

Maryland Low Income Household Water Assistance Program (LIHWAP) Application



The Maryland Low Income Household Water Assistance Program (LIHWAP) is part of a federally-funded American Rescue Plan program that provides assistance to help households pay water and wastewater bills. Depending on your income and specific needs, you may qualify for the following assistance:

- **Reconnect Household Water/Wastewater Services** – If your household’s water/wastewater services have been disconnected because of past due water bills, grant funds may be available up to \$2,000 to pay off the balance, including fees to reconnect household water services.
- **Prevent Disconnection of Household Water/Wastewater Services** – If you have received a notice that your water/wastewater services will be disconnected due to a past due balance and you can’t afford to pay, grant funds may be available to pay all or part of your bill.
- **Reduce Current Household Water/Wastewater Past Due Balance** – If you are struggling to afford your current water bills and meet other household needs, you may qualify for temporary assistance to pay some or all of your current water bills.

ELIGIBILITY INFORMATION

Applicants must be Maryland residents who are responsible for the payment of a water and/or wastewater bill issued by a public water system or treatment works. Applicants must live at the property for which assistance is being provided. Only one water/wastewater bill account per service address is eligible to receive Maryland Low Income Household Water Assistance Program benefit.

Total household income may not exceed the gross income thresholds shown below. Applicants are considered automatically eligible for the Maryland Low Income Household Water Assistance Program if they are currently receiving any of the following assistance:

- Energy assistance from the Office of Home Energy Programs (OHEP)
- Temporary Cash Assistance (TCA)
- Temporary Disability Assistance Program (TDAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Emergency Rental Assistance Program (ERAP)

MAXIMUM MONTHLY GROSS (BEFORE TAXES) INCOME LEVELS FOR HOUSEHOLDS

Effective July 1, 2022 to June 30, 2023 based on 60% of the State Median Income

To qualify for the Maryland Low Income Household Water Assistance Program, an applicant's total household income may not exceed the following gross income thresholds listed below

Household Size (# of people per household)	Household Income (per month)
1	\$3,324 / mo
2	\$4,347 / mo
3	\$5,369 / mo
4	\$6,392 / mo
5	\$7,415 / mo
6	\$8,438 / mo
7	\$8,630 / mo
8	\$8,821 / mo
For each additional household member add:	\$192 / mo

YOU WILL BE ASKED TO PROVIDE SUPPORTING DOCUMENTATION

Be sure to fill out the application clearly and completely. You must provide documentation to prove any information provided on this application. Documentation includes a copy of a Driver's license or other government issued identification card, proof of where you live (this can be your water and/or wastewater bill), copies of Social Security Cards for everyone in your household, and proof of all gross (pre-tax) income for everyone in your household for the last 30 days (such as a paystub, Social Security letter, child support letter, unemployment letter, self employment documentation, etc.).

If your household received no income in the 30 days prior to this application, you must sign a Declaration of Zero Income and provide additional information on how your household is meeting your basic needs. The form is available on the Home Energy website <https://dhs.maryland.gov/office-of-home-energy-programs/>.

What language do you speak? English Spanish Other

Free translation services are available by calling your local Department of Social Services, Local OHEP office, or call 1-800-332-6347.

Si necesita ayuda para llenar este formulario favor llame al 1-800-332-6347.

Return your application to your [local DSS](#) or OHEP office.

1. Applicant Information

Name	9-digit Social Security Number
Email Address	Mailing Address City, State, Zip
Primary Phone Number	Secondary Phone Number (if available)

2. Water and/or Wastewater Account Information

Water Account Information

Water Company Name	Account Number	Name on Account	Service Address

I have a Termination Notice My Water Service has been disconnected

Water Balance Past Due \$ _____

Wastewater/Sewer Account Information (if different)

Water Company Name	Account Number	Name on Account	Service Address

I have a Termination Notice My Wastewater/Sewer Service has been disconnected

Wastewater/Sewer Balance Past Due \$ _____

My household rents our home and the water bill is in the landlord's name. (Provide landlord name and contact information below)

If you checked the above box, please provide a copy of your most recent rental receipt or lease stating that water is covered in your rental fee:

Landlord name or company _____

Landlord street address _____

City, State, Zip code _____

Landlord phone number _____

Are you behind on paying your rent?

No, I am not behind on paying my rent Yes, I am behind and need help paying my rent

3. Household Information

If the applicant or any household members aged 18 or older received income in the 30 days prior to the submission of this application, you will be required to provide proof (paystubs, benefit award letters etc.) of all income received. Providing proof at the time of application will help expedite the processing of your application.

Please use the following choices for race code* requested below: For each household member in the table below, list all sources of income received in the last 30 days. **1: Black or African-American 2: White 3: Hispanic 4: Asian, Hawaiian, or Pacific Islander 5: American Indian or Alaskan Native 6: Multi-Racial**

Note: You do not have to give information about your race or ethnicity. If you do, it will help show how we obey the Federal Civil Rights Law. We will not use this information to decide if you are eligible. If you do not give us your race, it will not affect your application. The case manager will enter a race code for statistical purposes only. Title VI of the Civil Rights Act of 1964 allows us to ask for this information.

First and Last Name of each household member	Date of Birth	US Citizen (Y/N)	Social Security Number	Relationship to Applicant	30-day Gross (before taxes) Income	Income Sources (Wages,TCA, SSI, SSDI)	Race Code (optional)

4. Other Assistance Received

If you answer YES to any of the questions below, please help expedite the processing of this application by attaching a copy of the award letter or other proof of assistance received.

Do you receive energy assistance through the Office of Home Energy Programs (Maryland Energy assistance Program, Electric Universal Service Program)? Yes No

Do you receive Supplemental Social Security? Yes No

Do you receive Veterans or Social Security Disability benefits? Yes No

Do you receive any other form of financial assistance from the State of Maryland? Yes No

Do you receive any other form of financial assistance from the State of Maryland (SNAP, TCA, TDAP & ERAP)? Yes No

If yes, please identify the assistance received: _____

ACKNOWLEDGMENT & SIGNATURE

You or your Authorized Representative must sign this application before submitting it.

I swear or affirm under penalty of perjury that all the information I gave to the Department of Human Services (DHS) in this Maryland Low Income Household Water Assistance Program (LIHWAP) Application is true, correct, and complete to the best of my ability, belief, and knowledge. I am a Maryland resident who is responsible for payment of a water and/or wastewater bill issued by a public water system or treatment works. I live at the property for which assistance is being sought. I authorize DHS and/or the Office of Inspector General (OIG) to investigate and confirm the accuracy and completeness of all household income and other information provided with this application, including but not limited to the use of governmental and consumer reporting agency data regarding employment income.

I consent to allow my water and/or wastewater service provider to provide relevant account information to DHS and for DHS to communicate with those providers regarding this application. I allow DHS to release and exchange relevant information with other agencies and my water and/or wastewater service provider in order to make appropriate referrals to services that may assist me to lower my water bill or help me to better afford my water and/or wastewater costs or help me with the completion of my application.

I consent for my information to be entered into other secure databases for tracking of services, statistical information, and program evaluation.

Maryland has a fraud law that will be vigorously enforced for intentional misrepresentations of information contained on this application. Punishment can occur for not telling the truth when applying for assistance. I understand that, if I intentionally misrepresent information, I may be disqualified from the program for a set amount of time.

Applicant Signature & Date

Signature

Date

Authorized Representative Signature & Date (if applicable)

Signature

Date

Witness Signature & Date (if applicant signed with "X")

Signature

Date

OFFICE USE ONLY SECTION			