



Pueblo of Laguna Utility Authority
2023 LIHWAP Application
Low Income Household Water Assistance Program

Answer all the questions on the form. You must sign and date the last page of this application or it will not be valid and processed

For Office Use Only
Date Rec'd: _____
Rec'd By: _____

1. Applicant and Household Members

List names and information for the primary account holder and all the individuals who reside in the home.

Name (First and Last)	Relationship	Date of Birth	Social Security #	Age	Enrolled Laguna Tribal Member	Disabled Include proof of disability	Veteran Include proof of status
1	Self				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Addresses and Phone Numbers

Provide the current mailing address and physical service address

Service Address	City	State	Zip Code	Telephone #
Mailing Address	City	State	Zip Code	Message Phone #

3. Household Income

A. Do you receive SNAP, TANF, SSI or Means Tested Veterans Program Benefits? Yes No

B. Check mark all sources of income (and benefits/help, if any) for all household members and attach proof of income for the last 30 days

- Employment Supplemental Security Income (SSI)
 Self Employment Social Security Admin Benefits (SSA)

C. Tell us about the income for each person who reside in the home:

Person with Income	Source of Income	\$ Amount (After Taxes)	How Often? Weekly, Bi-Weekly, Monthly, Semi-Monthly
		\$	
		\$	
		\$	
		\$	
		\$	

4. Home Water & Wastewater Services

A. Provide the name of the primary account holder and account number

Primary Name on Account: _____ Account #: _____

B. Select the services you are requesting for assistance:

- Water

Has your service been shut off? Yes No

Do you have a shut off notice? Yes No

Was your service shut off due to interior plumbing issues? Yes No

I am applying for assistance with: a past due bill a current bill

Sewer

Has your service been shut off? Yes No

Was your service shut off due to interior plumbing issues?

I am applying for assistance with: a past due bill

Do you have a shut off notice? Yes No

Yes No

a current bill

Septic

Has your service been shut off? Yes No

Was your service shut off due to interior plumbing issues?

I am applying for assistance with: a past due bill

Do you have a shut off notice? Yes No

Yes No

a current bill

5. Information and Consents: (Please read carefully before signing)

I understand that by submitting this application all information is true, complete and correct. I understand that any false statements or other misrepresentation knowingly made by me in connection with this application for Low Income Household Water Assistance Program (LIHWAP) benefits may result in me being found ineligible for the assistance paid on my behalf for my water and/or wastewater provider. Additionally, any false statement or misrepresentation knowingly made by me for purposes of obtaining assistance under this program may result in an action against me which may subject me to civil and/or criminal penalties.

I understand that by signing my LIHWAP application and documents I have provided, I will be used to check my identity and may be disclosed or re-disclosed to verify earned income and other assistance received for myself and other household members and to determine if applicants can receive payments or other help. I give my consent for PoLUA or other federal, local or other authorized personnel to record, store, access and utilize the information provided on this application and any documents that I have provided, as well as information provided in any conversations, texts, or other means of communication with PoLUA or federal, local, or other authorized personnel. I expressly consent to the release of information provided on this application or pertaining to my eligibility for LIHWAP to any entity necessary for LIHWAP administration including, but not limited to social service agencies, other local agencies or entities and the U.S. Department of Health and Human Services (HHS). I also consent to the release and use of information provided on this application or pertaining to my eligibility for LIHWAP to any other entity to avoid duplication of benefits. I understand that additional information may be requested by PoLUA in connection to my application for LIHWAP benefits, and I agree to provide such requested information within the time allotted by PoLUA.

I understand and agree that by providing a phone number or cellular phone number on this application or requesting to be contacted through text messages (SMS/MMS), that PoLUA may use that number to call, send text messages, or leave voice messages related to LIHWAP. Standard text messaging and data rates from the wireless carrier may apply. Any costs related to receiving calls or text message are the responsibility of the individual receiving them. PoLUA and its agents are not responsible for and will not accept or assume any liability for damages, losses, claims, expenses, or costs including, but not limited to voice, text, and data costs that may result from or be related to your application for LIHWAP. Check with your phone service provider for details on receiving calls or text messages (SMS/MMS).

I also consent to allow the information provided on this application to be used in referrals to available water and/or wastewater assistance programs and PoLUA low income programs. I understand that PoLUA will use my account information to verify with my water and/or wastewater vendor the receipt of LIHWAP. This authorization also includes permission for any the PoLUA to release certain statistical information, including but not limited to water and or wastewater usage, consumption, annual cost, and payment history to PoLUA and HHS for the purposes of LIHWAP performance measurement.

I have read and understand the consents above and agree to the authorizations and consents herein. I understand and agree that by signing and submitting this application to the PoLUA that I do so under penalty or perjury, and I am affirming the information contained herein is true, complete, and correct.

Print Name: _____

Signature: _____

Date: _____