

# APPLICATION FOR THE LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

To apply for Water Assistance, you must complete all questions front and back and sign at the red 'X'.

If you do not understand these instructions, contact your local county assistance office.

**1** Please complete this section for the head of household. \*Use the codes from question 2 to help provide the details.

Name (Include Last, First Middle Initial)		Date of Birth	Sex	Social Security Number	
Home Address (Include Street, Apt. Number, City, State & ZIP Code+4)					
Mailing Address if different (Include Street, Apt. Number, City, State & ZIP Code+4)					
County You Live In	Phone Number ( )	Citizenship*	Race (Optional)*	Ethnicity (Optional)*	Marital Status*
If you are currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income you have on file?					<input type="checkbox"/> Yes <input type="checkbox"/> No

**2** List the people who live with you at this address. Include all children and adults. Include related roomers. Include all unrelated roomers who share household expenses. Do not include anyone in jail/prison. Do not include the household member listed in block 1.

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

**CITIZENSHIP\*:** (1) U.S. Citizen, (2) Permanent Alien, (3) Temporary Alien, (4) Refugee, (5) Other-not eligible for benefits (All non-U.S. citizens must provide proof of alien status.)

**RACE\* (optional):** (1) Black or African American, (3) American Indian or Alaskan Native, (4) Asian, (5) White, (7) Native Hawaiian or other Pacific Islander. List all groups that apply.

**ETHNICITY\* (optional):** (1) Non-Hispanic, (2) Hispanic or Latino

**MARITAL STATUS\*:** (1) Single, (2) Married, (3) Common Law Marriage, (4) Separated, (5) Divorced, (6) Widow/Widower

Name (Include Last, First, Middle Initial)	Birthdate (MM/DD/YY)	Sex M/F	Social Security Number	Citizenship*	Race* (Optional)	Ethnicity* (Optional)	Marital Status *	Relationship to You
If this person is currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income we have on file for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No								
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If you have additional people in your house, please provide their information on a separate piece of paper and send it along with this application.

**3** Tell us about income for the people in your household. Please tell us about all income, before taxes and deductions. Types/sources of income include money from: Employment, veteran's benefits, unemployment compensation, black lung benefits, Social Security, support, workers compensation, interest/dividends, and rental income.

Name of person with income	Type/source of income	Start date	Date of first paycheck	How much each month?
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<b>DHS USE ONLY</b>	County	District	Record Number
	Application registration number	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
			Date

**4** Are you or anyone in your household fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime that would be classified as a felony?  Yes  No  
 If yes, who? \_\_\_\_\_

**5** Are You:  
 Renting  Renting subsidized housing/Section 8  An unrelated roomer  
 An owner or are you buying your home  Other: \_\_\_\_\_

**6** If renting, check if either of the following are included in your rental payment (check both if applicable):  
 Drinking water  Wastewater (sewage)

**7** Check if any of the following apply and provide explanation if needed:  
 Drinking water is shut off  Have a shut-off notice for drinking water  Have arrearages for drinking water  
 Wastewater is shut off  Have a shut-off notice for wastewater  Have arrearages for wastewater  
 Explain: \_\_\_\_\_

**8** Which utility company do you want to receive your LIHWAP grant? Write their name and address, and your account information.

Name of utility company	Account number
Address (Include Street, City, State & ZIP Code+4)	Name on account

If you would like both sources of water paid and you have two separate companies, provide the second company's information below.

Name of utility company	Account number
Address (Include Street, City, State & ZIP Code+4)	Name on account

**9** If you are in subsidized/public housing, do you receive a utility allowance check?  
 If yes, how much? \$ \_\_\_\_\_  Yes  No

**10** Does anyone in your household receive financial assistance for a disability?  
 If yes, who? \_\_\_\_\_  Yes  No

**11** Is anyone in the U.S. Military or has anyone been in the U.S. Military?  
 If yes, who? \_\_\_\_\_  Yes  No  
 Is anyone a widow, spouse or child (under age 18) of anyone in the U.S. Military or anyone who has been in the U.S. Military?  
 If yes, who? \_\_\_\_\_  Yes  No





# LIHWAP may be able to assist you with overdue water and wastewater bills.

## What is LIHWAP?

The Low Income Household Water Assistance Program (LIHWAP) is a temporary emergency program to help low-income families pay overdue water bills. LIHWAP is a grant. You do not have to repay it.

## To receive help...

- Apply starting January 4, 2022.
- You don't have to be on public assistance.
- You need to have an unpaid water bill.
- You can either rent or own your home.

## How does LIHWAP work?

LIHWAP Crisis grants may be available if you have an emergency situation and are in jeopardy of losing your water service. You can receive one Crisis grant for your drinking water service and one Crisis grant for your wastewater service, up to \$2,500 each.

## Crisis situations include:

- Past-due water bills.
- Termination of utility service.
- Danger of having utility service terminated (received a notice that service will be shut off within the next 60 days).

## How do I apply?

- Apply online at [www.compass.state.pa.us](http://www.compass.state.pa.us).
- Request an application by calling the Statewide Customer Service Center at 877-395-8930 or call PA Relay at 711 for the hearing impaired.
- Applications are available at your local county assistance office.

## To apply, you will need:

- Names of people in your household;
- Dates of birth for all household members;
- Social Security numbers for all household members;
- Proof of income for all household members; and
- A recent water bill.

## Who is eligible?

You may qualify for a LIHWAP grant if:

- You must have an overdue water bill that you are responsible for paying.
- Your household income meets the following income guidelines:

INCOME GUIDELINES	
Household Size	Maximum Annual Income
1	\$ 19,320
2	\$ 26,130
3	\$ 32,940
4	\$ 39,750
5	\$ 46,560
6	\$ 53,370
7	\$ 60,180
8	\$ 66,990
9	\$ 73,800
10	\$ 80,610
Each Additional Person Add \$ 6,810	

After your application is processed, you will receive a written notice that will tell you if you qualify. If eligible, it will tell you the amount of your grant.