

**Low-Income Household Water Assistance Program (LIHWAP) Application  
Addendum for Water Assistance**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TN Zip: \_\_\_\_\_

The undersigned applicant is applying for assistance, for their water or water related services, through the Low-Income Household Water Assistance Program (LIHWAP) and acknowledges they must meet one of the following priority groups to apply for assistance:

- Priority 1: Households with disconnected water services or a pending disconnection notice.
- Priority 2: Households who are behind on paying their water services and are at risk of receiving a disconnection notice.
- Priority 3: Households who are seeking help with their current water bill without a past due balance. These households are not behind on their bills, but are struggling to maintain their expenses due to uncontrollable circumstances.

Additionally, I hereby acknowledge and agree to (check one) the following statements:

- I was previously approved for Low Income Home Energy Assistance Program (LIHEAP) assistance. I am applying for LIHEAP and LIHWAP assistance.
- I am applying for LIHWAP assistance ONLY.

**\*\*THIS FORM MUST BE ATTACHED TO A LIHEAP APPLICATION TO BE CONSIDERED COMPLIANT FOR LIHWAP**

- I certify that I am the responsible party, as the tenant or owner of the property, reflected on my water bill statement and I am responsible for its payments.
- I understand that I must meet the eligibility requirements for the LIHEAP assistance to qualify for the LIHWAP program, regardless of my intent to access the LIHEAP. I may be required to provide supporting documentation to confirm my eligibility, as deemed appropriate or necessary by the LIHWAP administrating agency.

**Applicant Certification**

I certify that all of the information provided by me is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of LIHWAP assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge I have been informed of the appeal process under provisions of the Low-Income Home Water Assistance Program. I attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 USC § 1641(b), or eligible immigrants. I am the customer of record, the customer's authorized agent, or an authorized third party for the utility service account identified in this application, and I authorize my utility service provider to disclose my customer data as requested by the LIHEAP administering agency. **I do \_\_\_\_\_ or I do not \_\_\_\_\_** agree that the information contained in my application may be shared with other agencies from which I seek additional services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date