

Rhode Island Department of Human Services Household Water Assistance Landlord Agreement

INMANCOME HOUSEHOLD WATER ASSISTANCE PROGRAM

Comprehensive Community Action Program

311 Doric Ave

Cranston, RI 02910

401-467-7013, liheap@comcap.org

What is this program?

Rhode Island Low Income Household Water Assistance Program (LIHWAP) is part of a new federally funded American Rescue Plan and Consolidated Appropriations Act program that provides assistance to help eligible households pay their water and wastewater bills:

LIHWAP crisis grants may be available if you have an emergency situation and are in jeopardy of losing your water service. You can receive one crisis grant for your drinking water service and one crisis grant for your wastewater service, up to \$500 each.

Crisis situations include:

- **Reconnect Household Water Services** If your household water services have been disconnected because of past due water bills, grant funds may be available up to \$500 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/sewer services will be disconnected or part of a tax sale due to a past due balance and you can't afford to pay, grant funds may be available.
- 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 a temporary assistance to pay some or all your water and sewer
 bills over \$150.

Who is this program for?

Households may receive assistance based on household income and water and/ or wastewater bills over \$150. Combined bills must independently qualify, and any non-water/wastewater related charges/fees will be deducted from total. Anyone responsible for the water or wastewater bill may apply for program and there are no fees associated. *The Rhode Island Department of Human Services* gives priority consideration to households with the highest water bills as a portion of their household income and also gives special consideration to households with young children, households that include a person with disabilities, or households with elderly residents.





Household Water Assistance Landlord Agreement and Verification Form

Your renter is seeking water assistance through *Comprehensive Community Action Program* and has informed us that the property you own or manage also administers billing on behalf of the drinking water/wastewater utility for the units. Please verify the information below to identify the method for which the **tenant(s)** at your property are responsible for drinking water/wastewater utility costs. The completion of this form is necessary for *Comprehensive Community Action Program* to process the household's application and issue the LIHWAP benefit to the water and/or wastewater vendor.

VERIFICATION OF TENANCY		
• • •	nce through <i>Comprehensive Commun</i> the tenant to the water and/or sewer	ity Action Program. If approved for assistance, a company.
LANDLORD/PROPERTY MANAGER:	Please verify the following informati	on. Please complete and return this form
A. Rental Unit(s) Information		
Tenant First Name(s)	Tenant Last Name	
Tenant/Property address		
Street address		Apartment/Unit
City	State	Zip code
Landlord Mailing Address Street address		Apartment/Unit
City	State	Zip code
	a minimum balance of \$150 to be cor	opy of your most recent water and/or nsidered for crisis assistance.
Water and/or Wastewater Account	: Number(s)	

How is the water and/or w	astewater billed to the	e tenants? (Check All that apply)
☐ Billed separately from re	nt and it's the tenant's	responsibility.
☐ Billed together with rent	as an independent cost	t as part of tenant's responsibility.
☐ Tenant is responsible for	sending payments inde	ependently to the water or wastewater service provider.
Explanation (please add any i	nformation you need to	o explain the responses you have provided on this form):
misrepresented, or incomplet specified by law. I also agree In addition, I agree to allow	te, may be grounds for in that water or wastewar Comprehensive Commu ess payment and verify	ue and accurate and understand that the above information, if mmediate application termination and/or could result in penalties as iter services listed above are the tenant's responsibility for payment unity Action Program to release the above information to the water services provided. In addition, I agree that data from this form may es.
Landlord Signature	Date	<u>—</u>
TENANT CERTIFICATION:		
misrepresented, or incomple penalties as specified by law. above information to the wat	ete, may be grounds f In addition, I agree to eer provider as necessar orm (not including my p	and accurate and understand that the above information, if for immediate application termination and/or could result in allow <i>Comprehensive Community Action Program</i> to release the ry to process payment and verify services provided. In addition, personal identifying information) may be used for reporting or
Tenant Signature	Date	
For Office Use Only		
LIHWAP Applicant Name: LIHWAP Approval ☐ Yes ☐ LIHWAP Staff Initials		Benefit Amount Approved \$