



APPLICATION FOR FINANCIAL HELP FOR WATER ASSISTANCE
 LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

Agency Use Only
4/13/2023

How to apply for LIHWAP

1. Fill out the application below. For each section, read the instructions carefully, answer every question, and gather the required documents (extra papers) you need to turn in with your application. If your application is not complete, it could be delayed or turned down.
2. Send your completed application and extra papers to the LIHWAP agency that processes applications in the county you live in. See "Where to Send Your LIHWAP Application". This is found on the last page of this application.

When to apply for LIHWAP

- **Send your application on or after Oct. 1st if:** Any member of your household is age 60 or over, or if any household member is disabled. You may need to send extra papers with your application to show that your household has someone age 60 or over, or who is disabled.
- **Send your application on or after Nov. 1st if:** Your household doesn't include a person age 60 or over, or who is disabled.

After you send your application

The LIHWAP agency will review your application and extra papers you provided:

- Your application will be reviewed within 30 working days after we receive it.
- We'll send you a letter by mail that tells if you qualify for LIHWAP and the amount you'll get.

Important:

- Even after you apply for LIHWAP, continue to pay your water and/or wastewater (sewer) bill so you don't get disconnected.
- When you pay your water and/or wastewater (sewer) bill, send it to the utility company that sent you the bill, not to the LIHWAP agency. LIHWAP agencies will only process your application. They will never accept utility payments, fees, or co-payments.

Part 1 - Contact Information/Address Corrections

Complete the below section. Please list a phone number if you have one so the contracted agency can contact you if we have questions on your application.

Name *						
First Name			Last Name			
Home Address (Or address you are moving to) *		City	State	Zip Code	Unit Type	Unit Number
Mailing Address (If different from home address)		City	State	Zip Code	Unit Type	Unit Number
County of Residence *	Email (Highly Recommended)		Phone Number		Cell Number	

In addition to mail, I would like to receive communication by Email and/or Text.

E-mail Text

Part 2 - Household Members

List every person living in your household, starting with yourself. Fill in each box for every household member. If there are more than 10 people living in your home, list the others on a separate sheet of paper. Must include all nine numbers of the social security number and the month, day, and year of the birth date(s) for all household members.

Name		SNAP? Yes/No	Social Security Number	Sex M/F	Birth Date *	Disabled? Yes/No	Relationship to You	Race	U.S. Citizen? Yes/No
							Self		
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								
First Name	Last Name								

Have you or an immediate family member ever served in the U.S. Armed Forces? Yes No

If yes, would you like information about military-related services in Missouri? Yes No

Please visit www.veteranbenefits.mo.gov or call 573-522-4061 for information regarding military-related services in Missouri.

Part 3 - Utility/Household Information

- **All applicants:** Fill in this section and send a copy of your most recent water/wastewater (sewer) statement.
- **Applicants whose water has been disconnected or may be disconnected soon:**
 - Send a copy of your disconnection notice along with the water/ wastewater (sewer) statement, and
 - If you or someone in your household suffers from a life threatening medical condition, send a medical statement from a qualified doctor or nurse. The statement should say that the person has a life-threatening medical condition, but does not have to state a diagnosis or condition.

Do you own your home or are you buying your home? Yes No

Do you or a household member suffer from a life-threatening medical condition? Yes No

Please enter your water and wastewater (sewer) bill information below.

- Your household may apply for benefits up to the amount requested on this application, which must be equal or less than \$750.
- If you have a bill that includes other utilities, only include the amounts for water and wastewater (sewer). If you have a bill that has both water and wastewater (sewer) on the bill, the amounts must be separated below. If you have a bill from different companies for water and wastewater, you must apply for both at the same time and separate them below.
- If you do not enter a requested amount or if the amount exceeds \$750, the payment will be applied to the balance on the water bill first and then to wastewater (sewer).
- If you are approved, your household can only receive up to \$750 from October 1st through September 30th.
- You must submit your current bill. (current = within 30 days prior to date you mail your application)

Water

Are you currently without water, because it got disconnected? * Yes No

Are you currently in threat of not having water, because it may be disconnected soon? * Yes No

Do you pay your water bill directly to your Landlord or as part of your rent? * Yes No

Amount Requested must be equal to or less than the bill submitted *

If you answered yes to either question, please fill in the disconnection date:

List your water supplier's name *

City *

Whose name appears on the account? *

Account Number *

Wastewater (sewer)

Are you currently without wastewater (sewer), because it got disconnected? * Yes No

Are you currently in threat of not having wastewater (sewer), because it may be disconnected soon? * Yes No

Do you pay your wastewater bill directly to your Landlord or as part of your rent? * Yes No

Amount Requested

If you answered yes to either question, please fill in the disconnection date:

List your wastewater (sewer) supplier's name

City

Whose name appears on the account?

Account Number

Part 4 - For Renters

If your water and/or wastewater bill is included in your rent, or if you pay your water and/or wastewater separately from your rent, but directly to the Landlord (property owner), the "LIHWAP Landlord Documentation Request" form (included in the last pages of application) needs to be completed. If you are approved for LIHWAP, the payment will be made the supplier. The Landlord must reduce your rent or water/wastewater by the amount of this payment.

- If your water and/or wastewater is included in your rent, you can receive the amount included in your rent for your current bill and previous bills you have not paid to the Landlord. The amount cannot exceed \$750.

- If you pay your water and/or wastewater separately to your Landlord, you can receive the amount you currently owe the Landlord for water and/or wastewater up to \$750.

The "LIHWAP Landlord Documentation Request" form must be signed by you and your Landlord. The landlord must agree to reduce current or past water and/or wastewater bills by the LIHWAP amount paid.

Are you in section 8 (subsidized housing) and required to pay a separate water and/or wastewater bill? Yes No

Do you share a water meter with your Landlord? Yes No

Landlord Name		Landlord Email		Landlord Phone	
First Name	Last Name				
Landlord Address		City	State	Zip Code	Unit Type
					Unit Number

Part 5 - Income You Earn or Pay For Child Support

If anyone in your household has income from a job or self-employment:

- Fill in this section to show all income anyone gets from tips, payments for service, and wages for all jobs, even if someone has more than one job, and
- Send copies of papers that show all gross income received by anyone last month, such as paystubs. Gross income is income received before taxes are withheld. If anyone was employed in the last six (6) months, but did not receive income from that job last month, we may need proof of final wages earned and last date worked from that employer.

List everyone in your home age 18 or older who received income from a job last month. (Include all jobs.)

Name	Employer	How Often Paid?	Gross Pay	Still Employed?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

If yes, send a copy of the most recent Federal Income Tax Form 1040, including Schedule 1, for each self-employed person along with your application.

Court-ordered Child Support that is paid to someone outside your household can be deducted so that it doesn't count as income. To receive this deduction, fill in your 8-digit Child Support case number below

Did anyone pay court-ordered Child Support last month to someone outside of your household? Yes No

If yes, how much?	Name of person who pays the Child Support

List the 8-digit Child Support Case Number

Part 6 - Income That Isn't Earned

If anyone in your household receives income that does not come from a job or self-employment:

- Fill in this section, and
- Send copies of papers that show all unearned income anyone received last month.

Source of Income	Who Receives This Income?	Amount Received	How Often Received?
Social Security	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplemental Security Income (SSI)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Temporary Assistance for Needy Families (TANF)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplemental Aid to the Blind (SAB)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blind Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplemental State Payments (SSP)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foster Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alimony	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Support List 8-Digit Case Number: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unemployment Compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pensions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Railroad Retirement	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent Received from Land or Buildings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Money Received from Friends, Family, or Organizations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Armed Forces Allotment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Union Funds or Strike Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Worker's Compensation or Temporary Private & Disability	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Unearned Income Specify: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please use this section for household members that have the same income source.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 7 - Savings and Other Accounts

If anyone in your household has savings or other accounts, fill in the total amounts of money everyone has in each type of account.

Type	How Much?	Type	How Much?
Checking: Single and/or Joint Accounts	<input type="text"/>	Stocks/Bonds and Mutual Funds	<input type="text"/>
Savings: Single and/or Joint Accounts	<input type="text"/>	IRA/KEOGH and/or Deferred Compensation Plans	<input type="text"/>
CDs, Annuities, and/or Money Markets	<input type="text"/>		

Part 8 - Notice That You Can Get a Fair Hearing

As an applicant for the LIHWAP, you may request a hearing for the following reasons:
 1) If your LIHWAP application is denied.
 2) If your LIHWAP application is not reviewed timely.
 A request for a hearing can be made in writing, by phone, by fax, or in-person. Hearing requests should be sent to the contracted agency in your county.

Papers you must send with your application to avoid processing delays (send copies as originals will not be returned)

- Application that is completely filled in, signed, and dated.
- Proof of Social Security Number for everyone in the household. (Such as social security card, award letter, W-2)
- Qualified Alien: Provide Proof of U.S. Citizenship and Immigration Services Form I-5551 Permanent Resident Card, Re-entry Permit (a passport booklet for lawful permanent residents), USCIS Form I-94, or a I-94A.
- Copies of utility bills for your water and/or wastewater (sewer). The person listed on the water/ wastewater (sewer) bill must be a member of the household who is age 18 or older.

Household

Papers you need to send if any member of your household got any income last month:

- Proof of all income (both earned and unearned) from last month for all household members who got it. Household members who are active SNAP recipients do not need to provide proof of these incomes.

Part 9 - Your Consent for the LIHWAP Agency to Process (Review) This Application

Read the Consent for Processing in the box below and sign. **If you do not sign and date the application, your LIHWAP application will not be processed.**

I hereby apply for assistance under the LIHWAP laws of the State of Missouri administered by the Department of Social Services (DSS). I declare that the information I have given is true, correct, and complete to the best of my knowledge. **I realize that the information which I have given on this application will need to be verified by the LIHWAP agency.**

If any household member declared on my application is currently receiving SNAP, TANF, or Child Support, I hereby authorize the LIHWAP agency to use my Family Support Division (FSD) file to see if I qualify for LIHWAP. I hereby authorize the LIHWAP agency, FSD, and my water/wastewater supplier share my customer, application and account information (such as: service address, water/wastewater source, customer account number, past due amount, notice of disconnection, etc.) to determine my eligibility and to otherwise administer the program. I give permission to DSS to use information provided on this form for purposes of research, evaluation, and analysis of the program. When applicable; I hereby authorize the LIHWAP agency, FSD to share my customer account, application, and eligibility information with my Landlords (property owners) to determine my eligibility and to otherwise administer the program.

I understand that I may be fined, imprisoned, or both under state or federal law if I make false statements on this application in order to get benefits I am not entitled to receive.

If your application is denied due to a non-participating water/wastewater supplier, would you Yes No like to be referred to another program for assistance?

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature *

Date *

WHERE TO SEND YOUR LIHWAP APPLICATION

Search for your local office by referring to the county in which you live.

**Audrain, Boone, Callaway, Cole, Cooper,
Howard, Moniteau, Osage**

Central Missouri Community Action (CMCA)
800 N Providence Rd Ste 200
Columbia, MO 65203-4300
Phone number: (573) 443-1100 Fax (573) 370-1212

St. Louis County

Community Action Agency of St. Louis County
(CAASTLC)
2709 Woodson Rd
Overland, MO 63114-4817
Phone number: (314) 446-4427 Fax (314) 446-4480

Andrew, Buchanan, Clinton, DeKalb

Community Action Partnership of Greater St.
Joseph (CAPSTJOE)
1322 N. 36th St.
St. Joseph, MO 64506
Phone number: (816) 233-8281 Fax (816) 233-8262

Atchison, Gentry, Holt, Nodaway, Worth

Community Services, Inc. of Northwest Missouri
(CSI)
PO Box 328
Maryville, MO 64468-0328
Phone number: (660) 582-3113 Fax (660) 582-2965

Barton, Jasper, Newton, McDonald

Economic Security Corporation of Southwest
Area (ESC)
PO Box 207
Joplin, MO 64802-0207
Phone number: (417) 781-0352 Fax (417) 781-2011

**Bollinger, Cape Girardeau, Iron, Madison,
Perry, St. Francois, St. Genevieve,**

Washington

East Missouri Action Agency (EMAA)
PO Box 308
Park Hills, MO 63601-0308

Jefferson, Franklin

Jefferson-Franklin Community Action
Corporation (JFCAC)
PO Box 920
Hillsboro, MO 63050-0920
Phone number: (636) 789-2686 Fax (636) 789-2866

**Camden, Crawford, Gasconade, Laclede,
Maries, Miller, Phelps, Pulaski**

Missouri Ozarks Community Action, Inc.
(MOCA)
PO Box 69
Richland, MO 65556-0069
Phone number: (573) 765-3263 Fax (573) 232-1638

**Carroll, Chariton, Johnson, Lafayette, Pettis,
Ray, Saline**

Missouri Valley Community Action Agency
(MVCAA)
1415 S Odell Ave
Marshall, MO 65340-3144
Phone number: (660) 831-5331 Fax (660) 831-5039

**Lewis, Lincoln, Macon, Marion, Monroe,
Montgomery, Pike, Ralls, Randolph, Shelby,
St. Charles, Warren**

North East Community Action Corporation
(NECAC)
805 Business Highway 61 N
Bowling Green, MO 63334-1351
Phone number: (573) 324-0120 Fax (573) 213-4858

Adair, Clark, Knox, Schuyler, Scotland

Community Action Partnership North East
Missouri (CAPNEMO)
PO Box 966
Kirksville, MO 63501-0966
Phone number: (660) 665-9855 Fax (660) 665-6557

**Douglas, Howell, Oregon, Ozark, Texas,
Wright**

Ozark Action, Inc. (OAI)
710 E Main St
West Plains, MO 65775-3307
Phone number: (417) 256-6147 Fax (417) 256-0333

Phone number: (800) 392-8663 Fax (573) 431-7377

Dunklin, Mississippi, New Madrid, Pemiscot, Scott, Stoddard

Delta Area Economic Opportunity Corporation (DAEOC)

99 Skyview Rd

Portageville, MO 63873-9180

Phone number: (573) 379-3851 Fax (573) 379-9139

Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan

Community Action Partnership North Central Missouri (CAPNCM)

1506 Oklahoma Ave

Trenton, MO 64683-2587

Phone number: (660) 359-3907 Fax (660) 359-6619

City of St. Louis, Wellston

Urban League (ULSTL)

1408 N. Kingshighway Blvd.

St. Louis, MO 63113

Phone number: (314) 615-3632 Fax (314) 615-3632

Barry, Christian, Dade, Dallas, Greene, Lawrence, Polk, Stone, Taney, Webster

Ozarks Area Community Action Corporation (OACAC)

215 S Barnes Ave

Springfield, MO 65802-2204

Phone number: (417) 864-3460 Fax (417) 864-3472

Butler, Carter, Dent, Reynolds, Ripley, Shannon, Wayne

South Central Missouri Community Action Agency (SCMCAA)

PO Box 6

Winona, MO 65588-0006

Phone number: (800) 325-4633 Fax (573) 325-4543

Jackson, Clay, Platte

Mid America Assistance Coalition (MAAC)

PO Box 32270

Kansas City, MO 64171

Phone number: (816) 831-1830 Fax (816) 831-1839

Bates, Benton, Cass, Cedar, Henry, Hickory, Morgan, St. Clair, Vernon

West Central Missouri Community Action Agency (WCMCAA)

112 W 4th St.

Appleton City, MO 64724

Phone number (660) 476-2185 Fax (660) 476-5901