



# **RHODE ISLAND LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM** **Application Form 2022-2023**

**Application Number:** \_\_\_\_\_

*Instructions: Please review and complete the following two-page form. \*LIHWAP application for off season (May 1- September 30)*

## **Primary Applicant**

<b>Name</b>		<b>Phone</b>			
<b>Address</b>		<b>Cell Phone</b>			
<b>City State Zip</b>					
<b>Email</b>		<b>Is anyone in the household a veteran?</b>	Yes	No	

<b>Do you speak English?</b>	Yes	No	If not, what language do you speak?	
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<b>List All Household Members</b>				<b>Gender</b>	<b>Disabled</b>	<b>Race</b>	<b>Ethnicity</b>	<b>Education Level</b>	<b>Health</b>	<b>Relationship</b>	<b>Marital Status</b>
<b>Name</b>	<b>DOB</b>	<b>Income Code</b>	<b>SSN</b>								

*See application codes on page 3*

## **Member Information/Housing**

### **Housing Type (Circle One):**

Single Family – Own	Single Family – Rent	Duplex – Own	Duplex – Rent	Condo – Own	Condo - Rent
Multi-Family (2-4) – Own	Multi-Family (2-4) – Rent	Multi-Family (5+) – Own	Multi-Family (5+) – Rent	Mobile Home - Own	Mobile Home - Rent

<b>Do you receive SNAP benefits (food stamps)?</b>	Yes	No	<b>Monthly Rent or Mortgage Payment:</b>	
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## **Water Information**

Are you currently without water because it was disconnected?	Yes	No	If yes, when was your services disconnected?	
Are you currently in threat of not having water because it may be disconnected soon?	Yes	No	If yes, when is your disconnection date?	
Do you owe more than \$150 in your water bill?	Yes	No	How much do you owe on your water bill?	\$

Applicant Name: \_\_\_\_\_ Application Number: \_\_\_\_\_

**Sewer Information**

Did your wastewater bill get sold in a tax sale or cause a property lien?	Yes	No	If yes, when was your services on a tax sale or property lien?	
Are you currently in threat of tax sale or properly lien due to your wastewater bill?	Yes	No	If yes, when is your tax sale date?	
Do you owe more than \$150 in your wastewater bill?	Yes	No	How much do you owe on your sewer bill?	\$

**Additional Services (Circle Answers)**

Are you interested in having your home weatherized (insulated)?	Yes	No
Has your home been weatherized?	Yes	No
Do you need food pantry services?	Yes	No

**Landlord Information (landlord must also sign landlord agreement form)**

Landlord Name	
Landlord Address	
Landlord Phone	

**Water Service Provider**

Water Company	
Account Number	
Name on Bill	

**Wastewater Service Provider**

Sewer Company	
Account Number	
Name on Bill	

**AGREEMENT & SIGNATURE**

I attest that the information contained on this form is true and accurate. All information on this application is required to determine eligibility for benefits under Rhode Island's Low Income Household Water Assistance Program (LIHWAP) in conjunction with the Low-Income Home Energy Assistance Program (LIHEAP) application. Collection of your Social Security number is not prohibited by Federal law and is required as a stipulation to receive benefits. By providing application information, you are authorizing the Rhode Island Department of Human Services and its authorized agents to verify the data provided against federal, state, county, water and wastewater provider, employer and landlord databases or records. I also authorize my water/wastewater vendor/utility company to release water/wastewater related data regarding my household to the Rhode Island Department of Human Services or its authorized agents. I further affirm that I am the only person in the household applying for LIHWAP assistance this program year, and that I have not previously applied for LIHWAP at this location or at any other LIHWAP authorized agencies. I authorize the State of Rhode Island, Department of Human Services to deem and verify subcontractors to share this information with for reporting purposes, in order to effectively and efficiently administer Human Services programs.

I know that should any information I provide in this application be false or misleading, it will be the basis for ineligibility and will be investigated and prosecuted as fraud.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you do not receive a decision on your application after 60 days from the date of the application received, you have the right to a fair hearing and may file an appeal. **However, please note that any missing or incomplete information on this form or subsequent documentation may delay the application process.**

**THIS SECTION TO BE FILLED OUT BY THE AGENCY ONLY**

**Intake Attestation:** I attest that I have followed policies as mandated in the Rhode Island LIHWAP Administration & Procedures Manual in processing this application for LIHWAP benefits, and that, to the best of my knowledge the information on this form is complete and accurate.

This applicant applied In Person ☐ Through Proxy ☐ Mail ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION CODES

<b>Income:</b>	Gross Wages =W	Self-Employment =S	Social Security = SS	Unemployment = U	Workers Comp = C
	Veterans Benefits = V	Pension = P	Dividend/Interest=D	Rental Income =R	Alimony = A
	Child Support =CI	RI Works=RI	Support Letter = H	TDI = TD	SSI =SSI
				SNAP/Food Stamps =F	

<b>Education:</b>	0-8th Grade=A	9-12th Non Grad=B	HS Grad/GED=C	12+ some post-secondary=D	4 Year College Grad=E	No Response=U
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<b>Race:</b>	Black/African American = 01	White=02	Asian=03	Hispanic/Latino=04	Hawaiian/Pacific Islander = 05
	American Indian/Alaska Native=06	No Response=07	Other=08	Two or more races=09	

<b>Ethnicity:</b>	Hispanic/Latino/Spanish=01	Not Hispanic/Latino/Spanish=02	Unknown/Not reported=03
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<b>Medical:</b>	Medicare=01	Medicaid = 02	Private=03	None=04	Rite Care = 05	Other Unknown=06
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<b>Relationship:</b>	Applicant=A	Spouse=S	Child=C	Foster Child=F	Mother=M	Father=F	Child's Father=D	Sister=G
	Brother=B	Grandparent=E	Aunt=I	Uncle=U	Cousin=L	Niece=N	Nephew=R	Not Related=Z
								Other=O

<b>Gender:</b>	Female=F	Male=M	Other/Undisclosed=O
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