



LIHWAP – Low Income Household Water Assistance Program

Please fill out application completely: Your LIHWAP application is not a commitment that your bill will be paid. If eligible, a credit will be sent directly to the utility vendor. However, you must continue to pay the amount owed on your bill.

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

- CITIZENSHIP*** (1) U. S. Citizen/Nationalized, (2) Not U.S. Citizen/Alien lawfully admitted for permanent residence, (3) Cuban Entrant, (4) Lawfully admitted Alien/Refugee. (5) Haitian Entrant, (6) Others
- RACE*** (1) American Indian /Alaskan Native, (2) American Indian /Alaskan Native & Black/ African American, (3) American Indian /Alaskan Native& White, (4) Asian, (5) Asian & White, (6) Black/ African American, (7) Black/ African American & White, (8) Native Hawaiian/Pacific Islander, (9) Other Multi-Racial, (10) White, (11) Decline to Report
- ETHNICITY*** (1) Non-Hispanic, (2) Hispanic

1. APPLICANT INFORMATION

Name: (Last, First, Middle Initial) _____ Age _____ Date of Birth (MM/DD/YY) _____ Sex (M/F) _____ Social Security Number _____

Home Address (Include Street, Apt. Number, City, State & ZIP) _____

Mailing Address (Include Street, Apt. Number, City, State & ZIP) _____

County You Live In _____ Phone Number _____ Email _____

Citizenship* _____ Race* _____ Ethnicity* _____ Are you Disabled? Yes No Do you receive Disability? Yes No

If you are currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income on your file? Yes No

2. OTHER MEMBERS IN THE HOUSEHOLD

Name (First, last, Middle)	Age	Date of Birth (MM/DD/YYYY)	Sex (M/F)	Social Security Number	Citizenship*	Race*	Ethnicity *	Relationship to You	
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Are they Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No					Do they receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No									
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Are they Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No					Do they receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No									
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Are they Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No					Do they receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No									
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Are they Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No					Do they receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Name (First, last, Middle)	Age	Date of Birth (MM/DD/YYYY)	Sex (M/F)	Social Security Number	Citizenship*	Race*	Ethnicity *	Relationship to You
-------------------------------	-----	-------------------------------	--------------	------------------------	--------------	-------	----------------	------------------------

Are they Disabled? Yes No Do they receive Disability? Yes No

If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income on file for this person? Yes No

Please tell us about all income, before taxes and deductions. Types/sources of income include money from: (Monthly Income, Monthly Social Security Income, Monthly Alimony Income, Monthly State Reemployment Assistance, Monthly Pension Income, Monthly workers Compensation Income, Monthly Self Employment Income, Monthly Supplemental Nutrition Assist (SNAP), Monthly Supplemental Security Income (SSI), Monthly Temp Assist for Needy Families, (TANF), Monthly Means Tested Veteran Program, and other monthly income)

Name of person with income	Type/source of income	How much each month?
Name of person with income	Type/source of income	How much each month?
Name of person with income	Type/source of income	How much each month?
Name of person with income	Type/source of income	How much each month?
Name of person with income	Type/source of income	How much each month?

4. What is your current housing status? Rent Own

5. Do you live in a government subsidized housing complex, Section 8 housing, dormitory, nursing home, adult foster home, or any kind of group living facility? Yes No

Name of place where you live: _____
 Address: _____ City: _____ State: _____ ZIP: _____

6. If your monthly income is less than 60% of the Florida state medium income (SMI), or if the number of your household members is nine (9) or greater, 150% of the Federal poverty guidelines (FPG), explain how you pay for food, shelter, clothing, transportation, and home utilities.

7. Complete the following for your household:

Number of elderly persons (60 or older): _____
 Number of disabled persons: _____
 Number of children 5 years of age or younger: _____

8. If you share your living or mailing address with others who are not part of your home, list their names below.

9. If you or anyone in your home is not a U.S. citizen or alien lawfully admitted for permanent residence, please give the person's name and alien status under the immigration and naturalization act.

Name:

Alien Status

10. Are you, or a member of your household currently receiving benefits from the Low Income Home Energy Assistance Program (LIHEAP)?

Yes No

11. Do any of the following situations currently apply to you? (Check appropriate box(es) below)

- | | |
|--|---|
| <input type="checkbox"/> My water service has been disconnected | <input type="checkbox"/> I have received notification that my water is going to be disconnected |
| <input type="checkbox"/> My water utility bill is delinquent or past due | <input type="checkbox"/> I need a deposit to turn the water on |
| <input type="checkbox"/> None of the above currently applies to my household | <input type="checkbox"/> Other (describe below) |

12. If your cost of water/wastewater services is included in your rent, please give the name and telephone number of your landlord. Attach a copy of a letter from the landlord confirming that your rent includes utilities.

Landlord Information

Landlord Telephone Number

13. Please provide the requested information for the utility providers from whom you are seeking assistance with.

Type of Utility Provider	Utility Company's Name	Customer Name on the Account	Customer Account Number	Company's Telephone Number	Disconnection Date	Payment Due Date
Drinking Water & Wastewater						
Drinking Water Only						
Wastewater (Sewer) Only						
Landlord						
Others						

Fines & Fees
(Amount of fines or fees listed on utility bill or invoice due to non-payment of late payment)

\$ _____

Arrearage
(Amount of unpaid past due. Do not include fines or fees.)

\$ _____

Current Amount Due
(Amount of current charges due. Do not include any past due amount, fines or fees.)

\$ _____

14. SUPPORTING DOCUMENTATION: Please select the type of documentation from the options below and attach a copy.

- Current Water Utility statement
- Current Pay Stub or Proof of Income
- Current State Issued ID
- Current Wastewater (sewer) Utility bill (if separate from water bill)
- Copy of Lease Agreement (if utilities are paid to Property Management/Landlord)
- Other

**LOW INCOME HOME WATER ASSISTANCE PROGRAM
READ THE FOLLOWING PARAGRAPH CAREFULLY AND INITIAL BEFORE SIGNING THE APPLICATION**

_____ **ACKNOWLEDGEMENT STATEMENT:** I am aware that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needy, children reside and/or to those that had not been previously assisted. I authorize the agency to make benefit payments directly to my energy supplier. I am also aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application. If I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to an appeals hearing. I understand that if I do not receive an approval or denial letter within 45 days of applying for assistance, it is my responsibility to notify the agency.

_____ **FRAUD STATEMENT:** I certify under penalty of perjury that the information on this form is true to the best of my knowledge. I understand and agree that I may be subject to criminal prosecution or be disqualified from the program for knowingly providing incorrect and/or incomplete information and that I can be prosecuted if I provide false information. If any information is incorrect, benefits may be reduced, denied and/or eligible for reimbursement.

_____ **I UNDERSTAND AND AGREE:** That LIHWAP will assist my household if I/we qualify and ***funds are available.***

_____ **I UNDERSTAND AND AGREE:** That LIHWAP ***cannot assist my household if the lease or mortgage is not in my name.***

_____ **I UNDERSTAND AND AGREE:** That LIHWAP ***cannot assist my household if the utility bill is not in my name.***

_____ **I UNDERSTAND AND AGREE:** That LIHWAP ***will reserve the right*** to change the policy as needed by the clients.

_____ **I UNDERSTAND AND AGREE:** That LIHWAP ***is not responsible for any fees or additional charges.***

Applicant's Signature Date: _____

**NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
DEO**

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes. Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Low Income Home Energy Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and The City of Sanford (LIHEAP) (subgrantee) for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Low Income Home Energy Assistance Program.

Applicant's Signature

Date: _____

CASE WORKER COMMENTS

Date:

Date:

Date:

Client needs to pay: _____
Deposit amount: _____