Low Income Household Water Assistance Program (LIHWAP) Application for Benefits

Send completed and signed application to: NYS OTDA/LIHWAP, PO Box 1789, Albany, NY, 12201

	e person who has primary and direct his person's name.	esponsibility for paymer	nt of the water	and/or sewer bil	I should com	plete this ap	oplication. The	bill should be
Firs	st Name:		Last Name: _					MI:
	eet Address:							
	ephone Number:							
	iling address if different than above: _				-			
	ail Address (optional):					are:		
	using Type: Own Rent							
П	Combined Water & Sewer	☐ Water						
Has your service been shut off: Yes No			o you have a	shut off notice: [Yes N	١o		
	n applying for help with:		a current b		_			
Ven	ndor Name:	·		Account N	lumber:			
Ser	vice period (if listed on the bill) From:		o:	An	nount owed: \$	S		
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opt		the following: Americ cific Islander (P), White Last Name:	an Indian or e (W), Other (Alaska Native (I O).), Asian (A),	Black or A	African American Date of Birth	an (B), Multi-
		Gender Identity (Optional)					nip to applicant	
	Social Security Number			Citizen/ US Na			☐ Yes ☐ No)
	Ethnicity Hispanic, Latino or Spanis	h Origin (Optional): 🔲	Yes ∐ No	Race (Option	nal)			
2.	First Name:	Last Name:				MI:	Date of Birth	
		Gender Identity (Optional)					nip to applicant	
	Social Security Number			Citizen/ US Na	tional or Qual	ified Alien:	Yes No)
	Ethnicity Hispanic, Latino or Spanis		Yes No	Race (Option	nal)			
3.	First Name:					_ MI:	Date of Birth	
	Sex: Male Female	Gender Identity (Optional)				Relationsh	nip to applicant	
	Social Security Number			Citizen/ US Na			Yes No)
	Ethnicity Hispanic, Latino or Spanis	h Origin (Optional):	Yes No	Race (Option	nal)			
4.	First Name:	Last Name:				MI:	Date of Birth	
		Gender Identity					nip to applicant	
	Social Security Number			Citizen/ US Na	tional or Qual	ified Alien:	☐ Yes ☐ No)

OTDA-5196 (Rev. 11/22)	_		New York State Office of Temporary and Disability Assistance				
Is anyone in the household receiving any of t Assistance Program (SNAP),Temporary Assistance), Supplemental Nutrition			
If yes, who is receiving?			Case number(s): _				
Is anyone in the household disabled or blind?	? Yes No	If yes, who?					
Income: Provide income information for all memincome. Applicant may attest to income informat Security, Social Security Disability, Child Support amount is amount paid before deductions. If rec	tion on behalf of other house t, Rental Income, etc. Frequ	hold members. So ency is how often y	ource of income is the E you are paid: Weekly, M	mployer Name, Social fonthly, Bi-weekly, etc. Gross			
Name of who receives	Source of Income	Frequency	Gross Amount	Medicare Part B and/or D			
			_ \$	\$			
Important Information and Consents: (F	Please read carefully bef	ore signing)					
provided on this application or discovered through vention enforcement officials for the purpose of investigating of SSNs, may be referred to federal and state agencies, I understand that by signing this application, I consent Assistance (OTDA) to verify or confirm the information LIHWAP application and documents I have provided, other assistance received for myself and other househor other state, federal, local, or other authorized personave provided, as well as information provided in any authorized personnel. I expressly consent to the release for LIHWAP administration including, but not limited to Services (HHS). I also consent to the release and used duplication of benefits. I understand that additional informition within the time allocation.	or prosecuting fraud. If a claim a as well as private claims collect to any investigation by any mean I have given in connection with will be used to check identity and to determine to record, store, access, and conversations, texts, or other make of information provided on the control of the provided on the provided by OTDA.	rises against my hou ion agencies, for clai ans available to the N my application for L d may be disclosed of if applicants can red and utilize the informati eans of communicati is application or perfai local agencies or ent application or pertai DTDA in connection	usehold, the information of ms collection action. Ilew York State Office of T IHWAP benefits. The information of the information of the payments or other heading to the information provided on this application of the theory of the information of the information of the U.S. Department of the U.S. Department of the U.S. Department of the information of the U.S. Department of the information of the IHWAP information of the inform	emporary and Disability rmation I have provided on my rned and unearned income and elp. I give my consent for OTDA cation and any documents that I ste, federal, local, or other LIHWAP to any entity necessary ment of Health and Human HWAP to any other entity to avoid JAP benefits, and I agree to			
I understand and agree that by providing a phone num (SMS/MMS), that OTDA may use that number to call, from the wireless carrier may apply. Any costs related are not responsible for and will not accept or assume a costs that may result from, or be related to, your applic (SMS/MMS). Text messages or calls may be sent or correspondence concerning LIHWAP may be sent by	send text messages, or leave vo I to receiving calls or text messa any liability for damages, losses cation for LIHWAP. Check with made using an automatic teleph	pice messages relate ge are the responsib , claims, expenses, o your phone service pone dialing system.	ed to LIHWAP. Standard to the individual receiper costs including, but not provider for details on receipers.	ext messaging and data rates ving them. NYS and its agents limited to, voice, text, and data viving calls or text messages			
I also consent to allow the information provided on this programs, and my utility company's low income prograthe receipt of LIHWAP. This authorization also include not limited to, my water and/or sewer usage, consump measurement.	ams. I understand that OTDA was permission for any of my ven	ill use my Social Sec dors (including my ut	curity Number to verify with ility) to release certain sta	n my water and/or sewer vendors tistical information, including but			
I have read and understand the consents above and a application to OTDA that I do so under penalty of perjudications.							
Name (print)	Signature			Date:			
Authorized Representative : You can designate Authorized Representative may: complete and fi eligibility information in your case file, complete a application. The Authorized Representative desi representative.	ile your LIHWAP application, all forms for you, provide doc	contact the agenc umentation, and ap	y and speak with your wore with a speak agency decisions	vorker, have access to You must still sign this ignate and authorized			
Name (print)	Signature			Date:			

Instructions for Applicants

Send completed and signed application to: NYS OTDA/LIHWAP PO Box 1789 Albany, NY 12201

What will I need to apply? Applicants must include the following documentation/information along with this application. Please provide copies and not originals:

- Proof of identity for the primary applicant. Identity documentation is requested for all other household members, but not required.
- Proof of residence. You must be residing at the residence for which you are requesting assistance.
- A water and/or sewer bill listing your permanent and primary residence. The bill should be in the person's name who is filling out the application.
- Documentation of income for the primary applicant. The amount of the income for all other household members must be entered, but documentation is not required.
- A valid Social Security Number (SSN) for the primary applicant. SSNs are requested for all other household members, but not required.

Who should complete and sign the application? The application should be completed by the person who has primary and direct responsibility for payment of the water and/or sewer bill.

What address should I list? You must list your current address. This must be your permanent and primary residence.

Why do you need my telephone number? This will assist in timely processing of your application if additional information is required.

Who should I list as household members? List everyone who lives in your house, even if they are not related to you or contributing financially to your household. List yourself first on line 1.

Gender Identity: New York State ensures your right to access State benefits and/or services regardless of sex, gender identity or expression. You must report your sex and the sex of all household members as male or female. The sex you report here must be the same as what is currently on file with the United States Social Security Administration. The sex you report is needed to process your application. It will not appear on any benefit card you may receive or any other public-facing document. Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Gender identity is not required for this application. If your gender identity, or the gender identity of anyone in your household, is different than the sex you proport for that person and you would like to provide that person's gender identity, print "Male", "Female", "Non-Binary", "X", "Transgender", or "Different Identity" in the space provided. If you print "Different Identity", you may choose to describe that person's gender identity further in the space provided.

Citizen/Alien Information: In order to receive LIHWAP, you must be a U.S. citizen, Qualified Alien, or U.S. non-citizen national. For additional information on what constitutes a Qualified Alien or U.S. non-citizen national, please contact the New York State Office of Temporary and Disability Assistance hotline at 1-800-342-3009 or visit the OTDA website at http://www.otda.nv.gov.

Race/Ethnicity Information: Providing this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for requesting this information is to ensure that program benefits are distributed without regard to race, color, or national origin.

Do I need to provide a Social Security number for everyone? A valid Social Security number is required for the applicant and requested for all other household members. If any member does not have a Social Security number but has applied for one, write the word "applied" in the Social Security Number box. If you leave this section blank for the primary applicant household member, your application cannot be processed but will be pended for further information.

How should I complete the income section? Will I need to provide proof? List ALL earned and unearned income for all household members. All amounts should be entered as gross income prior to any deductions. Deductions include, but are not limited to: income taxes, child support, garnishments, health insurance, and union dues. You are required to submit documentation of all earned and unearned income, including self-employment and rental income for the primary applicant. You may be required to provide proof of other income. Do not submit originals, they will not be returned. Eligibility will be based on your household's gross monthly income for the month of application. Please enter the amount of your Social Security before any deductions for Medicare. List separately the amounts that you pay for Medicare Part B and/or D. Amounts for Medicare Parts B and D are excluded as income. Enter only the interest or dividend portions of bank accounts, CDs, stocks, bonds or other investment income. List each account separately. If you need more space, attach additional sheets. Enter the amount received for the year to date.

Make sure to sign and date the application. The application must be signed by the person who has the water and/or sewer bill in their name.

Appeals: An appeal may be requested if it has been more than thirty (30) business days since OTDA received your signed and completed application and you have not been told of the eligibility decision. Incomplete applications may be pended for up to ten (10) business days and the pending period is not counted in the thirty (30) business day timeframe for providing notification. Applicants who are denied or disagree with the amount of assistance for which they were approved may request an appeal within 60 days from the date of the notice. Appeals may be requested by email at NYSLIHWAP.appeals@otda.ny.gov, by telephone at (833) 690-0208, or in writing: NYS OTDA/LIHWAP, PO Box 1789, Albany, NY, 12201.

Types of Acceptable Documentation

Residence (Where you now live)

- Current rent receipt with name and address of tenant and landlord or lease with name and address
- Water, sewer, or tax bill

- Homeowner's/Renter's Insurance Policy
- Utility bill
- Mortgage payment books/receipts with address

Identity

You must provide one or more of the following for the primary applicant.

- · Driver's License
- Photo ID
- US Passport or Naturalization Certificate

- Birth Certificate or Baptismal Certificate*
- Validated Social Security Number*
- Statement from another person*

*Two forms of proof required.

Social Security Number

You must provide a valid Social Security Number (SSN) for the primary applicant. If you do not have an SSN, you must apply for one at the Social Security Administration (SSA).

Water and/or Sewer Verification

Please provide a copy of your most recent water and/or sewer bill, a current tax bill indicating water and/or sewer charges or a statement from your vendor. If you have separate bills for water and sewer, please provide copies of both bills.

Income:

- Pay stubs for the most recent four (4) weeks
- If self-employed, business records for the most recent three
 (3) months or your filed federal tax return for the current year, including all applicable schedules.
- Rental income/expenses for previous three (3) months or your filed federal tax return for the current year, including all applicable schedules.
- · Child support or alimony/spousal support
- Interest/Bank/Dividend or Tax Statement
- Statement from roomer/boarder

Copy of award letter or official correspondence for the following:

- Social Security/Supplemental Security Income (SSI)
- Veteran's Benefits
- Pensions
- Worker's Compensation/Disability
- Unemployment Insurance Benefits