (1) Non-Hispanic, (2) Hispanic or Latino

**MARITAL STATUS\*:** (1) Single, (2) Married, (3) Common Law Marriage, (4) Separated, (5) Divorced, (6) Widow/Widower

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 1								
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 2								
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 3								
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
Person 4								
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								

If you have additional people in your house, please provide their information on a separate piece of paper and send it along with this application.

**3** Tell us about income for the people in your household. Please tell us about all income, before taxes and deductions. Types/sources of income include money from: Employment, veteran's benefits, unemployment compensation, black lung benefits, Social Security, support, workers compensation, interest/dividends, and rental income.

Name of person with income	Type/source of income	Start date	Date of first paycheck	How much each month?
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<b>DHS USE ONLY</b>	County	District	Record Number
	Application registration number	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
			Date

4 Are you or anyone in your household fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime that would be classified as a felony?  Yes  No  
 If **yes**, who? \_\_\_\_\_

5 Are You:  
 Renting  Renting subsidized housing/Section 8  An unrelated roomer  
 An owner or are you buying your home  Other: \_\_\_\_\_

6 If renting, check if either of the following are included in your rental payment (check both if applicable):  
 Drinking water  Wastewater (sewage)

7 Check if any of the following apply and provide explanation if needed:  
 Drinking water is shut off  Have a shut-off notice for drinking water  Have arrearages for drinking water  
 Wastewater is shut off  Have a shut-off notice for wastewater  Have arrearages for wastewater  
 Explain: \_\_\_\_\_

8 Which utility company do you want to receive your LIHWAP grant? Write their name and address, and your account information.

Name of utility company	Account number
Address (Include Street, City, State & ZIP Code+4)	Name on account

If you would like both sources of water paid and you have two separate companies, provide the second company's information below.

Name of utility company	Account number
Address (Include Street, City, State & ZIP Code+4)	Name on account

9 If you are in subsidized/public housing, do you receive a utility allowance check?  Yes  No  
 If **yes**, how much? \$ \_\_\_\_\_

10 Does anyone in your household receive financial assistance for a disability?  Yes  No  
 If **yes**, who? \_\_\_\_\_

11 Is anyone in the U.S. Military or has anyone been in the U.S. Military?  Yes  No  
 If **yes**, who? \_\_\_\_\_  
 Is anyone a widow, spouse or child (under age 18) of anyone in the U.S. Military or anyone who has been in the U.S. Military?  Yes  No  
 If **yes**, who? \_\_\_\_\_

# Certification

1. My signature on this application gives my permission to the Department of Human Services or its authorized agent to: (a) check any information I give with a third party about where I live, my jobs, income, resources, water supply, and water supplier; (b) share information with my water supplier and receive information from my water supplier to allow DHS to obtain a record of my annual water consumption, cost and billing information for purposes of program evaluation, operation, or reporting; and (c) complete any survey in connection with water assistance.
2. Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your application or delay or prevent your ability to receive benefits. If you fail to provide household SSNs or fail to complete the information below, you may be ineligible for benefits.  
I certify that: (check all that apply)
  - I provided Social Security numbers for all household members.
  - To the best of my knowledge, these household members do not have Social Security numbers:  

Print Name	Print Name
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  - The following household members are exercising their rights under Section 7 of the Privacy Act of 1974, and refuse to disclose their Social Security Number or may be unable to because they are a victim of domestic violence:  

Print Name	Print Name
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3. I authorize the release of LIHWAP eligibility information to and from my water suppliers and allow them to seek assistance for which I may be eligible. The assistance may include LIHWAP Cash or Crisis.
4. I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
5. I affirm that Pennsylvania is my legal residence.
6. I understand any Social Security number(s) given will be used in the administration of this program, including accessing identity and income data from other programs.
7. I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, the notice will state the amount of my benefit.
8. I further understand that if my household is eligible for a LIHWAP cash or crisis benefit, it must be sent directly to my utility company. This benefit will never be sent directly to my landlord.
9. I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.
10. I know that if I give false information, I can be penalized by fine and/or imprisonment.
11. I understand by signing this application, I may not qualify because LIHWAP money has run out.
12. If I did not understand something or was confused by something, I spoke to the county assistance office (or other person or agency).

**Privacy Act Notice; Authority:** 42 U.S.C. § 405(c)(2)(C)(i) authorizes the collection of this information.  
**Purpose:** The Department of Human Services ("DHS") will use this information to identify and verify income of applicant(s).  
**Routine Uses:** The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information for LIHWAP administration. Additionally, DHS may share the information with other government agencies or in reports to legislative representatives as required by federal or Pennsylvania law.

**Please Sign Here - Use Ink**

X

Signature	Date
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## Voter Registration (Optional)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  Yes  No  
**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

**To register, you must: 1) Be at least 18 on the day of the next election; 2) Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION; 3) Reside in Pennsylvania and the voting district at least 30 days prior to the next election.**

**Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.**  
 If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact the county assistance office if you would like help. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-877-VOTESPA.)

COUNTY ASSISTANCE OFFICE STAFF WILL COMPLETE THIS BOX BASED UPON YOUR RESPONSE ABOVE

<input type="checkbox"/> Given to Client ___/___/___	<input type="checkbox"/> Sent to voter registration ___/___/___	<input type="checkbox"/> Mailed to Client ___/___/___
<input type="checkbox"/> Declined, not interested ___/___/___	<input type="checkbox"/> Not a U.S. citizen ___/___/___	<input type="checkbox"/> Declined, already registered ___/___/___

If you have a disability and need this application in large print or another format, please call our **Helpline at 1-800-692-7462**.  
**TDD Services** are available by calling PA Relay at **711**.