



# **DELAWARE HEALTH AND SOCIAL SERVICES**

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## **Division of Public Health**

### **Low-Income Water Assistance Program (LIHWAP) Application**

#### **What is this new program?**

The Delaware Division of Public Health (DPH) Low-Income Household Water Assistance Program (LIHWAP), is a part of a new federally funded American Rescue Plan program that provides assistance to eligible households to pay water and wastewater bills. Depending on your income and specific needs, you may be qualified for available funding to assistance with:

#### *Reconnection of Household Water Services*

If your household water services have been disconnected because of past due water bills, funds may be available to pay the balance including fees to reconnect water services.

#### *Prevent Disconnection of Household Water Services*

If you received a notice that water services will be disconnected due to a past due balance and you cannot afford to pay, funds may be available to pay all or part of your water bill.

#### *Help Reduce Current Household Water Bills*

If you are unable 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 bill.

#### **Who is this program for?**

Anyone who meets income qualifications as described herein and who is: in danger of immediate disconnection, attempting to prevent disconnection, and, if funds allow, behind on current water bills may apply.

For more information or for help to complete this application, call or email:

Delaware Division of Public  
Health Health Systems Protection  
302-744-4546  
[LIHWAP@delaware.gov](mailto:LIHWAP@delaware.gov)



**DELAWARE HEALTH AND SOCIAL SERVICES**

**Division of Public Health**

**Low-Income Water Assistance Program (LIHWAP) Application**

**Application**

**Your Information**

Your Name (Last, First)	
<b>Best</b> method of contact (Phone or Email)	
Date of birth	
Social Security Number or Employer ID	
Disability Status (indicate disabled or not disabled)	
Water Provider Name	
Water Provider Phone Number	
Dollar amount of assistance needed (water and/or wastewater service only, should not include other utilities)	
Are you currently enrolled in any of the following assistance programs? (indicate all that apply)	
Low Income Household Energy Assistance Program or <b>LIHEAP</b>	
Supplemental Nutrition Assistance or <b>SNAP</b> or <b>WIC</b>	
Supplemental Security Income or <b>SSI</b>	
Temporary Assistance for Needy Families or <b>TANF</b>	
Other (list here)	

Address where you receive water service:

Street Address \_\_\_\_\_  
 Apartment/Unit \_\_\_\_\_ City/Town \_\_\_\_\_  
 Delaware ZIP Code \_\_\_\_\_



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**Water and Wastewater Service Information**

**Water Account Number:** \_\_\_\_\_

**Wastewater Account Number (if different):** \_\_\_\_\_

My household <b>water</b> has been disconnected due to a past due bill.	
My household <b>water</b> is on but schedule to be shut off in the near future.	
My household <b>water</b> is on but I need help paying future bills.	
My household <b>wastewater</b> has been disconnected due to a past due bill.	
My household <b>wastewater</b> is on but schedule to be shut off in the near future.	
My household <b>wastewater</b> is on but I need hep paying future bills.	



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## Division of Public Health

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#### Optional Information

Are any household members	Yes/No	If so, how many household members?
Hispanic, Latin, or Spanish origins		
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian and Other Pacific Islander		
White		
Multi-race		
Other		
Male		
Female		
Non-binary		
Disabled		



***DELAWARE HEALTH AND SOCIAL SERVICES***  
**Division of Public Health**

Low-Income Water Assistance Program (LIHWAP) Application

**Important Information**

Permission needed

DPH will need to verify the amount of financial assistance and address information you indicated with your water provider. Sign below to indicate that we may perform verification with your water provider.

and

DPH will need to verify that you are enrolled in another assistance program like LIHEAP, SNAP, SSI, TANF, or other as you indicated above. Sign below to indicate that we may perform verification with those agencies.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Division of Public Health**

Low-Income Water Assistance Program (LIHWAP) Application  
*Example for illustrative purposes only*

**Your Information**

Your Name	Charlotte	Johnson
<b>Best</b> method of contact	Email	Phone
	cjohnson@email.com	302-123-4567
Date of birth	July 19, 1954	
Social Security Number or Employer ID	222-00-1111	
Disability Status	Disabled	
Water Provider Name	City of Harrington	
Water Provider Phone Number	302-398-3530	
Dollar amount of assistance needed (water service only, should not include other utilities)	\$420	
Low Income Household Energy Assistance Program or <b>LIHEAP</b>	yes	
Supplemental Nutrition Assistance or <b>SNAP</b> or <b>WIC</b>	yes	
Supplemental Security Income or <b>SSI</b>	yes	
Temporary Assistance for Needy Families or <b>TANF</b>	no	
Other (list here)		
Medicaid/Medicare		

Address where you receive water service

Street Address 101 Maple Lane Apartment/Unit D

City/Town Harrington Delaware ZIP Code 19952



**DELAWARE HEALTH AND SOCIAL SERVICES**  
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**Water Service Information**

**Water Account Number** 882277

**Wastewater Account Number (if different)** 331166

My household water has been disconnected due to a past due bill.	no
My household water is on but schedule to be shut off in the near future.	yes
My household water is on but I need help paying future bills.	no
My household <b>wastewater</b> has been disconnected due to a past due bill.	no
My household <b>wastewater</b> is on but schedule to be shut off in the near future.	yes
My household <b>wastewater</b> is on but schedule to be shut off in the near future.	no



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Are any household members	Yes/No	If so, how many household members?
Hispanic, Latin, or Spanish origins		
American Indian or Alaska Native		
Asian		
Black or African American	yes	1
Native Hawaiian and Other Pacific Islander		
White		
Multi-race	yes	2
Other		
Male	yes	1
Female	yes	2
Non-binary		
Disabled?	yes	1





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and

DPH will need to verify that you are enrolled in another assistance program like LIHEAP, SNAP, SSI, TANF, or other as you indicated above. Sign below to indicate that we may perform verification with those agencies.

Printed Name: Charlotte Johnson

Signature: *Charlotte Johnson*

Date: *December 1, 2021*