



## LIHWAP Application

### Low Income Household Water Assistance Program

Si Ud. necesita este formulario en español, comuníquese con su trabajador(a)

**THIS APPLICATION MAY ONLY BE USED FOR THE LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM.** Answer all the questions on the form. You must sign and date the last page of this application or it will not be valid. If you want to get another type of help that you do not already get, please contact your caseworker, and ask for an HSD-100 or HSDSP-100 application form.

#### 1. Address

Write in your current physical and mailing address

Physical Address (your Home Address)	City	State	Zip Code	Telephone Contact # ( )
Mailing Address (if different from your Home Address)	City	State	Zip Code	

#### 2. You, and People Who Live with You

**A. List names and information for yourself and all the people who live with you.** You only have to give a Social Security Number and citizen information for the person(s) who want or will get help.

Name (First and Last)	Relationship	Social Security #	Gender M = Male F = Female	Date of Birth	Age	Race 1-5 (see below optional)	Tribal Affiliation	Ethnicity Hispanic Y/N (Optional)	Citizenship Immigration Status 1-23 (see below)	Disabled?
	(Self)									<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No
										<input type="checkbox"/> Yes <input type="checkbox"/> No

**RACE:** For each person applying for help, choose from the numbers below that best describe their Race and write the numbers above.

1-American Indian Alaskan Native	2 - Asian	3-Black or African American	4- Native Hawaiian or Pacific Islander	5- White	6-Other
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**Citizenship Immigration Status:** For each person applying for help, choose from the numbers below that best describe their US Citizenship Immigration status and write the numbers above.

1-U.S. Citizen	2-Lawful Permanent Resident (LPR)	3- Lawful Temporary Resident (LTR)	4-Asylee	5-Refugee	6-Cuban/Haitian Entrant
7- Paroled into the U.S.	8- Conditional entrant granted before 1980	9-Battered spouse, parent or child	10-Victim of trafficking and spouse, child, sibling, parent	11- Individual with non-immigrant status (includes individuals with visas, and citizens of Micronesia, the Marshall Islands and Palau)	12-Granted or Applicant for Temporary Protected Status
13- Deferred Enforced Departure	14- Deferred Action Status	15- Granted with withholding of deportation or withholding of removal	16- Applicant for withholding of deportation or withholding of removal	17- Applicant for special immigrant status with approved visa petition	18- Applicant for adjustment to LPR status, with approved visa petition
19- Applicant for Asylum	20- Registry applicant with Employment Authorization Document (EAD)	21- Order of Supervision (with EAD)	22- Applicant for cancellation of removal or suspension of deportation (with EAD)	23- Other/Unsure	

**B. If you are Native American, do you live on your Reservation?**  Yes  No If Yes, which one? \_\_\_\_\_

**C. Do you get SNAP, Medicaid, or Cash Assistance like TANF, GA, or SSI?**  Yes  No

#### 3. Income

**A. Checkmark all sources of income (and benefits/help, if any) for all household members and attach proof of the income for the last 30 days.**

- |                                       |  |   |   |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Employment   | <input type="checkbox"/> Cash Assistance | <input type="checkbox"/> Social Security        | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Dividends       | <input type="checkbox"/> Veterans' Compensation | <input type="checkbox"/> Child Support        |
| <input type="checkbox"/> Retirement   | <input type="checkbox"/> Military        | <input type="checkbox"/> Tribal monies          | <input type="checkbox"/> Other _____          |

**B. Tell us about the income for each person who lives in your home:**

Person with Income	Income From?	\$ Amount (Before Taxes)	How Often? Weekly, Biweekly, Monthly, Semi-Monthly
		\$	
		\$	
		\$	
		\$	

- Are you in jeopardy having your water/wastewater disconnected?  Yes  No
- If yes, check any of the items listed below that apply to you today.

Disconnected - my vendor has **ALREADY** turned off my service(s).  Yes  No  
 Disconnection Notice - my vendor has **NOT** turned off my service(s) but said they will if I cannot pay for the service(s).  
 Yes  No

1. Do you get subsidized help for water/wastewater bill?  Yes  No
2. Do you pay for this bill as part of your rent payment?  Yes  No
3. What is the name of the water/wastewater company or provider, that you pay? \_\_\_\_\_ (Must match water bill submitted.)
4. If this bill is not in your name, what is the customer's name on the account? \_\_\_\_\_
5. What is the Account Number? \_\_\_\_\_
6. How much was your highest monthly bill in the last 12 months? \$ \_\_\_\_\_
7. Is this a meter shared with another home?  Yes  No
8. Is there a business use on this account?  Yes  No
9. **\*\*Please provide a copy of your "current water/wastewater" bill.**

#### 4. Your Signature

**You must sign this form to make this application valid. Your application will not be processed unless signed**

- I have given HSD true, correct, and complete information
- I understand that making false statements or hiding information could mean state and federal penalties and denial of assistance
- I will give proof of things I report to HSD. If I cannot get proof, I know that I can ask HSD to help me and I will let HSD contact other people, and companies to get proof
- I will let HSD give limited information to approved agencies which provide other energy/weatherization help for which I may be eligible
- I will let HSD give limited information to my heating, cooling, and telephone service providers in order to provide federal and state benefits
- I understand that if I receive benefits, I am not eligible for, that I may have to pay HSD back for those benefits
- I know that HSD will check the information that I give. HSD may use computers to check the information on this form
- I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to HSD for the purpose of eligibility and determination of this and future application, benefit determination, and program evaluation and analysis
- I understand that by providing application information I am authorizing HSD and its authorized agents to share and report the data provided against federal, state, county, energy provider, employer and landlord databases or records
- I understand if eligible for energy assistance benefits, I may be referred to other residential energy programs
- I understand the information collected on this form may be disclosed to energy programs operating under HSD. HSD may share and use information collected for purposes of referral, research, evaluation, and analysis
- I understand that my utility companies will not have control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking steps to ensure that HSD maintains the confidentiality of the data or uses the data as authorized

**I agree under penalty of perjury that the statements I made about persons in my home, income, and all other information I have given HSD are true and correct.**

► Sign Here **X** \_\_\_\_\_ Today's Date \_\_\_\_\_

**You Can Register to Vote Here**

If YOU are NOT registered to vote where you live now, Would you like to register to vote here today? (Please check one)  Yes  No IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private  
**IMPORTANT:** Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance that you will be provided by this agency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CONFIDENTIALITY:** Whether you decide to register to vote or not, your decision will remain confidential. IF YOU BELIEVE THAT SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, 419 State Capital, Santa Fe, NM, 87503 (phone: 1-800-477-3632). (12/01/09)

**Drop off your signed application at your local Income Support Division (ISD) office or mail it to:**

Central ASPEN Scanning Area (CASA)

PO BOX 830

Bernalillo, NM 87004

or Fax to 1-855-804-8960

or

You may apply for LIHWAP help online at:

[www.yes.state.nm.us](http://www.yes.state.nm.us)

If you have questions regarding LIHWAP call our Customer Service Center at 1-800-283-4465

## Notice of Rights



**Special Needs Information** If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in any public hearing, program or services, please contact the Human Services Department, American Disabilities Act (ADA) coordinator at (505) 827-7701 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)

### Your Civil Rights Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights 1400  
Independence Avenue, SW Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider. (Revised 10/14/15)

**To file a complaint** through HSD of discrimination and/or rude treatment regarding a program receiving Federal or State financial assistance, a complaint form is available at the ISD office or you may write to: NM Human Services Department, ISD Civil Rights Director, P.O. Box 2348, Santa Fe, NM 87504-2348 or by fax (505) 827-7241. **Confidentiality** All information you give to HSD is confidential. This information will be given to HSD employees who need it to manage the programs for which you have applied. Confidential information may also be released to other federal and state agencies. All information will be used to determine eligibility and/or to provide services. (Revised 07/15/14).

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law. If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all Social Security Numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. You do not need to be a U.S. Citizen to apply. Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves, do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask ISD. information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask ISD.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount.

## YOUR RIGHT TO A FAIR HEARING

<b>What is a Fair Hearing and why should I ask for one?</b>	A Fair Hearing gives you the chance to explain why you think there has been a wrong decision made about your benefits. Hearings are held over the phone with a hearing officer. The hearing officer will hear information from you and from the Income Support Division and decide whether the decision was right or wrong.
<b>Can I get help with my hearing?</b>	You can have a friend or family member participate in the hearing with you. You may also be able to get free legal help. To learn more about free legal help, call Law Access New Mexico at 1-800-340-9771.
<b>How long do I have to ask for a hearing?</b>	You must request a hearing within <b>90 days</b> of the date on this notice. You may be able to get more time to ask for a hearing if you have a good reason, like illness or another circumstance beyond your control.
<b>Can I keep my benefits if I request a hearing?</b>	If you are already getting benefits, you may be able to continue receiving benefits while you wait for your hearing if you request your hearing within <b>13 days</b> of the date on this notice. If the hearing decision is not in your favor, you may have to pay back the benefits you received while waiting for your hearing.
<b>How do I ask for a hearing?</b>	<p>You can request a hearing by filling out the form on the back of this notice and mailing or faxing it to:</p> <p style="text-align: center;">Human Services Department-Fair Hearings Bureau P.O. Box 2348 Santa Fe, NM 87504-2348 Fax # (505) 476-6215</p> <p>You can request a hearing over the phone by calling 1-800-432-6217 (option 6). You can also request a hearing in person at your local Income Support Division office.</p>
<b>Special Needs Information</b>	If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in any public hearing, program or services, please contact the Human Services Department, Americans With Disabilities coordinator at 1-505-827-7701 or through the New Mexico Relay System TDD at 1-800-659-1779 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations.
<b>If you need an interpreter</b>	You have a right to a free interpreter. Let HSD know if you need an interpreter before or during the hearing by calling: 1-800-432-6217 x 6

## FAIR HEARING REQUEST

Date:	Name:	Case Number	
Mailing Address:	City	State	Zip Code

I do not agree with an action on my case. I am asking for a fair hearing in the following program(s).

- SNAP or E&T       Cash Assistance or NM Works (TANF)       LIHEAP       LIHWAP  
 General Assistance (Unrelated Child & Disabled Adult)       Medicaid

If my benefits were lowered or stopped:

- I want to keep getting the same amount of benefits while I wait for a fair hearing decision. I understand if the hearing decision is not in my favor, I may have to pay back any benefits I received while waiting for the hearing and the decision.
- I DO NOT want to keep getting the same amount of benefits while I wait for a fair hearing decision.

(For more information on the fair hearing process see the other side of this form.)

Please write down your reason(s) for asking for a fair hearing and why you think the action taken was wrong. Give as much information as you can. You can still have a fair hearing even if you don't fill this section out.

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Client or Authorized Representative Signature:	Date:
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You can leave this form at your local ISD office, and it will be delivered to the Fair Hearings Bureau, or you may send it or fax it to:

Human Services Department-Fair Hearings Bureau  
P.O. Box 2348  
Santa Fe, NM 87504-2348  
Fax # (505) 476-6215

When the Fair Hearings Bureau in Santa Fe receives your hearing request, you will be sent a notice confirming that your request for hearing. You will receive a second notice with information about the date and time of your hearing and the phone number you need to call for the hearing. If you have any questions about your hearing rights, call Law Access New Mexico at 1-800-340-9771.