

# LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM APPLICATION

<b>AGENCY USE ONLY</b>
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.**

## Contact Information

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. **USE BLUE OR BLACK INK.**

Applicant's Name \_\_\_\_\_  
First MI Last Jr/Sr etc.

Residence Address \_\_\_\_\_  
City State Zip Code Telephone

Mailing Address \_\_\_\_\_  
(If different from Residence) City State Zip Code Telephone

## Household Members

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 social security number (if available) 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):

- Elderly (60+)  Receiving Disability and Receiving Services thru the Division of Aging and Adult Services

**Utility/Household Information**

Fill in this section regarding your most recent water and/or wastewater statement or water and/or wastewater bill.

Have you water and/or wastewater been disconnected?  Yes  No

Is your water and/or wastewater subject to be disconnected?  Yes  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 Number: \_\_\_\_\_

**Income**

- 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 **before** 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	Type	How Much?	Owner	Type	How Much?
	Checking: Single and/or Joint Accounts	\$		Saving: Single and/or 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 Lump Sum Payments	\$		Equity in Real Property not used as a home or income producing	\$



DSS-8185 Date Sent \_\_\_\_\_

DSS-8107 Date Sent \_\_\_\_\_

Reason: \_\_\_\_\_

DSS-8178W (Rev. 9/2021)  
Economic and Family Services