# LOW INCOME HOUSEHOLD WATER ASSISTANCE **PROG**

RAM APPLICATION	AGENCY USE ONLY
	Date Stamp
County Department of Social Services	

## How to apply for Low Income Household Water Assistance Program (LIHWAP)

Fill out the application below and send it to the local department of social services in the county you live. Applications can be mailed, faxed or dropped off in person.

The agency will review your application and either:

- Send you a form requesting information needed to complete your application or
- Send you a letter by mail that tells if you qualify for the program, and if so the amount you will receive.
- Eligibility is based on availability of funds, eligibility criteria and meeting the income test. Additional information about this program can be viewed at https://www.ncdhhs.gov/assistance/low-incomeservices/low-income-energy-assistance

Contact your local department of social services or the NC EBT Call Center at 1-866-719-0141 if you have questions or need assistance.

Fill in your name and current home address. If possible, please list a phone or message number so we can contact you if we have questions. This will help avoid delays as we review your application. <b>USE BLUE OR BLACK INK.</b>									
Applicant's									
Name									
	First		MI	Last	Jr/Sr etc.				
Residence									
Address									
City	State	Zip Code	Telephone						
Mailing									

### **Household Members**

(If different from Residence)

**Contact Information** 

List every person living in your household, starting with yourself. Fill in each box for every household member. If there are additional people living in your home than the space provided list them on a separate sheet of paper. Must include all nine numbers of the

City

State

Zip Code

Telephone

<u>social security number (if av</u> ailable) and the month, day, and year of the birth date(s) of all household members.								
Household Member	Social Security Number	Date of Birth	Relationship to You	Sex M/F	*Race (Optional)	Ethnicity Hispanic or Latino (Optional) YES/NO	US Citizen or Eligible Alien YES/NO	Disabled? YES/NO
			SELF					

\*Race: Choose one or more numbers that apply and enter above for Race: 1 – American Indian/Alaskan Native, 2 – Asian, 3 – Black/African America, 4 -Hawaiian/Pacific Islander, 5 - White/Caucasian and 6 - Unreported

Is anyone in your household (check all that apply):

<b>」Elderly</b>	′ (60+	) ∐	Receiving	ı Disabilit	y and Receiv	∕ing Servic	es thru the	Division o	f Aging	and Adult S	Services

Fill in this section regarding your most recent water and/or wastewater statement or water an	nd/or wastewater bill.
Have you water and/or wastewater been disconnected? ☐ Yes ☐ No	
Is your water and/or wastewater subject to be disconnected? $\square$ Yes $\square$ No	
Is your current water and/or wastewater bill past due with no disconnect date? ☐ Yes ☐ No	
What is the date of Disconnection or due date?	
Is the water and/or wastewater bill in your name? ☐ Yes ☐ No	
Water and/or Wastewater Company: Account Num	nber:

#### Income

Utility/Household Information

- Fill in the section below to show all gross earned and unearned income anyone in your household receives from any source even if someone has more than one source. (Gross income is income received <u>before</u> taxes or other deductions). **This** includes all income that has ended in the last 30 days.
- Send copies of papers that show all gross income received by anyone last month such as paystubs, letter from the source
  of the income, etc.
  - **Earned Income** includes: wages from all jobs, self-employment, tips, payments for services. Other types are Armed Forces Pay (Taxable), Bonus Pay Advances, College Work Study, Longevity Pay, Net-Self Employment, On-the-Job Training Benefits, Rental Income, Severance, Tobacco Grower Settlement, Veteran Affairs (VA) Caregiver Stipend Program, Wages, Salaries Tips.
- Unearned Income includes: Social Security, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Adoption Payments, Foster Care Payments, Alimony and Spousal Support, Child Support, Unemployment Compensation, Veterans Benefits, Pensions, Railroad Retirement, Military Allotments, Annuity, Black Lung/Brown Lung Retirement Benefits, Unemployment Insurance, Alien Sponsor Income, Cash and Monetary Gifts, Disability Payments, Dividends, Educational Assistance, Gaming/Per Capita to Members of the Eastern Band of the Cherokee Tribe, Inheritance, Insurance Settlements, Interest, NAFTA and TRA payments, Pensions.

Household Member	Sources of Income	How Often Received?	Gross Pay/Income Last Month	Still Employed?
			\$	
			\$	
			\$	
			\$	

Did anyone in the household get income from self-employment last month? ☐ Yes ☐ No

If yes, send a copy of the most recent Federal Income Tax Form 1040 for each self-employed person along with your application.

#### **Checking/Savings and Other Accounts**

List types of resources and the amount or value.

Owner	Туре	How Much?	Owner	Туре	How Much?
	Checking: Single	\$		Saving: Single and/or	\$
	and/or Joint Accounts			Joint Accounts	
	CDs, Annuities, and/or Money Markets	\$		Stocks/Bonds and Mutual Fund Shares and Savings Certificates	\$
	Cash on Hand	\$		Revocable Trust Funds	\$
	Remaining Balance of	\$		Equity in Real Property	\$
	Lump Sum Payments			not used as a home or income producing	

1	Net proceeds from a	\$		Funds in a retirement	\$	
	business, including a			account that are		
	farm, which has been			accessible: 401K, NC		
	discounted			State Retirement, IRA,		
				and Keogh Plans		
	-	•		s before an election. DSS	• •	
	-	-	-	our caseworker for a voter r	-	
				ining to register to vote v		
the amount of assist	ance that you will be pro	vided by the a	gency. If you would like	help in filling out the voter	registration	
application form, we w	ill help you. The decision	whether to seek	or accept help is yours.	You may fill out the applic	cation form in	
private. If you believe	that someone has interfere	ed with your rigi	ht to register or to decline	e to register to vote, your ri	ight to privacy in	
deciding whether to re	gister or in applying to regi	ster to vote, or	your right to choose you	r own political party or othe	er political	
preference, you may f	ile a complaint with the No	rth Carolina Sta	te Bipartisan State Board	d of Elections and Ethics E	inforcement. If	
you require assistance	e with voter registration, yo	u can call the N	orth Carolina Bipartisan	State Board of Elections a	nd Ethics	
Enforcement at 1-866-	-522-4723.					
If you are not registe	red to vote where you liv	e now, would	you like to apply to reg	ister to vote here today?	□ Yes □ No	
IF YOU DO NOT CHE	CK EITHER BOX. YOU W	ILL BE CONSI	DERED TO HAVE DEC	DED NOT TO REGISTER	TO VOTE AT	
THIS TIME.	,					
CIVIL RIGHTS	100			P 1 200 1 P		
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RIGHTS AND RESPO	NSIBII ITES					
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