



DELAWARE HEALTH AND SOCIAL SERVICES

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



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Low-Income Water Assistance Program (LIHWAP) Application

Mail Application to:
 DE Division of Public Health
 ATTN: HSP/LIHWAP
 417 Federal Street
 Dover, DE 19901

Send Electronic Application to:
 LIHWAP@delaware.gov

Application

Your Information

Your Name		
Best method of contact	Email:	Phone:
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 LIHEAP		
Supplemental Nutrition Assistance or SNAP or WIC		
Supplemental Security Income or SSI		
Temporary Assistance for Needy Families or TANF		
Other (list here)		

Please Include proof of enrollment in assistance program to qualify for LIHWAP.



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Low-Income Water Assistance Program (LIHWAP) Application

Address where you receive water service

Street Address _____
Apartment/Unit _____ City/Town _____
Delaware ZIP Code _____

Water and Wastewater Service Information

Water Account Number: _____

Wastewater Account Number (if different): _____

My household water has been disconnected due to a past due bill.	
My household water is on, but scheduled to be shut off in the near future.	
My household water is on, but I need help paying future bills.	
My household wastewater has been disconnected due to a past due bill.	
My household wastewater is on, but scheduled to be shut off in the near future.	
My household wastewater is on, but I need help paying future bills.	



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Low-Income Water Assistance Program (LIHWAP) Application

Optional Information

Are any household members	Yes/No	If so, how many household members?
Hispanic, Latino, or Spanish origins		
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or 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: _____



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Low-Income Water Assistance Program (LIHWAP) Application

Example for illustrative purposes only

Your Information

Your Name	Charlotte	Johnson
Best method of contact	Email cjohnson@email.com	Phone 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 LIHEAP		yes
Supplemental Nutrition Assistance or SNAP or WIC		yes
Supplemental Security Income or SSI		yes
Temporary Assistance for Needy Families or TANF		no
Other (list here)		
Medicaid/Medicare		



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Low-Income Water Assistance Program (LIHWAP) Application

Address where you receive water service

Street Address *101 Maple Lane* Apartment/Unit *D*

City/Town *Harrington* Delaware ZIP Code *19952*

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



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Low-Income Water Assistance Program (LIHWAP) Application

Optional Information

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



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: Charlotte Johnson

Signature: *Charlotte Johnson*

Date: *December 1, 2021*



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Low-Income Water Assistance Program (LIHWAP) Application