

The purpose of the Florida Low Income Household Water Assistance Program is to provide appropriate and timely assistance to **income eligible** households. Individuals who meet the eligibility criteria may receive water-related assistance. It is the Applicant's responsibility to provide clear/legible documents to complete application process for assistance. This process can take up to 45 days. You are responsible to continue paying on your energy account until application has been processed.

1. Current Valid State of Florida's Id showing that you resides in Jackson County: *drivers' license * permanent Florida picture ID *work or School ID card with address
2. Provide **current** copy of:
 - * Electric bill original showing annual usage
 - * Water bill original show average usage (if bill shows non-related water services, these amounts have to be paid or a written notice from utility company that payment arrangements has been made, before applying for assistance.
3. Proof of ALL gross income for the last 30 days household members regardless of age..... **NO BANK STATEMENTS ACCEPTABLE**
 - Wages: Self-employment statement along with most recent quarterly tax record, for the current year
 - Social Security; SSI; SSDI-provide one valid form of disability such as DMV statement, DMV decal, and/or physician's statement
 - Child Support; Temporary Cash Assistance (TANF); If the child does received any income, please provide documentation that you have cooperated with necessary authority to receive income on their behalf.
 - Statement from Family/Friend that helps you, who has not received assistance from our programs; Regular monetary gifts
 - Retirement Benefits; VA Benefits; Pension Benefits
 - Rental income from housing or land
 - School related benefits (electronic proof is acceptable)
 - If you are the applicant, and do not work, a written statement is required as to how you make ends meet.
 - If a person ages 16-17 and do not attend school or work, provide a written statement as to why the person does not go to school or work
 - Individual who is over the age of 18 years of age and does not work has to complete a no-income form and written statement as to who assist with expenses.

4. Birth Certificate/Hospital Birth Record for **children** 5 years old and younger.
5. Current Food Stamps Benefits. Statement from Dept. of Children & Families or electronic Access Florida statement; statement for the month you are requesting utility assistance, **must** consist of:
 - Amount of benefits receiving
 - List of ALL household members*members listed on the rental/lease agreement
6. Copy of Social Security Card for **ALL** members of household.
7. Alien Status: provide necessary governmental documentations of legality for residing in Jackson County and country.
8. Provide signed legible typed and/or written statement if your utility bill is in someone else's name, the reason needs to be in writing.
9. New Services: provide a copy of current **paid** house/apartment rent deposit receipt, work order form from utility company, copy of a signed lease/rental/family property agreement.
10. Disconnected services: a copy of current **paid** house/apartment rent receipt, a signed lease/rental agreement, and a written statement from property owner that you will remain in the home for an additional 30 days.
11. Homeowners, provide a copy of ownership for your place of resident. If you live on/in family home/property, provide written statement from executor of estate that you have permission to live in that dwelling. If mortgage is currently in foreclosure, provide valid documentation that you will remain in the home at least 30 days from the date of application.
12. Renters: Documentation cannot be more than a year old
 - Current copy of signed lease or rental agreement by Landlord/property owner and the applicant.
 - Calculation page showing how rent is figured for subsidy. Agreement that shows utility reimbursements and/or utility allowances.
 - Household members listed
13. Family property: If you the applicant name are not listed on deed, a written statement from family member, giving permission for you to live in the home.

Special Notes:

Application can be printed from: jacksonseniors.org by clicking on "LHWAP –Water application" tab



Applicant _____

Date _____/_____/_____

Applicant's Telephone # (____) _____

I _____ acknowledge that I have received the Fraud Policy from the Jackson County Senior Citizens.

- The Agency must contact DEO and keep staff informed as to the progress of the investigation, the disposition, and if any funds will be returned.
- All repayments must be returned to DEO.
- The Agency should continue to work with the prosecuting officials, and the Agency can, if requested, receive and track repayments from the client.
- Once every attempt has been made to contact and work with the client for recovery of overpayments and the client has been unresponsive or uncooperative, the information should be turned over to local law enforcement.
- Fraud is considered theft and a crime therefore the Agency should report the criminal activity to their local law enforcement agency.

IV. INVESTIGATION AND PROSECUTION

5400 CLIFF STREET
GRACEVILLE, FLORIDA 32440
PHONE (850)263-4650
FAX (850) 263-4136

2931 OPTIMIST DRIVE
MARIANNA, FLORIDA 32448
PHONE (850)482-5028
FAX (850) 526-4478

Jackson County Senior Citizens Org., Inc.

LIHWAP Performance Measures Data Collection Worksheet

EXHIBIT 4

PART 1 - CLIENT INFORMATION

Complete the following information based on the Applicant's LIHWAP Application

Applicant Name	
Customer of Record (if not Applicant)	
Vendor (Water)	
Account Number	
Vendor (Wastewater)	
Account Number	

PART 3 - IMMINENT RISK

QUESTION	YES	NO
Was the applicant considered to be at imminent risk of losing needed home water source, and disruption was halted as a result of the applicant receiving a LIHWAP benefit (alone or in combination with another program)?		
<ul style="list-style-type: none"> If Yes, count the Applicant as having home water disruption halted as a result of LIHWAP assistance If No, do NOT count the applicant as having home water disruption halted as a result of LIHWAP assistance, however, the applicant may still be eligible for services 		

Some additional questions to consider if assistance is needed in determining if the

Applicant should be counted in this category

QUESTION	YES	NO
Does the applicant have a shut-off notice? This does not include a late bill or late notice.		
Does the applicant have less than 7 days of pre-paid water usage?		

PART 4 - RESTORATION

QUESTION	YES	NO
Was the home water source restored as a result of the applicant receiving a LIHWAP benefit (alone or in combination with another program)?		
<ul style="list-style-type: none"> If Yes, count the applicant as having home water restored as a result of LIHWAP assistance If No, do NOT count the applicant as having home water restored as a result of LIHWAP assistance, however, the Applicant may still be eligible for services 		

Some additional questions to consider if assistance is needed in determining if the

Applicant should be counted in this category

QUESTION	YES	NO

LIHWAP Authorization for Release of Information Form

Authorization for Release of General and/or Confidential Information For LIHWAP Federal Reporting



The Florida Department of Economic Opportunity's (DEO) Low-Income Household Water Assistance Program (LIHWAP) Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHWAP office to which you are applying for assistance:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of water assistance payments.
- Your total annual water usage and charges for up to twelve months.

The Florida LIHWAP office and its contractors will use this information to develop LIHWAP program performance measures and meet Federal reporting requirements.

Please note that:

- You have a right to receive a copy of this form.
- You are not required to authorize your utility service provider to disclose your customer data.
- Your decision not to authorize the disclosure will not affect your utility services or any LIHWAP assistance you may be eligible for.
- Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHWAP office, DEO, or as otherwise permitted or required by laws or regulations.
- Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the Florida LIHWAP office maintains the confidentiality of the data or uses the data as authorized by you.
- The Florida LIHWAP office will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHWAP program performance measures.

ACCOUNT HOLDER (CUSTOMER NAME):	
SERVICE ADDRESS FOR UTILITY:	
NAME OF UTILITY SERVICE PROVIDER:	
UTILITY ACCOUNT NUMBER:	
PHONE NUMBER FOR UTILITY ACCOUNT:	

SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER I hereby authorize the above named utility and this agency to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including the Florida LIHWAP Office. I understand that the purpose of this disclosure is solely for federal reporting purposes and



Landlord/Vendor Verification Form for Florida's Low-Income Household Water Assistance Program (LIHWAP)

EXHIBIT 11

Program Description: The Low-Income Household Water Assistance Program (LIHWAP) is a federally funded program utilized as part of an overall effort to ensure that eligible households have access to drinking water and wastewater services. Payments will address past-due amounts owed which, when paid, will restore service, or ensure service remains connected.

This form must be completed and signed by the Landlord or Property Manager if water is included in the rent, or if the water account is in the landlord's name. Please sign and return to:

Name of Agency: _____ Agency Contact: _____

Agency Address: _____

Street Address: _____

Contact Email: _____ Contact Phone: _____

City: _____ State: _____ Zip Code: _____

Verification of Tenancy

Name of Applicant: _____ Service Address: _____

Number in Household: _____ Street Address: _____

Name of Landlord or Property Manager: _____

City: _____ State: _____ Zip Code: _____

Vendor Name for Drinking Water: _____

Vendor Name for Wastewater: _____ (if different): _____

Name of Account Holder: _____

Drinking Water _____ Wastewater _____

Water Account ID Number: _____

Is Water Included in the Rent? YES NO

Is Rent Currently Past-Due? YES NO

Is Water Currently Disconnected? YES NO

Has a Disconnect Notice been Issued? YES NO

Drinking Water: YES NO

Wastewater: YES NO

Drinking Water: YES NO

Wastewater: YES NO

If Yes, How Much is Owed for: _____

Is Water Currently Past-Due? YES NO

Drinking Water: _____ Wastewater: _____

If Yes, List Date Disconnect is to Occur: _____

Is Account on a Payment Plan? YES NO

I, the undersigned, acknowledge that the information provided on this form is accurate and complete to the best of my knowledge. I further understand that if the applicant (tenant) is approved for assistance a payment will be issued to my water vendor(s) by the LIHWAP program and the amount of that payment is to be subtracted from any rent due now or in the future, thereby benefiting the applicant.

Signature: _____ Date: _____

Signature: _____ Date: _____

Applicant (Tenant) _____

Landlord or Property Manager _____

Date: _____

Date: _____

For Office Use Only
LIHWAP Applicant Name: _____
LIHWAP Approval Yes No Waitlist
Benefit Amount Approved \$ _____
LIHWAP Staff Initials _____ 121

DATE :	SUPERVISOR/EDIT STAFF:
DATE :	CASEWORKER :
DATE :	APPLICANT SIGNATURE :

- By checking this box, I certify that all information entered by me in this application, as well as any attachments or supplemental information provided, are true and accurate to the best of my knowledge.
- By checking this box, I further acknowledge and understand that the utility company provided within this application over my account information provided to agencies pursuant to this acknowledgement and authorization. I will hold the utility company harmless for any claim related to the account information provided. This agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.
- By checking this box, I hereby authorize the utility service company as provided in the application to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including the Florida LHWAP office. I understand and acknowledge the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility for assistance. I further acknowledge and understand that the utility company provided within this application may be conserved confidential. I also understand and acknowledge that the named utility does not and will not have control over my account information provided to agencies pursuant to this acknowledgement and authorization. I will hold the utility company harmless for any claim related to the account information provided. This agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.
- By checking this box, I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida LOW INCOME HOUSEHOLD ASSISTANCE PROGRAM.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE:

- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).