



YUROK TRIBE

Client Services Department

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548 • (707) 951-6631



Low Income Household Water Assistance Program (LIHWAP) Application Water Bill Assistance

Applications can be returned to LIHWAP@yuroktribe.nsn.us

The Yurok Low Income Household Water Assistance Program is part of a new federally-funded American Rescue Plan program that provides assistance to help households to pay water and wastewater bills. Depending on your income and specific needs, Yurok Tribal members may be qualified for assistance to help with:

- Reconnect Household Water Services-** If your household water services have been disconnected because of past due water bills, grant funds may be available to pay off the balance, including fees to reconnect household water services.
- Prevent Disconnection of Household Water Services-** If you have received a notice that your water 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 water bill.
- Help Reduce Current Household Water Bills-** If you are unable to afford your current water bills and met other household needs, you may qualify for temporary assistance to pay some or all of your current water bill.

The first two weeks will be reserved for our priority groups such as applicants disconnected or those that are at risk of disconnection. After the first two weeks, all other applications will be processed. Other prioritizing qualifying factors such as elders, disabled, and households with children 5 years or younger will be considered during the application prioritizing process.

Please allow 2 to 4 weeks for applications to be processed and 24 hours for 24-48 hour shut off notices. You will receive notification by letter of approval or denial and in 5 weeks, you can call your water vendor provider to see if they received a pledge from the Yurok Tribe. Payments are made directly to the water vendor. Turning in an application is not a guarantee of approval; **it is still your responsibility to continue making your water bill payments.**

CHECK-LIST

- Completed Application**
- Water Provider Information:** name, contact information, account number, copy of most recent bill, and if applicable a rental/lease agreement and statement from landlord
- Recent Income Verification for All Household Members:** **recent** paystub, child support, or other source of income, or recent verification of aid from the following programs: TANF, SSI, LIHEAP, for all household members
- Proof of Disability or Handicap-** if applicable

Name: _____ Date: _____

Phone Number: _____ DOB: _____ SS#: _____

Mailing Address (Street/PO Box): _____

City/State/Zip _____

Have you previously or are currently receiving assistance through any of the following programs (You could be automatically eligible with a recent verification of aid): TANF ___ LIHEAP ___ SSI ___

Members of the Household (all individuals including yourself):

Name (First and Last)	DOB	Gender	Elder	Disabled	Tribal#
1.		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
Race: AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pac Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Ethnicity: Hispanic, Latino, or Spanish Origins Yes <input type="checkbox"/> No <input type="checkbox"/>					
2.		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
Race: AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pac Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Ethnicity: Hispanic, Latino, or Spanish Origins Yes <input type="checkbox"/> No <input type="checkbox"/>					
3.		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
Race: AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pac Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Ethnicity: Hispanic, Latino, or Spanish Origins Yes <input type="checkbox"/> No <input type="checkbox"/>					
4.		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
Race: AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pac Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Ethnicity: Hispanic, Latino, or Spanish Origins Yes <input type="checkbox"/> No <input type="checkbox"/>					
5.		M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>			
Race: AI/AN <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pac Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Ethnicity: Hispanic, Latino, or Spanish Origins Yes <input type="checkbox"/> No <input type="checkbox"/>					

Monthly Income (all household members including yourself over 18):

Source	Name	Amount
Wages/Employment		
TANF/CALWORKS		
Social Security/SSI		
Unemployment		
Veteran Benefits		
Pension/Retirement		
Child Support		
Other		

Household Income Guidelines		
	Monthly	Annual
1	\$2,431	\$29,173
2	\$3,179	\$38,149
3	\$3,927	\$47,126
4	\$4,675	\$56,102
5	\$5,423	\$65,078
6	\$6,171	\$74,055
7	\$6,311	\$75,737
8	\$6,452	\$77,420
9	\$6,592	\$79,103

LIHWAP Acknowledgements & Fair Hearing Statement:

____ I understand that I will be required to provide verification of water assistance, including, but not limited to; most recent water or wastewater bill, rental/lease agreements that shows a breakdown of rental bill including water services or copy of recent rental receipt or lease agreement stating water service coverage and cost, Past Due/Shut Off Notice, W-9 for water vendors, etc.

____ I am the only person in my household who has applied for the LIHWAP assistance.

____ I understand my application will remain active for ten (10) days in order to give me the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive and I will need to re-apply again if assistance is still needed.

____ I understand If my application is not approved and/or I would like to appeal any decision regarding my application, I may file a written appeal within ten (10) days after receiving a letter of denial to the Client Services Department (CSD) Administrative Manager.

____ I understand the CSD Administrative Manger will review and make a decision regarding my written appeal within five (5) days, after giving the opportunity for both a fair Administrative hearing to individuals whose claims for assistance under the plan is denied or not acted upon with reasonable promptness, and receiving your written appeal.

____ I understand if the CSD Administrative Manager upholds the initial decision, I have ten (10) days after receiving their written decision to file a written appeal to the Yurok Tribal Council. The Yurok Tribal Council then has ten (10) days to receive their final written decision by mail.

____ I authorize Client Services Department, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by to release and receive information concerning my case and/or the case of my dependent(s) named above in direct relation to service provided under as indicated in this application, including the reporting agency for the LIHWAP funding. I have been informed of the type of information to be requested and released.

____ I hereby relase the Yuork Tribe and its agents and employees from any/all liabilities, responsibilities, damages, and claims that might result from release of information authorized.

____ I am certifying that the COVID-19 Pandemic has created a need for emergency relief assistance for my household.

By signing below, I am certifying that all information provided, oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.

Verbal Authorization Given

Applicant Signature: _____ Date: _____

Other Household Adult Signature: _____ Date: _____



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**LIHWAP
RESPONSIBILITY STATEMENT**

I, _____, reside at
Print Name

Physical Address

City

State

Zip

My utility bill is in the name of _____, I am responsible for payment of the utility bill for the above address.

If the bill is not in your name, you are responsible for payment of the utility bill for the above address because:

He/She is my _____.

*I certify that all information is true and correct to the best of my knowledge.

Applicant Signature

Date



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Verification of Unemployment/No Income

Client Services Department Attn: LIHWAP

PO BOX 1027, Klamath, CA 95548

LIHWAP@yuroktribe.nsn.us

If applicable, please fill out for each person in household 18 years or older without employment or any income.

I _____ am currently unemployed and/or not receiving any
(Print Name)
benefits or income.

Last Employer: _____ Date Last Worked: _____

Reason no longer working: _____

I certify that all information is true and correct to the best of my knowledge. I am also aware that the Yurok Tribe Client Services Department may verify my status with the Employment Development Department or other necessary agencies. I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial or reimbursement of any and all funds received from this program.

Verbal Authorization Given

Applicant Signature

Date