

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

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

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 LIHWAP 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