

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: _____

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) 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 <i>(before taxes and deductions)</i>
		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 (before taxes and deductions)
		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 and wastewater/sewer service been disconnected, or do you need to reestablish services? 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 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: _____
 City: _____ State: _____ ZIP Code: _____

I certify, under penalty of perjury, that all information submitted in this application is true and correct to the best of my knowledge. I further certify that all documents I have provided are genuine, and I have not intentionally withheld or altered any information that might be relevant to my eligibility for this program.

I authorize DES to share the information I have provided in this application as necessary to verify my eligibility for this program. I further authorize DES to provide my information to DES' partner organizations that may be able to provide further assistance with my utility bill. I authorize my utilities providers to share my account information with DES as needed for distribution of the funds I applied for under this program.

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