

Low Income Household Water Assistance Program (LIHWAP)

Application for Benefits

Send completed and signed application to: NYS OTDA/LIHWAP, PO Box 1789, Albany, NY, 12201

Applicant or Household Information (please print)

The person who has primary and direct responsibility for payment of the water and/or sewer bill should complete this application. The bill should be in this person's name.

First Name: _____ Last Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ ☐ Landline ☐ Mobile County of Residence: _____

Mailing address if different than above: _____

Email Address (optional): _____ Other Names by which I have been known are: _____

Housing Type: ☐ Own ☐ Rent with water and/or sewer in rental fee ☐ Rent with water and/or sewer billed separately ☐ Other

☐ **Combined Water & Sewer** ☐ **Water**

Has your service been shut off: ☐ Yes ☐ No

Do you have a shut off notice: ☐ Yes ☐ No

I am applying for help with: ☐ a past due bill. ☐ a current bill.

Vendor Name: _____ Account Number: _____

Service period (if listed on the bill) From: _____ To: _____ Amount owed: \$ _____

☐ **Sewer**

Has your service been shut off: ☐ Yes ☐ No

Do you have a shut off notice: ☐ Yes ☐ No

I am applying for help with: ☐ a past due bill. ☐ a current bill.

Vendor Name: _____ Account Number: _____

Service period (if listed on the bill) From: _____ To: _____ Amount owed: \$ _____

List all members of your household, including yourself. Attach additional sheets as needed. Gender Identity, Ethnicity, and Race are optional. To identify race, please use the following: American Indian or Alaska Native (I), Asian (A), Black or African American (B), Multi-race (M), Native Hawaiian or Other Pacific Islander (P), White (W), Other (O).

1. First Name: _____ Last Name: _____ MI: _____ Date of Birth _____

Sex: ☐ Male ☐ Female Gender Identity (Optional) _____ Relationship to applicant _____ Self _____

Social Security Number _____ Citizen/ US National or Qualified Alien: ☐ Yes ☐ No

Ethnicity Hispanic, Latino or Spanish Origin (Optional): ☐ Yes ☐ No Race (Optional) _____

2. First Name: _____ Last Name: _____ MI: _____ Date of Birth _____

Sex: ☐ Male ☐ Female Gender Identity (Optional) _____ Relationship to applicant _____

Social Security Number _____ Citizen/ US National or Qualified Alien: ☐ Yes ☐ No

Ethnicity Hispanic, Latino or Spanish Origin (Optional): ☐ Yes ☐ No Race (Optional) _____

3. First Name: _____ Last Name: _____ MI: _____ Date of Birth _____

Sex: ☐ Male ☐ Female Gender Identity (Optional) _____ Relationship to applicant _____

Social Security Number _____ Citizen/ US National or Qualified Alien: ☐ Yes ☐ No

Ethnicity Hispanic, Latino or Spanish Origin (Optional): ☐ Yes ☐ No Race (Optional) _____

4. First Name: _____ Last Name: _____ MI: _____ Date of Birth _____

Sex: ☐ Male ☐ Female Gender Identity (Optional) _____ Relationship to applicant _____

Social Security Number _____ Citizen/ US National or Qualified Alien: ☐ Yes ☐ No

Ethnicity Hispanic, Latino or Spanish Origin (Optional): ☐ Yes ☐ No Race (Optional) _____

Is anyone in the household receiving any of the following benefits? ☐ Home Energy Assistance Program (HEAP), ☐ Supplemental Nutrition Assistance Program (SNAP), ☐ Temporary Assistance (TA), or ☐ Supplemental Security Income (SSI Living alone)

If yes, who is receiving? _____ Case number(s): _____

Is anyone in the household disabled or blind? ☐ Yes ☐ No If yes, who? _____

Income: Provide income information for all members of the household, including yourself, for the previous month. Applicant must provide proof of income. Applicant may attest to income information on behalf of other household members. Source of income is the Employer Name, Social Security, Social Security Disability, Child Support, Rental Income, etc. Frequency is how often you are paid: Weekly, Monthly, Bi-weekly, etc. Gross amount is amount paid before deductions. If receiving Medicare, please enter gross amount and indicate amounts paid for Part B and/or D.

Name of who receives	Source of Income	Frequency	Gross Amount	Medicare Part B and/or D
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Important Information and Consents: (Please read carefully before signing)

I understand that by submitting this application all information is true, complete and correct. I understand that any false statements or other misrepresentation knowingly made by me in connection with this application for Low Income Household Water Assistance Program (LIHWAP) benefits may result in my being found ineligible for the assistance paid on my behalf to my water and/or sewer provider (vendor). Additionally, any false statement or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to civil and/or criminal penalties. Information provided on this application or discovered through verification may be disclosed to other state, federal, and local agencies for official examination and to law enforcement officials for the purpose of investigating or prosecuting fraud. If a claim arises against my household, the information on this application, including all SSNs, may be referred to federal and state agencies, as well as private claims collection agencies, for claims collection action.

I understand that by signing this application, I consent to any investigation by any means available to the New York State Office of Temporary and Disability Assistance (OTDA) to verify or confirm the information I have given in connection with my application for LIHWAP benefits. The information I have provided on my LIHWAP application and documents I have provided, will be used to check identity and may be disclosed or re-disclosed to verify earned and unearned income and other assistance received for myself and other household members, and to determine if applicants can receive payments or other help. I give my consent for OTDA or other state, federal, local, or other authorized personnel to record, store, access, and utilize the information provided on this application and any documents that I have provided, as well as information provided in any conversations, texts, or other means of communication with OTDA or other state, federal, local, or other authorized personnel. I expressly consent to the release of information provided on this application or pertaining to my eligibility for LIHWAP to any entity necessary for LIHWAP administration including, but not limited to, social services districts, other local agencies or entities, and the U.S. Department of Health and Human Services (HHS). I also consent to the release and use of information provided on this application or pertaining to my eligibility for LIHWAP to any other entity to avoid duplication of benefits. I understand that additional information may be requested by OTDA in connection to my application for LIHWAP benefits, and I agree to provide such requested information within the time allotted by OTDA.

I understand and agree that by providing a phone number or cellular phone number on this application or requesting to be contacted through text messages (SMS/MMS), that OTDA may use that number to call, send text messages, or leave voice messages related to LIHWAP. Standard text messaging and data rates from the wireless carrier may apply. Any costs related to receiving calls or text message are the responsibility of the individual receiving them. NYS and its agents are not responsible for and will not accept or assume any liability for damages, losses, claims, expenses, or costs including, but not limited to, voice, text, and data costs that may result from, or be related to, your application for LIHWAP. Check with your phone service provider for details on receiving calls or text messages (SMS/MMS). Text messages or calls may be sent or made using an automatic telephone dialing system. I understand and agree that by providing an e-mail address correspondence concerning LIHWAP may be sent by OTDA to the e-mail address I provided.

I also consent to allow the information provided on this application to be used in referrals to available water and/or sewer assistance programs, weatherization programs, and my utility company's low income programs. I understand that OTDA will use my Social Security Number to verify with my water and/or sewer vendors the receipt of LIHWAP. This authorization also includes permission for any of my vendors (including my utility) to release certain statistical information, including but not limited to, my water and/or sewer usage, consumption, annual cost, and payment history to OTDA, and HHS for the purposes of LIHWAP performance measurement.

I have read and understand the consents above and agree to the authorizations and consents therein. I understand and agree that by signing and submitting this application to OTDA that I do so under penalty of perjury, and I am affirming the information contained herein is true, complete and correct.

Name (print) _____ Signature _____ Date: _____

Authorized Representative: You can designate someone who knows your household circumstances to be your authorized representative. Your Authorized Representative may: complete and file your LIHWAP application, contact the agency and speak with your worker, have access to eligibility information in your case file, complete all forms for you, provide documentation, and appeal agency decisions. You must still sign this application. The Authorized Representative designation will remain in effect unless revoked by you. I would like to designate an authorized representative. ☐ Yes ☐ No

Name (print) _____ Signature _____ Date: _____

Instructions for Applicants

Send completed and signed application to:
NYS OTDA/LIHWAP
PO Box 1789
Albany, NY 12201

What will I need to apply? Applicants must include the following documentation/information along with this application. Please provide copies and not originals:

- Proof of identity for the primary applicant. Identity documentation is requested for all other household members, but not required.
- Proof of residence. You must be residing at the residence for which you are requesting assistance.
- A water and/or sewer bill listing your permanent and primary residence. The bill should be in the person's name who is filling out the application.
- Documentation of income for the primary applicant. The amount of the income for all other household members must be entered, but documentation is not required.
- A valid Social Security Number (SSN) for the primary applicant. SSNs are requested for all other household members, but not required.

Who should complete and sign the application? The application should be completed by the person who has primary and direct responsibility for payment of the water and/or sewer bill.

What address should I list? You must list your current address. This must be your permanent and primary residence.

Why do you need my telephone number? This will assist in timely processing of your application if additional information is required.

Who should I list as household members? List everyone who lives in your house, even if they are not related to you or contributing financially to your household. List yourself first on line 1.

Gender Identity: New York State ensures your right to access State benefits and/or services regardless of sex, gender identity or expression. You must report your sex and the sex of all household members as male or female. The sex you report here must be the same as what is currently on file with the United States Social Security Administration. The sex you report is needed to process your application. It will not appear on any benefit card you may receive or any other public-facing document. Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Gender identity is not required for this application. If your gender identity, or the gender identity of anyone in your household, is different than the sex you report for that person and you would like to provide that person's gender identity, print "Male", "Female", "Non-Binary", "X", "Transgender", or "Different Identity" in the space provided. If you print "Different Identity", you may choose to describe that person's gender identity further in the space provided.

Citizen/Alien Information: In order to receive LIHWAP, you must be a U.S. citizen, Qualified Alien, or U.S. non-citizen national. For additional information on what constitutes a Qualified Alien or U.S. non-citizen national, please contact the New York State Office of Temporary and Disability Assistance hotline at 1-800-342-3009 or visit the OTDA website at <http://www.otda.ny.gov>.

Race/Ethnicity Information: Providing this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for requesting this information is to ensure that program benefits are distributed without regard to race, color, or national origin.

Do I need to provide a Social Security number for everyone? A valid Social Security number is required for the applicant and requested for all other household members. If any member does not have a Social Security number but has applied for one, write the word "applied" in the Social Security Number box. If you leave this section blank for the primary applicant household member, your application cannot be processed but will be pended for further information.

How should I complete the income section? Will I need to provide proof? List ALL earned and unearned income for all household members. All amounts should be entered as gross income prior to any deductions. Deductions include, but are not limited to: income taxes, child support, garnishments, health insurance, and union dues. You are required to submit documentation of all earned and unearned income, including self-employment and rental income for the primary applicant. You may be required to provide proof of other income. Do not submit originals, they will not be returned. Eligibility will be based on your household's gross monthly income for the month of application. Please enter the amount of your Social Security before any deductions for Medicare. List separately the amounts that you pay for Medicare Part B and/or D. Amounts for Medicare Parts B and D are excluded as income. Enter only the interest or dividend portions of bank accounts, CDs, stocks, bonds or other investment income. List each account separately. If you need more space, attach additional sheets. Enter the amount received for the year to date.

Make sure to sign and date the application. The application must be signed by the person who has the water and/or sewer bill in their name.

Appeals: An appeal may be requested if it has been more than thirty (30) business days since OTDA received your signed and completed application and you have not been told of the eligibility decision. Incomplete applications may be pended for up to ten (10) business days and the pending period is not counted in the thirty (30) business day timeframe for providing notification. Applicants who are denied or disagree with the amount of assistance for which they were approved may request an appeal within 60 days from the date of the notice. Appeals may be requested by email at NYSLIHWAP.appeals@otda.ny.gov, by telephone at (833) 690-0208, or in writing: NYS OTDA/LIHWAP, PO Box 1789, Albany, NY, 12201.

Types of Acceptable Documentation

Residence (Where you now live)

- Current rent receipt with name and address of tenant and landlord or lease with name and address
- Water, sewer, or tax bill
- Homeowner's/Renter's Insurance Policy
- Utility bill
- Mortgage payment books/receipts with address

Identity

You must provide one or more of the following for the primary applicant.

- Driver's License
- Photo ID
- US Passport or Naturalization Certificate
- Birth Certificate or Baptismal Certificate*
- Validated Social Security Number*
- Statement from another person*

***Two forms of proof required.**

Social Security Number

You must provide a valid Social Security Number (SSN) for the primary applicant. If you do not have an SSN, you must apply for one at the Social Security Administration (SSA).

Water and/or Sewer Verification

Please provide a copy of your most recent water and/or sewer bill, a current tax bill indicating water and/or sewer charges or a statement from your vendor. If you have separate bills for water and sewer, please provide copies of both bills.

Income:

- Pay stubs for the most recent four (4) weeks
- If self-employed, business records for the most recent three (3) months or your filed federal tax return for the current year, including all applicable schedules.
- Rental income/expenses for previous three (3) months or your filed federal tax return for the current year, including all applicable schedules.
- Child support or alimony/spousal support
- Interest/Bank/Dividend or Tax Statement
- Statement from roomer/boarder

Copy of award letter or official correspondence for the following:

- Social Security/Supplemental Security Income (SSI)
- Veteran's Benefits
- Pensions
- Worker's Compensation/Disability
- Unemployment Insurance Benefits