

SOCIAL SERVICES APPLICATION FOR LIHWAP 2024



ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE COMPLETED IN A TIMELY MANNER.

**LIHWAP ASSISTANCE IS A BASELINE SERVICE.
(To be paid to Water Vendor)**

The Low-Income Household Water Assistance Program is a federally-funded ARP program that will provide assistance to help households with their water bills. In order to qualify, you must meet the income guidelines listed below. Depending on your income and specific needs members may be eligible for help with:

- Reconnect Household Water Services
- Prevent Disconnection of Household Water Services
- Help Reduce Current Household Water Bills

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

1. Application Must be Completed and Signed for Processing
2. Tribal Verification
3. Proof of Income for All Adults in the Home
4. If Applicant has no Income, Zero Income Form Must be Filled Out
5. Water Provider Information: Statement/Bill
6. Proof of Disability if Disabled

100 Percent, 110 Percent and 150 Percent of the Federal Poverty Guidelines (FPG) for 50 states and the District of Columbia Published on January 19, 2023 by the U.S. Department of Health and Human Services.

Size of Household	100% FPG Poverty Guidelines	110% of FPG Poverty Guidelines	150% of FPG Poverty Guidelines
1	\$14,580	\$16,038	\$21,870
2	\$19,720	\$21,692	\$29,580
3	\$24,860	\$27,346	\$37,290
4	\$30,000	\$33,000	\$45,000
5	\$35,140	\$38,654	\$52,710
6	\$40,280	\$44,308	\$60,420
7	\$45,420	\$49,962	\$68,130
8	\$50,560	\$55,616	\$75,840

For such households at 150 percent of FPG with more than 12 members add \$7,710 for each additional member

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FIRST NAME	MIDDLE NAME	LAST NAME
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PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE

SOCIAL SECURITY NO.	TELEPHONE NO.	DATE OF BIRTH	GENDER

Ethnicity : Hispanic Latino Spanish Origins Other

LIST ALL MEMBERS OF YOUR HOUSEHOLD:

LAST NAME:	FIRST NAME:	S.S. NUMBER:	DATE OF BIRTH:	RELATION TO YOU:	GENDER:	ETHNICITY:

SOURCE OF INCOME IN HOUSEHOLD: LIST ALL HOUSEHOLD INCOME INCLUDING APPLICANT:

NAME:	SOURCE OF INCOME:	HOW OFTEN: WEEKLY/MONTHLY	RECEIPTS/PAYSTUB ATTACHED:	STAFF VERIFIED INITIALS:

Please Check Requested Assistance (Only One):

_____ Reconnect Household Water Service

_____ Prevent Disconnection of Household Water Services (please provide copy of shut off notice)

_____ Help Reduce Current Household Water Bill

WATER VENDOR INFORMATION:

Company Name:	
Company Phone Number:	
Account Number:	

Do you own or rent your home? _____

If your household rents your home and DOES NOT have a separate water bill, please provide a copy of your most recent rental receipt or lease/ rental agreement stating that water is covered in your rental fee.

Landlord or Company Name:	
Address:	
Phone Number:	

Are there any Elders in the home? _____ YES _____ NO

Are there any disabled persons in the home? _____ YES _____ NO

Are there children under the age of 6 in the home? _____ YES _____ NO

Are there any life-threatening health conditions that may affect your family if utilities are shut off?

Provide your landlord's name and phone number to verify your residence:

Landlord's Name: _____

Phone Number: _____ Address: _____

I certify by signing this application that all information given is true and accurate to the best of my knowledge. I am also aware that giving false information is subject to immediate dismissal of this application process. I understand this application must be accompanied by verification of income and Indian ancestry for all household members:

BAND AFFILIATION: _____

APPLICANT PRINTED NAME: _____

APPLICANT SIGNATURE

DATE

Pit River Tribe Social Service Dept.

36907 Park Ave

Burney CA 96013

Phone : (530)335-5421 Ext : 2013 & 2015

Fax : (530)335-6340

Email : ssintake2@pitrivertribe.gov

ssintake1@pitrivertribe.gov

SOCIAL SERVICES STAFF SIGNATURE: _____

FOR OFFICE USE ONLY:

APPLICATION DATE: _____

REQUISITION NO: _____

APPROVED AMOUNT: _____

SOURCE OF FUNDS: _____

APPROVAL DATE: _____

DATE PROCESSED BY SS DEPT: _____