

## 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: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Current Address (No., Street): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 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: \_\_\_\_\_

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

\*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	

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

Has your water been disconnected? Yes No What is the amount to restore services?: \_\_\_\_\_

What is the month and year of disconnection? \_\_\_\_\_

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

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