



Low Income Household Water Assistance Program (LIHWAP) Application Form 2022-2023

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

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 If yes, how much do you owe on your water bill? _____

Water Supplier Name: _____ Account Number: _____

Name on Bill: _____ Bill Balance: _____

WASTEWATER (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? _____

Are you currently in threat of tax sale or property lien due to your wastewater bill? YES NO If yes, when is your disconnection date? _____

Do you owe more than \$150 in your wastewater bill? YES NO If yes, how much do you owe on your wastewater bill? _____

Wastewater Supplier Name: _____ Account Number: _____

Name on Bill: _____ Bill Balance: _____

AGREEMENT AND 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: _____

THIS SECTION TO BE FILLED OUT BY 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.

Signature: _____ Date: _____