

# Virginia Low Income Household Water Assistance Program (LIHWAP) Application

Send completed application and supporting documents to: Virginia LIHWAP - Promise, PO Box 2218, Richmond, VA 23218  
For help, call Promise (LIHWAP Administrator) at 1-888-373-9908

## Application information

Applicant \_\_\_\_\_  
 Service address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone number \_\_\_\_\_ Email address (optional) \_\_\_\_\_  
 Mailing address if different than above \_\_\_\_\_

Drinking Water or  Combined Drinking Water and Wastewater

Service provider \_\_\_\_\_ Account number \_\_\_\_\_

Name on account \_\_\_\_\_ Amount owed \_\_\_\_\_

Has your water service been shut off:  Yes  No Do you have a shut-off notice:  Yes  No Is your bill past due:  Yes  No

Wastewater (if separate from drinking water)

Service provider \_\_\_\_\_ Account number \_\_\_\_\_

Name on account \_\_\_\_\_ Amount owed \_\_\_\_\_

Has your water service been shut off:  Yes  No Do you have a shut-off notice:  Yes  No Is your bill past due:  Yes  No

I am not a renter OR

I am a renter and I pay my bill separately from rent OR

I am a renter and water is included in rent (fill out Landlord Verification)

Is anyone in the household 60 or older?  Yes  No Is anyone 5 or under?  Yes  No Is anyone disabled?:  Yes  No

Is your household part of the Home Energy Assistance Program (LIHEAP)?  Yes  No

Has your household received Energy Assistance in the past year?  Yes  No

Does anyone in your household receive SNAP or TANF?  Yes  No

**Household:** List all members of your household, including yourself. Attach additional sheets if needed.

Name	Date of Birth	Social Security Number	Gross Monthly Income	Income sources <small>See below</small>	US citizen or qualified alien? <small>See Tips for definitions</small>
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Income:** Include income from all non-minor members of the household, including yourself, for the previous calendar month. **Provide supporting documentation with the application for all income sources.**

- Wages
- Self-employment
- Pension / retirement
- Railroad Retirement Board Benefits
- Retirement, Survivors and Disability Insurance (RSID)
- Social Security (SSA)
- Supplemental Security Income (SSI)
- TANF benefits, including TANF match payments
- Veteran Benefits
- Child Support
- Unemployment Compensation
- Workers' Compensation
- Other (Countable Income)

## Disclosures and consents

I certify that the statements on my application and attachments are true and correct to the best of my knowledge. I will notify Promise Network within 5 days of any changes that occur in my situation. (Promise Network is administering the LIHWAP for the Virginia Department of Social Services.)

If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. Any benefits received must be used for the purpose approved.

I understand Promise Network and the Virginia Department of Social Services (VDSS) may use information on this application or that I may be contacted for the purposes of research, evaluation, and analysis to the extent allowed by state and federal law. My signature authorizes Promise to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance. I understand that, by providing my water supplier(s)/ account information, I am authorizing the water supplier(s) to provide details about my account and water usage to Promise Network and the VDSS for the purposes of program verification, evaluation, reporting, and analysis. I agree to hold harmless and/or release my water supplier(s) from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, disability, sex, age, political beliefs, religion, sexual orientation, and marital or family status.

Name (print) \_\_\_\_\_ Signature or mark \_\_\_\_\_ Date: \_\_\_\_\_

Translator or Witness (only needed if applicant cannot sign):

Name (print) \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorized Representative

If account holder had assistance filling out application, the Authorized Representative is allowed to:

- Apply for benefits from the Low Income Household Water Assistance Program
- Receive letters regarding actions taken on the application
- Receive requests for information needed to determine eligibility

Name (print) \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## Processing (do not complete)

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Instructions

Send completed and signed application to: Virginia LIHWAP - Promise, PO Box 2218, Richmond, VA 23218

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**What do I need to apply?** Applicants must include the following documentation:

- The completed and **signed** application form
- Documentation of all income received by members of the household in the full month prior to application
- If a member of the household is a qualified alien, documentation to verify immigration status
- Landlord authorization (if you are a renter and utilities are included in your rent)

## Application tips

**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 members of the household even if they are not a US citizens or qualified aliens.

**Household composition:** In order to receive LIHWAP, at least one resident of the household must be a U.S. citizen or qualified alien.

**Who is considered a qualified alien (non-citizen)?** (i) a non-citizen lawfully admitted for permanent residence, (ii) a non-citizen paroled into the U.S. for a period of at least one year, (iii) a refugee, (iv) a non-citizen granted asylum (v) a non-citizen whose deportation is being withheld or removal is being withheld (vi) a Cuban and Haitian entrant (vii) a non-citizen who has been battered/subjected to extreme cruelty while in the U.S. OR (iix) a trafficking victim.

**Qualified alien (non-citizen) documentation:** In order to prove immigration status, applicants will need to provide documentation (see below)

**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.

**How should I complete the income section? Do I need to provide proof?** List ALL earned and unearned income for all household members, except minors, including self-employment and rental income. 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. Enter only the interest or dividend portions of bank accounts, CDs, stocks, bonds or other investment income. If you need more space, attach additional sheets. You are required to submit documentation of all earned and unearned income. **Do not submit originals.** Eligibility will be based on your household's gross monthly income for the full calendar month prior to application.

**Make sure to sign and date the application.**

**For a list of frequently asked questions, go to [virginialihwap.com](http://virginialihwap.com)**

## Acceptable documentation

### Income sources

- Payroll, check stub, or check.
- Written statement of employer or oral statement of employer verified by Promise Network Customer Service Representative and noted in Case Notes.
- Documentation from the Social Security Administration, Department of Veterans Affairs, Department of Labor, Public Housing Authority, or other governmental agency.
- Bank statements to verify child support received in the previous month if the household is unable to provide documentation from the Virginia Division of Child Support Enforcement.
- For self employment, last year's tax documents or three months of profit and loss information

### Immigration status for qualified aliens

- Permanent Resident Card (I-551), also known as a "Green Card"
- Unexpired foreign passport stamped by the U.S. Government indicating that the holder has been "Processed for I-551"
- Permanent Resident Re-entry Permit (I-327)
- Arrival Departure Form I-94 with "Temporary I-551" stamp & photo
- Travel Document issued to Permanent Residents (I-327)
- Travel document issued to Refugees (I-571)
- Form I-94 stamped with one of the following statuses: Asylee, Parolee or Parole, Refugee, Asylum, HP-humanitarian parolee, PIP-public interest parolee, or Cuban/Haitian Entrant