



**QUARTZ VALLEY INDIAN RESERVATION**  
**LOW INCOME HOME WATER ASSISTANCE PROGRAM**  
APPLICATION  
2022

# The following documents are needed to complete the QVIR LIHWAP Application

## LIHWAP Application Checklist:

- Income verification – All adults over 18 years of age must provide income for the **last 30 days** or submit the **Certificate of Zero Income** (request). **Categorical Eligibility** – must provide proof of enrollment in another means-tested program including the Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), the Low-Income Home Energy Assistance Program (LIHEAP), or Means-tested Veterans Programs.
- Water/Wastewater Statement – this includes Rental Agreement if water and/or wastewater are included in rent cost.
- Fair Hearing - Signature on Fair Hearing and Appeal Process
- Tribal Enrollment verification for each listed QVIR Tribal Members
- Social Security Cards and Numbers for all Household Members
- Crisis mode - Without water or in Jeopardy of Shutoff/Disconnection must submit supporting documentation
- Complete all areas of application

**Note:** The Award process will not start until all needed documentation is received.

**QUARTZ VALLEY INDIAN RESERVATION**  
**LIHWAP**  
**2022 INTAKE FORM**

Please understand this entire application must be filled out or it will be considered incomplete; stating this, an incomplete application will not be processed.

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
TENANT NAME ON LEASE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
PRIMARY NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALT. NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TRIBAL ENROLLMENT #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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**WATER AND WASTEWATER INFORMATION**

**Water costs include:**

Water                                      Wastewater                                      Both

**Water is paid:**

Direct Payment                                      Included in Rent, if included:                                      Water costs are sub-metered.  
Water costs are a fixed rate

**Need Status – Check all that apply**

Paying Bill                      Paying Past Balance                      In Jeopardy of Shut-off                      Disconnected

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**REQUEST DIRECT PAYMENT TO VENDOR**

N/A

NAME LISTED ON THE WATER BILL: \_\_\_\_\_  
ADDRESS TO BE SERVICED: \_\_\_\_\_  
VENDOR NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
VENDOR ADDRESS FOR PAYMENT: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
BACK CHARGES: \$ \_\_\_\_\_ CURRENT CHARGE: \$: \_\_\_\_\_  
TOTAL AMOUNT LISTED ON CURRENT BILL: \$ \_\_\_\_\_  
ANY ADDITIONAL INFORMATION NEEDED: \_\_\_\_\_

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**A copy of the CURRENT BILL is attached or has been faxed to QVIR (530)468-5908**  
**Attn: LIHWAP or email [frieda.bennett@qvir-nsn.gov](mailto:frieda.bennett@qvir-nsn.gov) or [tara.quinn@qvir-nsn.gov](mailto:tara.quinn@qvir-nsn.gov)**

# REQUEST PAYMENT TO LANLORD

N/A

QVIR – Low Income Home Water Assistance Program

NAME OF TENANT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PHYSICAL ADDRESS OF HOUSEHOLD: \_\_\_\_\_

NAME OF LANDLORD: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LANDLORD ADDRESS FOR PAYMENT: \_\_\_\_\_

CHARGES ARE A FIXED RATE AS PART OF THE RENTAL AGREEMENT YES NO

IF YES - AMOUNT OF FIXED RATE: \$ \_\_\_\_\_

BACK CHARGES: \$ \_\_\_\_\_

MONTHS REPRESENTED: \_\_\_\_\_

TOTAL AMOUNT REQUESTED FOR WATER/WASTEWATER EXPENSE: \$ \_\_\_\_\_

CHARGES ARE SUBMETERED AS PART OF THE RENTAL AGREEMENT YES NO

IF YES - AMOUNT OF SUBMETERED BACK CHARGES: \$ \_\_\_\_\_

MONTHS REPRESENTED FOR BACK CHARGES: \_\_\_\_\_

AMOUNT OF SUBMETERED CURRENT CHARGES: \$ \_\_\_\_\_

TOTAL AMOUNT REQUESTED FOR WATER/WASTEWATER EXPENSE: \$ \_\_\_\_\_

**A copy of the RENTAL AGREEMENT is attached or has been faxed to QVIR (530)468-5908  
Attn: LIHWAP or email [frieda.bennett@qvir-nsn.gov](mailto:frieda.bennett@qvir-nsn.gov) or [tara.quinn@qvir-nsn.gov](mailto:tara.quinn@qvir-nsn.gov)**

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## TO ASSIST:

I, \_\_\_\_\_, give permission to the Quartz Valley Indian Reservation's Low Income Home Water Assistance Program Staff to contact, \_\_\_\_\_ regarding my water balance and payment information.

My Signature represents Approval: \_\_\_\_\_

My Signature Denies Permission: \_\_\_\_\_

Date: \_\_\_\_\_

**QUARTZ VALLEY INDIAN RESERVATION- LIHWAP  
2022 Household composition**

EVALUATION OF HOUSEHOLD MUST BE COMPLETED TO DETERMINE ELIGIBILITY FOR ASSISTANCE  
The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements

**I have** been determined eligible for the 2022 QVIR LIHEAP services; therefore, it is my understanding the following items are already on file and I do not have to resubmit: SSN Cards, Enrollment Numbers, Driver's License, and Income Verification

**I have not** been determined eligible for 2022 QVIR LIHEAP and understand I must submit the following items: SSN Cards, Enrollment Numbers, Driver's License, and Income Verification

Applicant's Name: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_

List All MEMBERS OF HOUSEHOLD AND CORRESPONDING INFORMATION

<b>All Portions are Required</b>						
Name	Relationship	Social Security #	Tribal #	D.O.B.	Disabled Yes/No	Income Amount & Source
	<b>Self</b>					

(Use a blank sheet if you have more family composition members to be listed.) **Total Household Members:**

DEMOGRAPHICS- Enter the number of persons in your household who are:

- 5 years or under \_\_\_\_\_
- Ages 6 to 18 years \_\_\_\_\_
- Ages 19-54 years \_\_\_\_\_
- Elderly (55 years or Older) \_\_\_\_\_
- Disabled (proof must be provided) \_\_\_\_\_
- QVIR Tribal Member \_\_\_\_\_

Office use only:

  
  
  

(Comments regarding Demographics)

## HOUSEHOLD INCOME

CATEGORICAL ELIGIBILITY: Supporting documentation must be attached for allowance    N/A  
TANF                      SNAP                      LIHEAP                      SSI                      VA PROGRAM

ENTER TOTAL GROSS MONTHLY INCOME FOR ALL PERSONS LIVING IN THE HOUSEHOLD FOR PAST 30 DAYS            N/A

SSA	YES	NO	\$ _____
PAYCHECK(S)	YES	NO	\$ _____
PENSION	YES	NO	\$ _____
TRIBAL PER CAPITA	YES	NO	\$ _____
CHILD SUPPORT	YES	NO	\$ _____
ALIMONY	YES	NO	\$ _____
OTHER	YES	NO	\$ _____
TOTAL			\$ _____ (NET MO. INCOME)

or

2020/2021 TAX RETURN ATTACHED – submission of tax return is sufficient for income documentation  
N/A

Office use only:

(Comments regarding income)

Adult household members have a choice to submit one of four options as proof of income: 1) Categorical Eligibility, 2) Pay stubs for past 30 days, 3) most recent Tax Return, or 4) Zero Income Certification.

**QUARTZ VALLEY INDIAN RESERVATION- LIHWAP  
2022 FAIR HEARING FORM**

**APPLICATION**

Eligibility will be based on: Residency/ Income/Household Composition

**FAIR HEARING**

This offers a fair administrative hearing to all applicants to the program. The intent is to give households a chance to explain why they believe they should receive LIHWAP assistance if: (1) the Tribe did not process the application in a reasonable promptness; or (2) in making an eligibility determination of approval/denial in processing an application.

**PROCESS**

1. After receiving notice of Approval or Denial you may request a preliminary meeting with the program coordinator within five (5) working days and see if concerns can be resolved. If not resolved the following steps will be taken:
  - a. A meeting will be arranged with the Applicant, the Program Coordinator and the current Tribal Administrator or delegated representative within five (5) working days. If not settled, a hearing will be scheduled within five (5) working days for a formal hearing before the Business Council. This decision is final and binding to all participants.
2. This process has a limitation as followed: The Initial Request Meeting to the Formal Action Hearing is limited to twenty (20) days and no longer than thirty (30) days.

**APPLICANTS RIGHTS:**

1. The right to review your records.
2. The right to have witnesses.
3. The right to have an interpreter.
4. The right to submit evidence.

**By Signing below, I acknowledge and understand:**

**I HAVE BEEN ADVISED OF MY RIGHTS AND APPEAL STEPS**

I am certifying all information is true and correct to the best of my knowledge. I am aware, willfully, and knowingly, falsifying information may lead to receiving no services if found guilty. I am the only person in my Household Composition who is applying for services, and I give permission to the LIHWAP staff to contact and verify all documents concerning my/our income.

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Applicant's Signature

Date

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Intake Worker's Signature

Date

## **Definitions –**

**Arrearage:** For the purposes of LIHWAP, arrearage refers to an unpaid past due bill for household drinking water and/or wastewater utility services. LIHWAP grant resources can be used to pay for arrearages incurred at any point in time by households that meet LIHWAP eligibility criteria and may include reconnection charges, fees, and penalties.

**Categorical Eligibility:** In the LIHWAP Model Plan, categorical eligibility refers to a determination that a household is eligible for LIHWAP assistance based on enrollment in another means-tested program including the Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), the Low-Income Home Energy Assistance Program (LIHEAP), or Means-tested Veterans Programs. If a household is determined by the grantee to be categorically eligible, that means that the grantee or subgrantee's intake staff do not need to repeat the income test for purposes of the household qualifying for LIHWAP assistance. The intake staff would move forward to the benefit determination calculation by looking at the total household income as reported on the LIHWAP application.

**Household:** For purposes of LIHWAP eligibility and benefit determinations, the term "household" means any individual or group of individuals who are living together as one economic unit for whom residential drinking water and/or wastewater services is customarily purchased in common or who make undesignated payments for those services in the form of rent.

**Household Benefit:** This term refers to payments approved by the grantee or subgrantee for applicant households and made on behalf of approved households to public water systems and wastewater utility companies to address arrearages and/or make a full or partial payment of a currently due water bill.

**Low Income Home Energy Assistance Program (LIHEAP):** LIHEAP is a block grant program administered by OCS of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The program's purpose is to assist low-income households that spend a high proportion of household income to meet their immediate home energy needs. LIHEAP provides federally funded assistance in managing costs associated with home energy bills, energy crises, weatherization, and energy-related minor home repairs. Additional information is available on the following website: <https://www.acf.hhs.gov/ocs/low-income-home-energy-assistance-program-liheap>

administered by the U.S. Department of Veterans Affairs. Examples may include pensions for wartime veterans, who are age 65 or older or have a permanent and total non-service connected disability, and who have limited income and net worth as well as needs-based programs for homeless veterans. Additional information on the U.S. Department of Veterans Affairs is available on the following website: <https://www.va.gov/>. Additional benefits information, including information on benefits for veterans with limited income, is available on the following website: <https://www.benefits.va.gov/benefits/factsheets.asp>

**Net Income:** The total household income for all household members after subtracting taxes and other deductions from gross income, as set in State/tribal/Territory written policy.

**Supplemental Security Income (SSI):** SSI, which is administered by the Social Security Administration, is a federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help aged, blind, and disabled people, who have little or no income; and it provides cash to meet basic needs for food, clothing, and shelter. Additional information is available on the following website: <https://www.ssa.gov/ssi/>

**Supplemental Nutrition Assistance Program (SNAP):** SNAP, which is administered by the U.S. Department of Agriculture, provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency. Additional information is available on the following website: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

**Temporary Assistance for Needy Families (TANF):** TANF, which is administered by the Office of Family Assistance (OFA) in ACF/HHS provides States and territories with flexibility in operating programs designed to help low-income families with children achieve economic self-sufficiency. States use TANF to fund monthly cash assistance payments to low-income families with children, as well as a wide range of services. TANF is a block grant and services, and procedures differ from State-to-State. Additional federal information is available on the following website: <https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf>