

**ARIZONA DEPARTMENT OF  
ECONOMIC SECURITY  
Low Income Household Water  
Assistance Program  
LIHWAP APPLICATION**

**Please answer the following questions on the form and sign and date the last page. If you need assistance completing this application please call (833) 453-2142 or go to your local Community Action Agency for assistance. Please bring your Photo ID and a current water bill.**

**APPLICANT INFORMATION**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Current Address (No., Street):**  
\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**See page 13 for EOE/ADA disclosures**

**Email:** \_\_\_\_\_

**Preferred Language:** \_\_\_\_\_

**Race:**

**American Indian / Alaskan Native / Native Hawaiian or Other**

**White**

**African American or Black**

**Asian**

**Pacific Islander**

**Two or more races**

**Choose not to respond**

**Tribal Affiliation, if any:**

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**Ethnicity:**

**Hispanic**

**Not Hispanic**

**Choose not to respond**

**Gender:**

**Male**

**Female**

**Non-Binary**

**Choose not to respond**

**Do any household members have a disability?**

**Yes**

**No**

**Are you or a member of your household currently receiving any of the following forms of assistance?**

**TANF Cash Assistance**

**Supplemental Nutrition Assistance (SNAP)**

**Low Income Household Energy Assistance Program (LIHEAP)**

**N/A**

**CITIZENSHIP INFORMATION**

**Are you a U.S. Citizen?      Yes      No**

**Are you a \*Qualified Non-Citizen?**

**Yes      No**

**Are you applying on behalf of a U.S. Citizen or \*Qualified Non-Citizen?      Yes      No**

**\*Qualified Non-Citizens include lawful permanent residents, asylees, refugees, aliens paroled into the U.S. for at least one year, aliens whose deportations are being withheld, aliens granted conditional entry (prior to April 1, 1980), battered alien spouses, battered alien children, the alien parents of battered children, and alien children of battered parents who fit certain criteria, Cuban/Haitian entrants, and victims of a severe form of trafficking.**



## HOUSEHOLD\* INFORMATION (CONTINUED)

**\*Household includes anyone living at the same residence**

NAME	DATE OF BIRTH	US CITIZEN OR QUALIFIED NON- CITIZEN? Y/N	MONTHLY GROSS INCOME
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	

**If you need to list more household members, please list them on the last page.**

**WATER INFORMATION (PLEASE PROVIDE A COPY OF YOUR WATER AND/OR WASTEWATER BILL)**

**Type of Service for which you're seeking assistance:**

- Drinking Water**
- Waste Water**
- Both**

**Are your water and wastewater/sewer provided by the same company?      Yes      No**

**Name of Water Company:**

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**Account Number:** \_\_\_\_\_

**Has your water been disconnected?**  
**Yes      No**

**What is the amount to restore services?:**

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**What is the month and year of disconnection?**

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**Do you owe past due for water and wastewater/sewer payments for any month?      Yes      No**

**Have you received a disconnection notice?**  
**Yes      No**

**How many months are you behind?** \_\_\_\_\_

**What is the month and year your bill started to be past due?** \_\_\_\_\_

**What is the past due amount?** \_\_\_\_\_

**If different water companies, itemize the past due dollar amount per water type:**

**Drinking Water past due:** \_\_\_\_\_

**Wastewater past due:** \_\_\_\_\_

**Would you like to apply for 3 months of future water and wastewater/sewer assistance?**

**Yes      No**

**What is the monthly amount?** \_\_\_\_\_

**To the best of my knowledge, I have not applied for or received assistance from another utility assistance program for the exact same expenses being requested on this application.**

**Agree      Disagree**

**LANDLORD INFORMATION  
(FOR RENTERS ONLY)**

**Are your water services in your landlord's name or paid through your rent?      Yes      No**

**If so, Landlord's Full Name:**

**Landlord's Phone Number:** \_\_\_\_\_

**Landlord's email address:**

\_\_\_\_\_

**Landlord's Address (No., Street):**

\_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**I agree under penalty of perjury that the statements I made about persons in my home, income, and all other information provided in this application are true and correct.**

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_









## HOUSEHOLD\* INFORMATION (CONTINUED)

**\*Household includes anyone living at the same residence**

NAME	DATE OF BIRTH	US CITIZEN OR QUALIFIED NON- CITIZEN? Y/N	MONTHLY GROSS INCOME
		Yes No	
		Yes No	
		Yes No	
		Yes No	

**Please submit this form and all required documentation to:**

**Fax: (602) 612-8282 (preferred)**

**OR**

**Mail To: Department of Economic Security**

**LIHWAP**

**PO Box 19130 PHOENIX, AZ 85009-9998**

**The USDA is an equal opportunity provider and employer • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local.**