

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM APPLICATION INSTRUCTIONS CHECKLIST

Attention Applicant:

LIHWAP Program provides water or sewer assistance to eligible families once per funding year. The program year is May 28, 2021 to September 30, 2023. The program can assist with outstanding water and sewer bills, past due bills, fees associated with shut off or reconnection. .

The following checklist explains all the information required to complete your application. **The following information is required before your LIHWAP application can be processed:**

- COMPLETED APPLICATION**—all requested information must be provided. Including social security numbers of all family members.
- INCOME VERIFICATION**
Include copy of current gross income for all adult members for the past thirty days in your household. Adults claiming no income will need to sign and date a sworn statement explaining zero income. Per Capita and Revenue Sharing amounts will automatically be added to the household composition.
- CURRENT SHUT OFF NOTICE** (original): 15 day, 48, or 24-hour notice, or shut off notice. Amounts will be verified with vendor before payment is issued.
- NAME AND ADDRESS OF ENERGY SUPPLIER**
- COPY OF IDENTIFICATION** (Tribal ID, or Drivers License, State ID)
- VERIFICATION OF RESIDENCY**

***Please return the requested information as soon as possible to expedite your request for LIHWAP funds. An incomplete application will not be processed and subject to denial.**

*** To deter fraud all information listed above will be verified appropriately. If it is found fraud has been committed, your application will be denied and future assistance will be affected.**

*** Please call the ACF Fraud Hotline 1-(888) 289-8442 if you have information about possible fraud, waste or abuse of federal fund.**

**LOW INCOME HOUSEHOLD
WATER ASSISTANCE PROGRAM
APPLICATION
FY 2021**

Name: _____ Phone: _____

Address: _____ # in household : _____

INCOME VERIFICATION:	Monthly total	Annual total
1. AFDC.....	\$ _____	_____
2. SSI.....	\$ _____	_____
3. Social Security.....	\$ _____	_____
4. Unemployment.....	\$ _____	_____
5. Veterans Benefits.....	\$ _____	_____
6. Wages.....	\$ _____	_____
7. Per Capita/Revenue.....	\$ _____	_____
8. Other.....	\$ _____	_____
TOTAL	\$ _____	

Is this an energy related crisis? Yes No If so, please check one of the following reasons:
 Shut off notice, 24 hour, 48 hour or 15 day Interruption of service.

Type of energy source: Water Sewer Other Acct#: _____

Name of energy supplier: _____

Address of energy supplier: _____

Telephone number of supplier: _____ Fax Number: _____

I certify all information contained in this application is true and correct.

Applicants Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Income verification attached Approved Ineligible Amount: _____
 Program: LIHWAP

LIHWAP APPLICANT FAMILY COMPOSITION

Name: _____ Date: _____ Intake Worker Initials _____

Mailing Address: _____
 (if different) City State Zip

Physical Address: _____
 City State Zip

***Proof of residency is required. Please attach a copy of lease agreement.**

Name	Birth date	Male/Female	Monthly Income & Source	Social Security # required

Name of Utility Account Holder: _____

If Account is not in the name of the applicant, please state the reason(s) why and please complete Utility Bill Responsibility Statement: _____

LIHWAP INCOME VERIFICATION RELEASE FORM

I understand that by signing this Income Verification Release form, I am giving my consent to Sherwood Valley Rancheria LIHWAP Program to request and obtain my income information.

PERMISSION GIVEN BY:

Applicant Signature

Applicant print name

Date

This form must be signed by each member of your household that is 18 years or older.

To Income Source Provider/Employer:

Date: _____

Re: _____

SS#: _____

Dear Sir/Ms.,

We are required to verify the income of all members of families applying for Low Income Household Water Assistance Program administered by Sherwood Valley Band of Pomo Indians. To comply with this requirement, we ask for your cooperation in supplying information regarding the income of the person listed above. This information will be held in strict confidence for the use only in determining the eligibility status of the family.

Above is a signed authorization for your release of this information to us. Please provide income information for the applicant listed above. Please supply the hourly wage and number of hours worked per week. Is the applicant a full time or part time employee? Your prompt return of the information in the enclosed addressed envelope will be appreciated.

Please feel free to call me at (707) 459-9690 if you have any questions.

Thank you,

Carmen Ochoa, LIHEAP Coordinator

SVR LIHWAP USE ONLY:

Head of Household: _____ Verification is for: _____ Application #: _____

Income Provider: Please complete either Section I or II below

Section I

EMPLOYER:

Current rate of pay: _____ Hourly/ _____ Weekly/ _____ Monthly/ _____ Other

Is this a temporary or short term position: Yes No

Expected duration of employment: _____

Average number of hours worked per week: _____

Average number of months worked per year: _____

EMPLOYER NAME: _____

Verified by: _____ Title: _____

Telephone: _____ Date: _____

Please indicate whether still employed: Yes No

Section II

OTHER INCOME SOURCE PROVIDER: (AFDC, SSI, SSB, VETERANS, UIB, ECT)

Current rate of benefit: _____ Monthly/ _____ Weekly/ _____ Other
(Please write in appropriate amount)

AGENCY: _____

Verified by: _____ Title: _____

Telephone: _____ Date: _____

Please indicate if currently receiving benefits: Yes No

COMMENTS: _____

SVR LIHWAP Program
Third Party Income Verification

LIHWAP INCOME VERIFICATION RELEASE FORM

I understand that by signing this Income Verification Release form, I am giving my consent to Sherwood Valley Rancheria LIHWAP Program to request and obtain my income information.

PERMISSION GIVEN BY:

Applicant Signature

Applicant print name

Date

This form must be signed by each member of your household that is 18 years or older.

To Income Source Provider/Employer:

Date: _____

Re: _____

SS#: _____

Dear Sir/Ms.,

We are required to verify the income of all members of families applying for Low Income Household Water Assistance Program administered by Sherwood Valley Band of Pomo Indians. To comply with this requirement, we ask for your cooperation in supplying information regarding the income of the person listed above. This information will be held in strict confidence for the use only in determining the eligibility status of the family.

Above is a signed authorization for your release of this information to us. Please provide the information requested on the back of this form and/or attach verification. Your prompt return of the information in the enclosed addressed envelope will be appreciated.

Please feel free to call me at (707) 459-9690 if you have any questions.

Thank you,

Carmen Ochoa, LIHEAP Coordinator

SVR LIHWAP USE ONLY:

Head of Household: _____ Verification is for: _____ Application #: _____

Income Provider: Please complete either Section I or II below

Section I

EMPLOYER:

Current rate of pay: _____ Hourly/ _____ Weekly/ _____ Monthly/ _____ Other

Is this a temporary or short term position: Yes No

Expected duration of employment: _____

Average number of hours worked per week: _____

Average number of months worked per year: _____

EMPLOYER NAME: _____

Verified by: _____ Title: _____

Telephone: _____ Date: _____

Please indicate whether still employed: Yes No

Section II

OTHER INCOME SOURCE PROVIDER: (AFDC, SSI, SSB, VETERANS, UIB, ECT)

Current rate of benefit: _____ Monthly/ _____ Weekly/ _____ Other
(Please write in appropriate amount)

AGENCY: _____

Verified by: _____ Title: _____

Telephone: _____ Date: _____

Please indicate if currently receiving benefits: Yes No

COMMENTS: _____

SVR LIHWAP Program
Third Party Income Verification

INCOME INFORMATION

Please list all income for each adult family member. Include full name, address and phone number of company or person(s) that you are receiving your income from:

<hr style="border: none; border-top: 1px solid black;"/> Name of Person Receiving Income	<hr style="border: none; border-top: 1px solid black;"/> Name of Income Source	<hr style="border: none; border-top: 1px solid black;"/> Phone number () - - - -
<input type="checkbox"/> check if this income is per capita	<hr style="border: none; border-top: 1px solid black;"/> Address City State Zip	

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SIGN AND DATE CERTIFICATION BELOW

I understand that I am required to provide true and accurate information for all family members residing in my home. I certify all the information I have provide on this form is true and accurate for all household members and their income. I understand fraudulent information is grounds for denial of my application.

Signature of Applicant

Date

Applicant Certification of Eligibility

I hereby certify all my information provided on my application regarding family composition, family income and utility information is true and correct. I further certify I am an enrolled tribal member of the Sherwood Valley Band of Pomo Indians.

<hr/> Applicant Signature	<hr/> Date
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ENROLLMENT OFFICE USE ONLY: TRIBAL VERIFICATION OF ELIGIBILITY

Head of Household: _____

Tribal Member Roll #: _____

Applicant Social Security #: _____

Enrollment Office Verification: _____
Signature

Date of Verification: _____

**UTILITY BILL
RESPONSIBILITY STATEMENT**

(For use when bill is in someone else's name)

I, _____ reside at _____
_____. My utility bill is in the name of _____
_____. He or She is my _____. I am responsible for the
payment of the utility bill for above address.

I certify that all information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for SVBP LIHWAP. I hereby grant permission to the Tribe to exchange my name and address information with other HWAP providers to insure that there is no duplication of LIHWAP services to myself or my household.

Applicant's Signature

Date

Intake Worker's Signature

Date

LOW INCOME HOUSEHOLD WATERASSISTANCE PROGRAM

APPEAL POLICY

1. Any person who has applied for assistance under the Sherwood Valley Band of Pomo Indians LIHEAP Program and who feels that he/she has been afforded an unequal or unfair service can appeal.
2. All applicants, whose application has been denied, for whatever reason, will automatically be informed about his/her right of appeal and provided with the proper appeal form upon request.
3. There is a 15 day limit on filing of the appeal from the date of the action that is being appealed.
4. The following is the step-by-step outline of the appeal process:
 - a. Appeal is made. The appeal process is initiated on the day the office receives a completed appeal form.
 - b. The program coordinator has 10 working days to reply to the appellant (3 days in the case of utilities shut off).
 - c. After 10 days, (3 days in the case of utilities shut off) the appellant is informed in writing about what action to be taken.
5. If the appellant is still not satisfied with the above action, he/she has the right to request in writing a formal hearing by the Tribal Council.
6. He or She will then be scheduled for the next regularly scheduled Tribal Council Meeting as a separate agenda item. The appellant will also be notified of the date of the Council Meeting and invited to attend.

FAIR HEARING STATEMENT

IF YOU WISH TO APPEAL ANY DECISION REGARDING YOUR APPLICATION,
YOU HAVE THE FOLLOWING RIGHTS:

1. A preliminary meeting will be arranged with you and the Program Coordinator, if this issue is not settled informally, a hearing will be set within five (5) days after the written appeal is received.
2. A hearing will be held upon request no later than:
 - a. 15 days after sending notice of denial
 - b. 10 days after sending notice of termination
3. The time limit from the hearing request to formal action is:
 - a. 15 days after the hearing or prior to decreasing or terminating payment.
4. You are permitted a representative to accompany you.
5. You are allowed to submit written or oral evidence.
6. You are allowed witnesses.
7. You are allowed interpreters.

I HAVE BEEN ADVISED OF MY RIGHT TO APPEAL.

Signature of Applicant

Date

Signature of Program Coordinator

Date

Please call the ACF Fraud Hotline 1-(888) 289-8442 if you have information about possible fraud, waste or abuse of federal funds.