Low-Income Household Water Assistance Program (LIHWAP)

Policies and Procedures Manual

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(Subject to Revision)

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TABLE OF CONTENTS

1. Introduction....1
2. Definitions....1
3. Uses of Funds....3
4. Intake Methods....4
5. Eligibility Requirements....6
6. Documentation to Verify Eligibility....8
7. Entering Bill Data on Energy Tab....13
8. Types of Assistance....13
9. Determining Benefit Amount....14
10. Client Action Plan....19
11. Pending Application and Client Notifications....19
12. Client File Management....20
13. Vendors and Payment Reconciliation....20
14. Conference or Fair Administrative Hearing....22
15. Erroneous Payments (Overpayments/Ineligible Payments)....24
16. Fraud, Waste, Abuse, and Mismanagement....27

APPENDICES

Appendix A Monthly Expenditure Report
Appendix B Landlord Verification Form
Appendix C Client Certification Form
Appendix D Client Consent Form
Appendix E Declaration of Household Income
Appendix F Summarized Eligibility Requirements
Appendix G Sample Denial Letter
Appendix H Vendor Agreement
Appendix I Fair Administrative Hearing Notice
Appendix J Fair Administrative Hearing Report
Appendix K Erroneous Payment Review/Report
Appendix L Repayment Agreement

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1. Introduction

The Consolidated Appropriations Act of 2021 (Public Law No: 116-260) and the American Rescue Plan Act of 2021 (Public Law No: 117-2) authorized the U.S. Department of Health and Human Services to establish the Low-Income Household Water Assistance Program (LIHWAP). The purpose of the program is to provide emergency assistance to low-income households, particularly those with the lowest incomes, that pay a high proportion of household income for drinking water and wastewater services.

While water costs and accessibility vary significantly from state to state, LIHWAP provides critical nationwide emergency support on behalf of low-income households so that these households are not forced to choose between paying for water services and other necessities like housing, food, and medicine.

By designation of the Governor, the Alabama Department of Economic and Community Affairs (ADECA) is responsible for all funds received or to be received except where a recognized Alabama Indian Tribe receives direct LIHWAP Federal funds to serve tribal households.

Unless specified otherwise in this Policies and Procedures Manual, households in the MOWA Band of Choctaw Indians, Ma-Chis Lower Creek, United Cherokee Ani-Yun-Wiya Nation, and the Poarch Band of Creek Indians are to be assisted through the tribal LIHWAP and not the State LIHWAP.

The LIHWAP local agency is responsible for making the decisions regarding the eligibility of each household seeking assistance. Any person, whether seeking aid for himself or on behalf of a household, or making an inquiry for information only, shall be informed about the eligibility requirements and the rights and obligations of applicants under the program.

All decisions concerning the LIHWAP must be in keeping with laws governing the program and with the rules made available by ADECA. The local staff must, therefore, be thoroughly familiar with all requirements, policies, and regulations in this Policy Manual relating to eligibility.

This Policies and Procedures Manual constitutes the only official rules, regulations, and eligibility requirements of the LIHWAP. Households that do not meet the requirements are not eligible for assistance and may not receive any benefits under LIHWAP.

2. Definitions

This section provides a definition of commonly used LIHWAP terms.

Arrearage - an unpaid past due bill for household drinking water and/or wastewater utility services. LIHWAP funds can be used to pay for arrearages incurred at any point in time by households that meet LIHWAP eligibility criteria and may include standard reconnection charges, late payment fees, penalties, and any other fee that a non-LIHWAP customer would be required to pay.

Disabled - an individual who receives Social Security Disability, State Supplemental, or Veterans' Affairs (VA) benefits based on disability or who is temporarily disabled due to hospital or home confinement under the care of a licensed physician.

Drinking Water - The water service that enters the applicant's household for consumption.

Elderly - an individual who is at least sixty (60) years of age or over.

Head of Household - the person who is acknowledged by the other household members as being responsible for major decisions affecting the household. Consider in whose name the utility bill is paid, the home property is assessed, tax returns are filed, etc.

Household - any individual or group of individuals who are living together as one economic unit and for whom residential drinking water and/or wastewater services are customarily purchased in common or who make undesignated payments for those services in the form of rent. The size of the household is determined by its composition at the time of application.

Household Drinking Water Burden - The proportion (amount) of total household income that is spent on drinking water utility bills. This burden is calculated based on the gross income of the household for the month prior to the month of application and the amount billed to the household for such services.

Household Wastewater Burden - The proportion (amount) of total household income that is spent on wastewater bills. This burden is calculated based on the gross income of the household for the month prior to the month of application and the amount billed to the household for such services.

Mixed-Status Household - households in which the immigration status of at least one member is different from the others. A common example is a household with one or more parents that are non-qualified aliens and one or more children that are U.S. citizens or qualified aliens.

Non-Custodial Child - a minor child under the age of 18 in a household in which no adult household members have permanent or temporary custody of said child as documented by the Department of Human Resources or court records.

Non-Qualified Alien - a non-citizen that, according to the Department of Homeland Security, is one of the following:

- A non-immigrant (temporary resident) that is in the country on a time-limited visa to work, study, or travel.

- An undocumented immigrant that entered the country as a temporary resident and overstayed their visa, are engaged in activities forbidden by their visa, or who entered the country without a visa.

Non-qualified aliens are not eligible for LIHWAP with one exception: those with children who are either citizens/qualified aliens when there is no other adult citizen/qualified alien in the household.

Rate Reduction - full or partial payment of a currently-due bill charged to a household for drinking water and/or wastewater utility services.

Qualified Alien - a non-citizen that can receive LIHWAP assistance if all other points of eligibility are met. According to the Department of Homeland Security, a qualified alien is one of the following:

- A non-citizen lawfully admitted for permanent residence
- A non-citizen paroled into the U.S. for a period of at least one year
- A refugee
- A non-citizen granted asylum
- A non-citizen whose deportation is being withheld or removal is being withheld
- A Cuban and Haitian entrant
- A non-citizen who has been battered/subjected to extreme cruelty while in the U.S.
- Trafficking victim

Resident - an individual who lives in Alabama permanently or on a long-term basis.

Second-Party Applicant - an individual authorized in writing by the head of the household or spouse to apply for LIHWAP on their behalf provided the head of the household or spouse is elderly (age 60 or over) or disabled.

Vendor - the owner or operator of a public water system and/or water treatment works that provides drinking water and/or wastewater services to a household through pipes or other constructed conveyances.

Wastewater - the water service that removes used water from the applicant's household, also known as sewage, and includes storm water.

3. Uses of Funds

As specified in the local agency's subgrant agreement with ADECA, allowable uses of LIHWAP funds include administrative costs, outreach, and eligibility determination costs, and bill payments on behalf of eligible households to water/wastewater vendors on the State-approved vendor list. These costs must be tracked separately and reported on the appropriate line item of the *Monthly Expenditure Report* available in Appendix A and on ADECA's website at the following link: https://adeca.alabama.gov/lihwap/lihwap-documents/.

3.1 Administration costs

LIHWAP funds may be used for the local agency's general administration and general organizational expenses such as salaries and expenses of executive officers, personnel administration (human resources), accounting, grants management, and reporting.

3.2 Outreach and eligibility determination costs

LIHWAP funds may be used for local agency staff time and expenses directly related for outreach activities, for any intake service necessary to conduct eligibility determination activities to assure that households are eligible, to determine a household's benefit amount, or to notify households of an incomplete application status and advise on the required documentation that is missing.

3.3 Bill payments on behalf of eligible households

LIHWAP funds may only be used for bill payments on behalf of eligible households to water/wastewater service providers on the State-approved vendor list. Eligible households are those that meet the eligibility requirements described in Section 5 and 1) the bill is in the head of household's name, the spouse's name, or landlord's name or 2) the water/wastewater costs are included in their monthly rent.

Households with water/wastewater costs included in their monthly rent must coordinate with their landlord and the local agency for the completion of the *Landlord Verification Form* (Appendix B). This form confirms the vendor, account name, account number, and cost of water/wastewater charged in the monthly rent. The client must complete and submit the *Client Certification* (Appendix C) to the local agency to confirm the amount paid to the vendor on behalf of the tenant has been deducted from the household's rental payment.

LIHWAP funds <u>cannot</u> be paid directly to households or landlords. In addition, LIHWAP funds are <u>not</u> allowed to be used for plumbing or infrastructure repairs, such as broken pipes or leaky faucets.

4. Intake Methods

The local agency has the flexibility to accept and process LIHWAP applications through a variety of methods such as:

- Face-to-face interactions at the local agency's office or at an off-site location
- Signed application packets submitted via mail or drop-box
- LITT Lite mobile app or website
- Electronic format such as email, agency website, etc.
- Combination of the above

Regardless of the method, the local agency must notify the household in writing whether the application has been approved or denied. Refer to Section 11, *Pending Application and Client Notifications*, for more information.

The following subsections provide an overview of considerations the local agency should take into account regarding each method.

4.1 In-person Application

To complete an in-person application, intake staff at the local agency must first obtain the applicant's signature on the *Client Consent Form* (Appendix D).

When consent has been obtained, intake staff should collect all required documentation as described in Section 6, *Documentation to Verify Eligibility*, and enter all household data into FACSPro. Complete the appropriate steps in the AwardPro module of FACSPro, print the LIHWAP application and vendor copy, and have the applicant (or second-party applicant) sign both copies.

If the local agency is providing assistance in a location without internet access, intake staff can manually complete a paper application by referring to Section 6, *Documentation to Verify Eligibility*, and Section 9, *Determining Benefit Amount*, and have the applicant sign the completed form.

When internet access becomes available, intake staff must enter the household's data into FACSPro and print the LIHWAP application. Both the signed copy of the paper application and the FACSPro application, as well as the signed consent form, must be maintained in the client's file.

4.2 Mailed or Drop-box Application

If the local agency accepts applications by mail or drop-box, it is important that the application packet contains detailed instructions as well as the relevant forms the household may need to complete including, but not limited to, the *Landlord Verification Form* (Appendix B), *Client Consent Form* (Appendix D), the application, and the *Declaration of Household Income* (Appendix E).

Note: The local agency must have a signed Client Consent Form, signed application, and all required documentation before creating an action plan and completing an award in FACSPro.

The local agency must print the FACSPro application and maintain it, along with the signed paper application and *Client Consent Form*, in the client's file.

4.3 LITT Lite Application

If the local agency accepts applications through the LITT Lite mobile app or website, a signed *Client Consent Form* is not required. The landing page of the mobile app and website includes the same language as the *Client Consent Form*. Applicants are unable to proceed to the LITT Lite application until they check the box confirming consent.

The applicant's electronic signature is captured in the LITT Lite mobile app and can be imported into FACSPro. When intake staff print the LIHWAP application, the signature will appear on the application.

4.4 Applicant Cooperation

When an applicant refuses to answer questions, fails to provide information within their capacity necessary to establish eligibility, or acts in a threatening or violent manner, then they are considered to be non-cooperative and are not eligible for LIHWAP.

The local agency must provide the applicant with a copy of the *Summarized Eligibility Requirements* (Appendix F) which details the right to a conference or Fair Administrative Hearing.

A new application may be accepted when the applicant demonstrates his willingness to cooperate with the local agency in the determination of the household's eligibility for assistance.

5. Eligibility Requirements

Each time a household is interested in applying for LIHWAP assistance, they must apply through the local agency that administers the program in their county. Households have the right to reapply even if they have been denied previously. However, once an application is denied, the local agency must complete a new application at the time the household reapplies.

5.1 Categorically Income-Eligible

A household that received assistance through the Low-Income Home Energy Assistance Program (LIHEAP) during the current fiscal year is considered to be categorically income-eligible for LIHWAP assistance.

This means that the local agency can use the documentation, including income documentation, from the most recent LIHEAP application from the current fiscal year to complete the LIHWAP application. However, if additional members have moved into the household since the most recent LIHEAP application from the current fiscal year, the local agency must obtain previous month's income documentation for those particular household members.

The categorically income-eligible household will need to provide a copy of the most recent water/wastewater bill.

5.2 Applicants Not Categorically Income-Eligible

To be eligible to receive LIHWAP assistance, an applicant must meet the following requirements, unless they are Categorically Income-Eligible as described in Section 5.1.

a) Be a resident of Alabama when application is made; and

b) Be either a U.S. citizen, a qualified alien, or a non-qualified alien with a child who is either a citizen/qualified alien *provided there is no other adult in the household that is a citizen/qualified alien*; and

c) Currently live or attempting to establish water/wastewater service in a single-family house; a multi-unit building with two or more units (e.g. duplex, apartment, townhouse, studio apartment, condominium), or a mobile home; and

d) Be the head of the household, the spouse of the head of the household, or a second-party applicant; and

e) Be responsible to pay water/wastewater expenses or provide proof that water/wastewater costs are included in rent (signed *Landlord Verification Form*); and

f) Have the utility account in the head of household, spouse's name, or landlord's name (if household is responsible for paying the bill, they must provide a copy of lease or statement from landlord); and

g) Apply for assistance in the county in which they reside; and

h) Total household income for the previous month must not exceed 150% of the Federal Poverty Guidelines as shown below.

Household Size	**150% FPG**
1	$1,882.50
2	$2,555.00
3	$3,227.50
4	$3,900.00
5	$4,572.50
6	$5,245.00
7	$5,917.50
8	$6,590.00
9	$7,262.50
10	$7,935.00
11	$8,607.50
12	$9,280.00
13	$9,952.50
14	$10,625.00

Source: https://aspe.hhs.gov/poverty-guidelines

Additional requirements beyond those listed in this section, such as requiring the applicant to attend a training (financial literacy, etc.) or completing a voluntary form (customer satisfaction survey, community needs assessment, etc.) prior to receiving LIHWAP assistance are not allowable.

6. Documentation to Verify Eligibility

Unless the household is Categorically Income-Eligible, as described in Section 5.1, the information described in this section is required at the time of application to verify eligibility. Facsimiles, scanned documents, or legible, printable photos of documents are acceptable.

Copies of all eligibility documentation must be maintained in the client's file or uploaded into the client's Documents section in FACSPro. Refer to Section 12, *Client File Management*, for more information.

The local agency is responsible for securing documentation to verify eligibility when the household notifies the agency in writing of its request for assistance. This is a service of the agency in situations when none of the household's members are physically, emotionally, or mentally capable of providing the necessary verification.

6.1 Photo ID

Valid photo identification (ID) card of the applicant is required. The purpose of the photo ID is to positively identify the individual applying for assistance, not necessarily to confirm the household's address or other types of information.

Other than second-party applicants, if the address on the applicant's photo ID does not match the service address on the bill, and there is reason to question residency due to unclear or indefinite information provided, the local agency can request additional proof such as the current lease agreement, income tax records, a utility bill other than the water/wastewater bill, etc.

Acceptable forms of photo identification include, but are not limited to:

- Driver's license from any state in the U.S.
- Passport
- Military ID card
- Other government-issued ID card such as nondriver ID or photo voter ID
- Senior Center card
- Employer ID card
- Student ID card

Photo IDs that are expired for six (6) months or less are acceptable. If the ID expiration date exceeds the six-month "grace period," contact ADECA.

6.2 Social Security Card

Social Security cards of the applicant and all household members living in the household at the time of application are required.

If a card has been lost or stolen, documentation from the Social Security Administration indicating that the household member has applied for a new card is acceptable or the applicant

may present tax returns, tax documents, or another State/Federal form that denotes the household member's Social Security number.

Enter the individual's Social Security number into FACSPro and advise the applicant that the card must be brought in the next time the household applies for assistance. In addition, enter this information into FACSPro Customer Notes.

If a household member's Social Security card has the words "Not Valid For Employment" or "Valid For Work Only With DHS Authorization" printed on the card, the local agency must verify alien status.

Examples of documentation verifying qualified alien status include:

- Permanent Resident Card (I-551), also known as a "Green Card"
- Unexpired foreign passport stamped by the U.S. Government indicating that the holder has been "Processed for I-551"
- Permanent Resident Re-entry Permit (I-327)
- Arrival Departure Form I-94 with "Temporary I-551" stamp and photo
- Travel Document issued to Permanent Residents (I-327)
- Travel document issued to Refugees (I-571)
- Form I-94 stamped with one of the following statuses: Asylee, Parolee or Parole, Refugee, Asylum, HP-humanitarian parolee, PIP-public interest parolee, or Cuban/Haitian Entrant

If a household member is a non-qualified alien, leave the Social Security number field blank in FACSPro and select "Non-Qualified Alien" from the drop-down menu for the SSN Response field. If this is done, FACSPro is programmed to include the income of all non-qualified aliens when calculating gross monthly income for the household, but will <u>not</u> count those individuals when determining the household size.

6.3 Current Bill or Landlord Verification Form

The residential drinking water and/or wastewater service bill must be in the head of household's name, their spouse's name, or landlord's name.

6.3.1 Bill is in Head of Household's or Spouse's Name

The current bill displaying the physical service address, account name, and account number is required.

6.3.2 Household Responsible for Payment - Bill is in Landlord's Name

In situations when the household is responsible for paying the water/wastewater bill, but the bill is in the landlord's name, the applicant musts provide a copy of the lease indicating this arrangement or a statement from the landlord. The current bill displaying the physical service address, account name, and account number is required.

6.3.3 Utilities included in Rent

Households with water/wastewater costs included in their monthly rent must coordinate with their landlord and the local agency for the completion of the *Landlord Verification Form* (Appendix B). This form confirms the vendor, account name, account number, and cost of water/wastewater charged in the monthly rent. The client must complete and submit the *Client Certification Form* (Appendix C) to the local agency to certify the rental payment was reduced by the amount of the LIHWAP benefit received.

6.4 Custody Documentation

If any adult household member is the non-parental guardian of a minor child (under age 18) in the household, official documentation demonstrating permanent or temporary custody is required from either the State Department of Human Resources or court records. Hand-written or printed statements from the child's parent stating they have relinquished custody to another individual is not acceptable.

If custody documentation cannot be provided, any income the non-custodial child receives must be counted as part of the total household income; however, the non-custodial child cannot be counted as a household member when calculating the LIHWAP benefit.

In FACSPro, the local agency must enter the non-custodial child's information, including income, and check both the "Living in Household" box and the "Non-Custodial Child" box on the Personal Information tab. If this is done, FACSPro is programmed to include the child's income (if any is received); however, the system will not count the child as part of the household when determining the LIHWAP payment.

6.5 Proof of Income

Proof of gross earned and unearned income received in the month prior to the month of application for all current household members is required, with the exception of earned income for household members under the age of 18.

> For example, if a household applies for assistance on December 10, then all household income received in the month of November (prior month) must be verified.

6.5.1 Countable Income

Income refers to total monthly cash receipts before taxes from all sources including, but not limited to, the following:

- Money wages and salaries before any deductions, including tips and gratuities
- Self-employment income
- Contract income
- Net receipts from non-farm or farm self-employment
- Regular payments from the Social Security Administration (Retirement, Survivors' benefits, Supplemental Security Income, Disability benefits)
- Railroad retirement
- Child support

- Alimony
- Unemployment compensation
- Strike benefits from union funds
- Workers' compensation insurance
- Veterans Administration (VA) payments
- Training stipends
- Military family allotments or other regular support from an absent family member
- Private pensions
- Government employee pensions (including military retirement pay)
- Regular insurance or annuity payments
- Interest, dividends, or royalties
- Net rental income
- Net royalties
- Periodic receipts from estates or trusts
- Net gambling or lottery winnings
- Financial support from family or friends
- Severance pay

6.5.2 Non-Countable Income

Income received from the following must not be counted as income:

- Temporary Assistance to Needy Families (TANF).

  Note: TANF has historically been counted as household income for other programs that ADECA administers such as the Low-Income Home Energy Assistance Program (LIHEAP). Per LIHWAP guidelines, TANF is considered non-countable income. FACSPro has been set up to exclude TANF when calculating total household income for the previous month for LIHWAP.
- Federal non-cash benefit programs such as Medicare, Medicaid, Supplemental Nutrition Assistance Program (SNAP), nutrition program for Women, Infants, and Children (WIC), school lunches, or housing assistance
- Earned income of a child under the age of 18
- Foster care benefits
- Adoption stipends
- One-time payments from a welfare agency, church, or social organization to a family or person who is in temporary financial difficulty
- Income tax refunds
- Utility allowances or reimbursements
- Capital gains
- Any assets drawn down as withdrawals from a bank
- The sale of property, a house, or a car
- Loans
- Lump-sum inheritances
- One-time insurance payments

- Employer-paid or union-paid portion of health insurance or other employee fringe benefits
- Food or housing received in lieu of wages
- The value of food and fuel produced and consumed on farms
- The inputted value of rent from owner-occupied non-farm or farm housing
- College scholarships, loans, or grants
- Travel reimbursements for mileage, gas, lodging, meals
- Jury Duty compensation
- Work study programs (AmeriCorps, etc.)
- Stipends from senior aide programs

6.5.3 Income Verification

Verification of income may consist of, but is not limited to:

- Payroll, check stub, or check.

- Written statement of employer or oral statement of employer verified by the local agency and noted in FACSPro Customer Notes.

- Documentation from the Social Security Administration, Department of Human Resources, Department of Veterans Affairs, Department of Labor, Public Housing Authority, or other governmental agency.

- Bank statements to verify child support received in the previous month if the household is unable to provide documentation from the Department of Human Resources.

- Documentation from existing local agency files or records provided the information is complete and current.

- *Declaration of Household Income* (Appendix E) to be completed by the applicant if any of the following situations apply to any household member age 18 and over for the previous month:
    - Had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.
    - Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained.
    - Received money from family/friends.
    - Received income not reported elsewhere.

7. Entering Bill Data on Energy Tab

It is important for the local agency to enter the following information before creating the action plan:

- All household members
- All household income
- Water and/or wastewater vendors
- Water and/or wastewater account number(s)

In addition, the bill amount(s) must be entered in the "Monthly Water Bill" field and/or the "Monthly Wastewater Bill" field on the Energy tab in FACSPro based on the type of bill the household receives as described below:

1. Household has **one bill for both** water and wastewater services
   - in the "Monthly Water Bill" field, enter the full amount of the most recent bill or the full account balance as verified by contacting the vendor.

2. Household has **separate bills** for water and wastewater services/septic tank cleaning/pumping
   - in the "Monthly Water Bill" field, enter the full amount of the most recent water bill or the full account balance as verified by contacting the vendor; and/or
   - in the "Monthly Wastewater Bill" field, enter the full amount of the most recent wastewater services bill or the full account balance as verified by contacting the vendor or the quote from the septic tank vendor for cleaning/pumping costs.

3. Household has a **bundled bill** for water and wastewater services that also includes other services such as electricity, natural gas, trash, etc.
   - in the "Monthly Water Bill" field, enter the full amount of the water and wastewater services only from their most recent bill or the full account balance as verified by contacting the vendor.

8. Types of Assistance

Based on LIHWAP legislation and guidance from the U.S. Department of Health and Human Services, there are three household priority groups: 1) households with disconnected water services, 2) households with pending disconnection of water services, and 3) households seeking help with their current water service bill(s).

Two types of LIHWAP assistance are available to accommodate the priority groups: Crisis Assistance and Regular Assistance.

Eligible households may receive four Crisis Assistance benefits and four Regular Assistance benefits per fiscal year (October 1 - September 30).

8.1 Crisis Assistance

Crisis Assistance is intended to aid a household with their water and/or wastewater services bill(s) that meets all points of eligibility as described in Section 5 **and** meets one of the following criteria:

- Household's water services are off
- Household has received a disconnect notice for their water and/or wastewater services
- Household has a past due balance for their water and/or wastewater services
- Household requests septic tank cleaning/pumping

In FACSPro, four Characteristics are included on the Demographics tab for each of the criteria above:

Water/Wastewater - Septic tank cleaning/pumping
Water/Wastewater - Disconnect Notice
Water/Wastewater - Disconnected
Water/Wastewater - Past Due Balance.

Note: One of the four Characteristics must be selected for LIHWAP Crisis Assistance to appear on the Programs screen.

Priority must be given to households whose services are off or who have a disconnect notice. Once the household is determined to be eligible, the local agency must notify the vendor of the LIHWAP pledge within 48 hours and coordinate the restoration of service or removal of the pending disconnect status.

8.2 Regular Assistance

Regular Assistance is intended to aid an eligible household seeking help with a currently-due water and/or wastewater services bill. The household does not have a past-due balance.

9. Determining Benefit Amount

9.1 Crisis Assistance Benefit Amount

Crisis Assistance may be used to pay the entire water and/or wastewater services account balance to include current charges, arrearages, standard security deposits, reconnect fees, penalties, taxes, and other similar charges and the entire cost to clean/pump the household's septic tank up to a maximum of $2,000.00 with the exception as described below:

> **Exception:** For households with a **bundled bill** for their water and wastewater services that includes other services such as electricity, natural gas, trash, etc., Crisis Assistance may only be used to cover the charges related to water, wastewater services, and/or stormwater up to a maximum of $2,000.00.

If the household receives separate bills for their water and wastewater services/septic tank cleaning/pumping, a split award is allowable if both vendors are on the State-approved vendor list. The combined total for the split awards cannot exceed $2,000.00.

Once the household is determined to be eligible, the local agency must notify the vendor of the LIHWAP pledge within 48 hours and coordinate the restoration of service or removal of the pending disconnect status.

9.2 Regular Assistance Benefit Amount

Regular Assistance is intended to aid eligible households with the payment of a current water and/or wastewater bill.

LIHWAP regulations require States to vary the amount of benefits on behalf of eligible households to assure that those with the *lowest* incomes and the *highest* water/wastewater costs, taking into account family size, receive the highest level of assistance.

Therefore, the *Benefit Matrix for Regular Assistance*, as shown on the next page, determines the amount of assistance based on the household's percentage of Federal Poverty Guidelines based on household size, the water/wastewater burden, and the number of vulnerable members (if applicable).

If the household receives separate bills for their water and wastewater services, a split award is allowable if both vendors are on the State-approved vendor list; however, the combined total for the split awards cannot exceed the maximum benefit amount the household is eligible to receive.

Low-Income Household Water Assistance Program (LIHWAP)
Revised Benefit Matrix for Regular Assistance

Factor	1 household member	2-4 household members	5 or more household members
Step 1: Percentage of Federal Poverty Guidelines (FPG)			
Based on household size at time of application, determine previous month's household income and SELECT ONE of the amounts below:			
Monthly household income ***at or below 100%*** of FPG	$160	$200	$240
Monthly household income ***between 101% - 125%*** of FPG	$120	$160	$200
Monthly household income ***between 126% - 150%*** of FPG	$80	$120	$160

Note: Refer to the following page to determine percentage of FPG.

Step 2: Water/Wastewater Burden - Total bill amount(s) divided by monthly household income			
Based on household size, determine water/wastewater burden and ADD ONE of the amounts below:			
Total burden is ***11% or more*** of total household income	$160	$200	$240
Total burden is between ***5% - 10%*** of total household income	$120	$160	$200
Total burden is ***5% or less*** of total household income	$80	$120	$160

Note: If water and wastewater services are provided by separate vendors, add both bills together for water/wastewater burden calculation.

Step 3: Vulnerable member(s) – over 60, disabled, or child under 18	
Determine the total number of vulnerable members (if applicable) and ADD ONE of the amounts below:	
1 vulnerable member	Add $80
2 to 4 vulnerable members	Add $120
5 or more vulnerable members	Add $160

Note: If a household member falls in more than one category, such as a disabled senior or disabled child, count that household member as one vulnerable member.

Effective January 2023

Directions: Use the table below to determine the household's percentage of Federal Poverty Guidelines based on the number of household members and the previous month's total household income.

Household Size	100%	125%	150%
1	$1,255.00	$1,568.75	$1,882.50
2	$1,703.33	$2,129.17	$2,555.00
3	$2,151.67	$2,689.58	$3,227.50
4	$2,600.00	$3,250.00	$3,900.00
5	$3,048.33	$3,810.42	$4,572.50
6	$3,496.67	$4,370.83	$5,245.00
7	$3,945.00	$4,931.25	$5,917.50
8	$4,393.33	$5,491.67	$6,590.00
9	$4,841.67	$6,052.08	$7,262.50
10	$5,290.00	$6,612.50	$7,935.00
11	$5,738.33	$7,172.92	$8,607.50
12	$6,186.67	$7,733.33	$9,280.00
13	$6,635.00	$8,293.75	$9,952.50
14	$7,083.33	$8,854.17	$10,625.00

Source: https://aspe.hhs.gov/poverty-guidelines

The following provides two examples using the *Benefit Matrix for Regular Assistance*:

Example #1

5-person household/$3,100 income/$223 bill

Step 1: Total income is $3,100
B*etween 101% - 125% of Federal Poverty Guidelines*

Step 2: Household water/wastewater burden is 7%
$223 water/wastewater bill divided by $3,100 income = 7%

Step 3: There are 3 vulnerable members
Three children under 18, one child is disabled

Step 1:	*$200*
Step 2:	*$200*
Step 3:	*$120*
	$520 benefit amount

Example #2

2-person household/$2,177 income/$87 bill

Step 1: Total income is $2,177
B*etween 126% to 150% of Federal Poverty Guidelines*

Step 2: Household water/wastewater burden is 4%
$87 water/wastewater bill divided by $2,177 income = 4%

Step 3: There are 0 vulnerable members

Step 1:	*$120*
Step 2:	*$120*
Step 3:	*$ 0*
	$240 benefit amount

10. Client Action Plan

The client's Action Plan, including all appropriate indicators, services, and tasks, must be completed in FACSPro each time a household receives LIHWAP assistance.

One of the following tasks must be completed on all LIHWAP Crisis Assistance and Regular Assistance action plans:

- Water/wastewater services only: Complete this task if the bill includes water and/or wastewater costs only and **does not** include any late fees, reconnection fees, deposits, stormwater fees, or other water service fees.

- Multiple water services (includes fees/penalties/deposits): Complete this task if the bill includes water and/or wastewater costs **and** late fees, penalties, reconnection fees, deposits, stormwater fees, or other water service fees.

- Other water services (septic tank cleaning/pumping): Complete this task if the agency assists the household with septic tank cleaning/pumping services.

11. Pending Application and Client Notifications

11.1 Pending Application

If the household fails to provide documentation necessary to determine eligibility, the application must be placed in a pending file. The local agency should make copies of all existing documentation and return the originals to the applicant. The household has fifteen (15) calendar days to bring the missing documentation to the local agency. Failure to do so will result in the denial of the application.

In cases where the local agency has received written notification for assistance in securing eligibility documentation, it is the responsibility of the agency to secure such verification(s) and to issue a decision on the pending application within the 15-day standard of promptness. Record in FACSPro Customer Notes the reason(s) for any delay in processing the application in a timely manner. The application is to be completed as soon as possible thereafter.

11.2 Approval Notification

When the local agency completes an application, the household must be notified of the award in writing. The FACSPro application serves as the official notification of award and it may be provided to the applicant in person, by mail, or email.

The FACSPro application also serves as the official award notice to the vendor of the expected payment amount for the household unless the vendor accepts other forms of notification such as pledges entered in an online portal or spreadsheets sent via email.

11.3 Denial Notification

When the local agency denies an application, the household must be notified of the denial in writing. A sample *Denial Letter* is provided in Appendix G and may be provided to the applicant in person, by mail, or email.

12. Client File Management

All material related to a LIHWAP application, including all documentation for eligibility determination as described in Section 5 of this Policies and Procedures Manual, is to be maintained in a hard-copy file or uploaded into the applicant's Documents section in FACSPro. If the local agency uploads the complete file into the Documents section, it is not necessary to maintain a hard copy.

Hard-copy files are to be maintained in a secure location at the local agency in file cabinets that can be individually locked when not in use or in file cabinets in an office that can be locked. The files must be maintained for at least three years after the program year has ended. If there were findings in the annual monitoring visit or the single audit, the files for that particular program year must be maintained for seven years.

13. Vendors and Payment Reconciliation

LIHWAP payments may only be made to owners or operators of a public water system and/or water treatment works that provide drinking water and/or wastewater services to a household or to septic tank cleaning/pumping companies that have been assigned a vendor code by ADECA.

13.1 Approved Vendors

LIHWAP payments for both Crisis Assistance and Regular Assistance may only be made to public owners or operators of a public water system or water treatment works on the State-approved vendor list or to septic tank cleaning/pumping companies. Each vendor, other than septic tank cleaning/pumping companies, who wishes to receive a payment under LIHWAP must complete the *Vendor Agreement* (Appendix H) and agree to abide by its terms.

For septic tank cleaning/pumping companies, agencies should contact ADECA so that a vendor code can be assigned.

The *Vendor Agreement* is required by Federal regulations to ensure that payments are properly applied by the vendors and that households are protected against the loss of service for at least a 30-day period.

ADECA obtains signed copies of the agreement from vendors and provides a copy of the State-approved vendor list to local agencies throughout program year. In addition, ADECA enters all approved vendors into FACSPro. If a vendor contacts a local agency expressing interest in becoming a LIHWAP home water/wastewater supplier, contact ADECA or provide the vendor

with a copy of the agreement. The signed copy should be emailed to ADECA at homewaterassist@adeca.alabama.gov.

Failure of a vendor to comply with the terms of the *Vendor Agreement* could lead to a suspension of payment to that vendor.

13.2 LIHWAP Payment Reconciliation

The local agency is required to ensure that vendors provide written reconciliation and confirmation on a regular basis that benefits have been credited appropriately to households and their services have been restored on a timely basis or disconnection status has been removed, if applicable.

The following is an overview of the reconciliation process:

1. When the local agency begins making payments to LIHWAP vendors, they must coordinate with each vendor on a monthly basis to reconcile payments.

2. The local agency should identify all LIHWAP batches that have been paid and email the excel version of those particular batch reports to the vendor's designated point of contact.

3. The vendor must verify that the payments on the batch reports were applied to the appropriate customers' accounts within 3-5 business days of receipt and, if applicable, services were restored in a timely manner or disconnection status was removed.

4. The vendor must type an "X" next to the account(s) that were credited appropriately and type their name above the following statement at the bottom of the batch report:

   By typing my name above, I certify that the Low-Income Household Water Assistance Program (LIHWAP) payments marked with an "X" on this report were applied to the appropriate account within 3-5 business days of receipt and, if applicable, services were restored in a timely manner or disconnection status was removed.

5. If an amount was not credited appropriately or the vendor credited an amount different from what is shown on the batch report, the vendor must provide clarification.

6. The agency must review the certified batch report(s) in a timely manner and coordinate with the vendor if there are discrepancies.

7. The agency must maintain the emails and batch reports and make them available during ADECA's programmatic monitoring reviews.

8. If a LIHWAP vendor does not coordinate with the agency in a timely manner, the agency should contact the State Office.

13.3 Vendor Refunds

If the local agency receives a vendor refund from a payment obligated during the current year, that refund must be returned to the LIHWAP fund and can be used to assist other eligible households.

If the refund is for a payment made from a previous year, it must be returned to ADECA upon receipt. The local agency should also identify the program (i.e., Regular Assistance or Crisis Assistance), the year the award was obligated, and provide a revised final *Monthly Expenditure Report* (Appendix A) or at https://adeca.alabama.gov/lihwap/lihwap-documents/.

14. Conference or Fair Administrative Hearing

LIHWAP legislation provides that if a household is dissatisfied with the local agency's decision about its application, it may ask for a conference and/or a fair administrative hearing. ADECA will make the final decision on all hearings conducted by the local agency.

Each local agency is to have a staff member who is thoroughly familiar with the LIHWAP and its rules to be designated to serve as the agency hearing officer for all fair hearings. Fair hearings are to be conducted in the county office unless otherwise authorized by the agency director.

At the time of application, give the applicant a written statement of their right to a hearing, the method by which a hearing may be obtained, and the right to be represented by a person of his choice at the hearing. For this purpose, give each applicant a copy of the *Summarized Eligibility Requirements* (Appendix F) and a copy of their completed application.

14.1 Basis for Request

A household is to be granted a hearing upon written request if the:

1. Application is denied; or

2. Application is neither approved nor denied within 15 calendar days after the date of application, unless the delay was caused by the applicant's lack of cooperation in providing necessary information to determine eligibility; or,

3. Dissatisfaction pertaining to the amount of the LIHWAP benefit.

14.2 Format of Request

Any clear written statement to ADECA or to the local agency that the applicant/recipient wants an opportunity to present its case to a higher authority will be accepted, provided the request is within 45 days from the day the agency informed the applicant of its decision on the application (or within 45 days from the date of the household's application for LIHWAP if not acted upon) and that the household has a valid basis for an appeal as defined in the previous section.

A request for a hearing may be made by the applicant or someone on their behalf. If the request is filed by someone other than the applicant, such as their legal guardian, legal representative, or an attorney of their choice, there must be a written statement signed by the applicant authorizing such person to represent them. The local agency must maintain such a statement in the applicant's file.

The claimant's request must state clearly why they are dissatisfied. When a request for a hearing is granted, it must be held, a decision issued, and action to carry out the decision taken within 45 days after the request.

14.3 Fair Administrative Hearing Procedures

14.3.1 Local Agency Responsibilities

Any appeal made to the local agency must be reported to the agency hearing officer on the day it is received. Within five (5) calendar days from the day the request is received, the local agency must complete a *Fair Administrative Hearing Notice* (Appendix I) to notify the household of:

a. The receipt of the request for a fair hearing; and
b. If the request is accepted, provide the date, time, and place of the hearing. If the request is denied, provide the basis for the non-acceptance of the hearing request; and
c. The household's right to be represented by any person(s) of his choice at the hearing.

Once the hearing has been held, the local agency must complete the *Fair Administrative Hearing Report* (Appendix J) and mail the original and one copy to ADECA along with any material related to the issue(s) of the hearing within five (5) calendar days from the date the hearing was held.

14.3.2 ADECA Responsibilities

Any hearing request or written notification of withdrawal made to ADECA must be reported to the local agency on the day it is received. ADECA will review all hearing cases conducted by the local agency and provide written notification to the household and to the local agency of its decision on the hearing as well as any further action to be taken.

14.4 Withdrawal of Request

A written statement from the applicant or their representative expressing a desire to withdraw the hearing request is sufficient for withdrawal. The request can be made to ADECA or the local agency.

If ADECA receives the request, the local office will be notified and will receive a copy to maintain in the applicant's file.

The local agency must complete a *Fair Administrative Hearing Notice* (Appendix I) which includes a box indicating the hearing has "Been Withdrawn" and mail a copy to the applicant and ADECA.

14.5 Abandonment of Hearing

A hearing will be considered abandoned if the applicant or their representative fails to keep the hearing appointment without notifying ADECA or the local agency.

In such situations after one hour, the local agency hearing officer will consider the hearing request abandoned. For this purpose, complete the *Fair Administrative Hearing Notice* (Appendix I) which includes a box indicating the hearing has "Been Considered Abandoned" and mail a copy to the applicant and ADECA.

15. Erroneous Payments (Overpayments/Ineligible Payments)

ADECA is the single state agency responsible for the receipt, proper use, and accounting of all Federal LIHWAP funds. Any agency or organization under contract with ADECA for the purpose of administering LIHWAP funds is also responsible for the proper use and accounting of any LIHWAP funds received from ADECA.

Individuals who receive, or attempt to receive, LIHWAP payments erroneously under the above titles are subject to all applicable Federal and State laws with regard to recovery and/or prosecution for same.

An erroneous payment occurs whenever a LIHWAP applicant receives either:

- More than the recipient should have received (overpayment), or
- A benefit the recipient is not entitled to receive (ineligible payment)

All erroneous payments are to be reviewed by the local agency and reported to ADECA. In addition, households that attempt to receive LIHWAP benefits by willfully misrepresenting the facts are also to be reviewed and reported to ADECA.

15.1 Types of Erroneous Payments

There are three types of erroneous payments as follows:

15.1.1 Applicant Error

An applicant error can be the result of misinformation, an error in judgment, or an omission on the part of the applicant or another household member with no intent to deceive the program, but results in an overpayment or ineligible payment.

> For example, an applicant who was not aware her 24-year-old son, a long-distance truck driver and not at home most of the time, should have been counted as a household member along with his wages.

15.1.2 Local Agency Error

A local agency error can be the result of mistakes made by agency personnel which results in the household receiving an overpayment or ineligible payment.

For example, the local agency did not accurately enter or update household income in FACSPro or did not ensure that all household members were entered in the system prior to enrolling the applicant into LIHWAP.

Another example is when the local agency completed a paper LIHWAP application and miscalculated income or misread the *Benefit Matrix for Regular Awards* and awarded more or less than the household was eligible to receive.

15.1.3 Suspected Fraud

Suspected fraud cases are the result of overpayments or ineligible payments caused by a household member(s) who knowingly provided false, misleading, or incomplete information in order to receive assistance. Suspected fraud also includes household members who attempt, but never actually receive, benefits in which the household is not entitled. Refer to Section 16, *Fraud, Waste, Abuse, and Mismanagement* for more information.

15.2 Review and Reporting of Erroneous Payments

15.2.1 Review Procedures

In situations of agency error identified by ADECA during programmatic monitoring visits or review of data in FACSPro during the program year, the local agency will be instructed to either forward the amount of any underpayment to the applicant's vendor or repay the LIHWAP fund in the amount of the overpayment from non-Federal, non-ADECA funds.

In situations where an applicant/recipient error resulted in a household receiving (or attempting to receive) benefits to which they are not entitled, the situations must be reviewed and reported to ADECA.

No action is to be taken by the agency in the recovery of LIHWAP payments from the household until the agency receives written notification from ADECA. However, it is permissible to contact the applicant in order to obtain facts and other information about how the erroneous payment occurred as well as how the erroneous payment should be categorized, i.e., client error, agency error, or suspected fraud.

It is during this review process that the local agency will obtain the information to make a complete and accurate report to ADECA for recommendation on how to proceed. The review process should be conducted by the local agency as soon as possible upon the discovery of an erroneous payment.

15.2.2 Reporting Process

An *Erroneous Payment Review/Report* (Appendix K) is to be used to report all cases of erroneous payments under the LIHWAP. This form should also be used to report cases of attempted fraud in which the household attempts to obtain benefits erroneously; however, the attempt is identified before a payment is made.

The *Erroneous Payment Review/Report* is to be completed and submitted to ADECA immediately following the review process. The original copy should be mailed to: ADECA.

Once ADECA reviews the report, a specific recommendation will be made as to what action will be taken. Any new or revised information received by the local agency after the submission of the original report which could affect the facts as originally reported should be sent to ADECA.

15.3 Recovery of Erroneous Payments

Decisions regarding action for the recovery of erroneous payments under the LIHWAP will be made by ADECA. The *Erroneous Payment Review/Report* (Appendix K), or other similar documents or letters, will be used by ADECA to transmit decisions to the local agency for the recovery (or non-recovery) of all erroneous payments.

Erroneous payments may be recovered by entering into a voluntary repayment agreement. This agreement is a written understanding (contract) between the local agency and the applicant which is signed voluntarily by both parties; which acknowledges that an erroneous payment has occurred; which acknowledges the correct amount of the erroneous payment; and which establishes the terms under which the local agency will recover all or a portion of the erroneous payment. A copy of the *Repayment Agreement* is included in Appendix L.

It is desirable to recover the LIHWAP payment in the shortest time period and without causing undue hardship on the household. The local agency is advised that the minimum monthly repayment amount should not be less than the following:

($ 1 - $ 50)	$ 5 minimum payment
($ 50 - $100)	$10 minimum payment
($100 - $200)	$20 minimum payment
(over $200)	10% of the original balance

If the household's monthly income and expenses may not permit the monthly payment as described above, the local agency may set the repayment amount at a level that is compatible with the household's financial situation.

All funds recovered as the result of erroneous payments must be returned to the local agency's LIHWAP fund. Procedures for the identification of funds collected, the deposit of funds into the agency's bank account, written applicant receipts in the case of cash payments, and procedures for the periodic submission to ADECA of funds collected is the responsibility of the local agency. A separate ledger sheet which clearly identifies all such transactions regarding erroneous payments shall also be the responsibility of the local agency.

15.4 Debarment from LIHWAP

Households committing fraud (providing false information) or attempting to commit fraud are typically debarred from receiving LIHEAP assistance for one year. At the time of the determination, the box for "Debarred" on the Demographics tab in FACSPro must be checked. This will prevent the applicant from being enrolled in the program.

If improper payments are made on the household's behalf, the applicant cannot apply until restitution has been made, at which time they must submit a request to the local agency to be considered eligible to apply for assistance.

The local agency must form a committee, appointed by the agency's Executive Director or Chief Executive Officer, to consider reinstatement of eligibility benefits of applicants who have previously been suspended. The committee should consider all information provided by the intake worker and/or case manager when considering reinstatement. The committee will submit their recommendation to the Executive Director or Chief Executive Officer for final determination. The applicant will be notified, in writing, of the decision and the right to a Fair Administrative Hearing, if applicable. The local agency must notify ADECA of the final determination.

16. Fraud, Waste, Abuse, and Mismanagement

16.1 Fraud

Grant fraud is the intentional misuse of grant funds in a manner that is not consistent with the goals and objectives identified in the grant. Grant fraud encompasses a wide range of improper activities often summarized in three general categories:

1. Conflicts of Interest	2. Theft	3. Material False Statements
Hiring a relative as an employee or as a vendor to supply grant- funded products	Fictitious transactions	Falsifying certifications
Purchasing goods or services from a business in which the grant recipient has an ownership interest	Misusing credit card designated for grant-funded purchases	Failing to maintain adequate supporting documentation about the use of funds
Approving a benefit application for a family member	Using grant dollars for unjust enrichment	Misrepresenting elements of costs
Accepting gifts or compensation that could result in a loss of impartiality in decision-making	Using grant dollars for personal gain	Charging unallowable costs

Fraud red flags include:

- More than one explanation for an expense
- Round dollar claims or other amounts that look questionable
- Inability/refusal to provide supporting documentation in a reasonable amount of time
- Plagiarized or otherwise false or misleading reports
- Unresponsive recipients

16.2 Waste

Waste is the act of using or expending money or resources carelessly, extravagantly, or to no purpose. Waste does not necessarily involve fraud or illegal acts; however, it may be an indication of potential fraud or illegal acts and may still impact the achievement of defined objectives.

Waste red flags include:

- Making unnecessary purchases
- Making travel choices that are contrary to existing travel policies or are unnecessarily extravagant or expensive
- Making procurement or vendor selections that are contrary to existing policies or are unnecessarily extravagant or expensive
- Bottlenecks due to manual, redundant methods
- Extravagant, careless, or needless expenditure of government funds
- Unusual spending near the end of the grant period - often done to avoid losing expiring funds

16.3 Abuse

Abuse is behavior that is deficient or improper when compared with behavior that a prudent person would consider reasonable and necessary operational practice given the facts and circumstances. This includes the misuse of authority or position for personal gain or for the benefit of another. Abuse does not necessarily involve fraud or illegal acts, and excludes fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements. However, it may be an indication of potential fraud or illegal acts and may still impact the achievement of defined objectives.

Abuse red flags include:

- Writing technical specifications or contract terms to favor a specific contractor
- Creating unneeded overtime
- Requesting staff to perform personal errands or work tasks for a supervisor or manager
- Misusing the official's position for personal gain

16.4 Mismanagement

Mismanagement is the act of creating a substantial risk to a grantee's or subgrantee's ability to accomplish its mission. For effective grants management, an assessment of mismanagement should not just focus on the financial risk but also the risks to meeting grant award contractual requirements, performance standards, and other desired outcomes tied to compliant and efficient use of funds.

Mismanagement could be a result of poor processes or poor management (e.g., no training, processes not being aligned with one another or not being followed appropriately). A poor process could result in follow-up actions to correct it and could result in additional costs being incurred to implement and resolve corrective actions. Examples of mismanagement are:

- Continuing to pay utility bills for formerly leased office space

- Renewing a technical support contract for software the agency no longer uses
- Stockpiling equipment beyond its shelf-life

Not all mismanagement results in waste, fraud, or abuse, especially if mismanagement is identified and adequately resolved prior to an instance of waste, fraud, or abuse. However, effective management is needed to be able to prevent, detect, and correct fraud, waste, and abuse, including by implementing processes, such as internal controls, that enable management to provide structure and control over key activities.
Mismanagement red flags include:

- Lack of clear, written policies
- Faulty accounting
- Limited staff oversight and training
- Little documentation or missing records
- Purchasing items not on the approved budget
- Same mistakes reoccurring

16.5 Reporting Fraud, Waste, or Abuse

16.5.1 Reporting to ADECA

Suspected cases of fraud, waste, and abuse of government funds administered through ADECA can be submitted via any of the following methods:

Telephone: 1-877-219-9598

Online: https://adeca.alabama.gov/fraud/

Mail:
ADECA - Audit Manager
P.O. Box 5690
Montgomery, Alabama 36103-5690

15.5.2 Reporting to the U.S. Department of Health and Human Services

Suspected cases of fraud, waste, and abuse of government funds administered through the U.S. Department of Health and Human Services (HHS) can be submitted to the HHS Office of Inspector General (HHS OIG) hotline via any of the following methods:

Telephone: 1-800-HHS-TIPS (1-800-447-8477)

Online: https://oig.hhs.gov/report-fraud
Mail:
U.S. Department of Health and Human Services
Office of Inspector General
Attn: OIG Hotline Operations
P.O. Box 23489
Washington, DC 20026

The HHS OIG has options available to maintain confidentiality when filing a complaint. See https://oig.hhs.gov/fraud/report-fraud/identity/ for more information.

Investigations are most successful when as much information as possible about the instance and those involved is provided. The more information, the better chance HHS OIG has for determining whether an investigation can be pursued.

Before submission, ensure the following information is available:

- Name and contact information of the individual or business related to the complaint. This includes, if available, addresses, telephone numbers, e-mail addresses, etc.
- Narrative explaining the nature, scope, time frame, and how one learned about the activity in question.
- The name and contact information of any individual who can help corroborate the information being reported.
- Supporting evidence in electronic format that can be uploaded with the report. This may include e-mail communications, documents, billing records, or photographs.

What to expect after submitting the complaint:

- An HHS OIG analyst will review the complaint for relevance and completeness. Not all complaints result in an investigation.
- If complainants identified themselves, a reviewing official may contact them for further information. However, if they are not contacted, it does not mean the complaint is not being investigated.
- The hotline will not be able to confirm receipt of the complaint or respond to any inquiries about action taken on the complaint.

APPENDICES

Appendix A Monthly Expenditure Report

Appendix B Landlord Verification Form

Appendix C Client Certification Form

Appendix D Client Consent Form

Appendix E Declaration of Household Income

Appendix F Summarized Eligibility Requirements

Appendix G Sample Denial Letter

Appendix H Vendor Agreement

Appendix I Fair Administrative Hearing Notice

Appendix J Fair Administrative Hearing Report

Appendix K Erroneous Payment Review/Report

Appendix L Repayment Agreement

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Appendix A

Monthly Expenditure Report

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MONTHLY EXPENDITURE REPORT

Low-Income Household Water Assistance Program (LIHWAP)
Public Law No: 116-260
CFDA # 93.499

SUBGRANT NUMBER _____

REPORT NUMBER _____

TO: Alabama Department of Economic & Community Affairs
Energy Division
P. O. Box 5690
Montgomery, Alabama 36103-5690

FROM:

Type Name and Address of Subgrantee

REPORT OF ACTUAL EXPENDITURES FOR THE PERIOD ENDING _____

ELIGIBLE ACTIVITY	SUBGRANT BUDGET	ACTUAL EXPENDITURES (CUMULATIVE)	ESTIMATED EXPENDITURES	FUNDS PREVIOUSLY RECEIVED	AMOUNT OF THIS REQUEST	BUDGET BALANCE
ADMINISTRATION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUTREACH/ELIGIBILITY DETERMINATION	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
REGULAR ASSISTANCE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
CRISIS ASSISTANCE	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
					$0.00	$0.00
TOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

ACTUAL CURRENT CASH BALANCE **$0.00**

I certify that, to the best of my knowledge and belief, that this report is true in all respects and that all funds have been and will be expended for the purpose of the subgrant agreement referenced and that the amount requested represents our immediate cash needs and complies with the Cash Management Improvement Act.

Signature of Authorized Official Date

ADECA APPROVALS:

Energy Division Chief Date

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Appendix B

Landlord Verification Form

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Low-Income Household Water Assistance Program (LIHWAP)
Landlord Verification Form

Applicant/Tenant name (please print): _____

Address: _____

_____

Telephone Number: _____

Landlord/Manager name (please print): _____

Address: _____

_____

Telephone number: _____

Email: _____

Is the applicant/tenant's water and/or wastewater utilities included in the rent? _____

Is the applicant/tenant disconnected for a past-due water or wastewater bill? _____

Is the applicant/tenant in danger of a disconnection for past-due water or wastewater bill? _____

Cost of water/wastewater charged in monthly rent:_____

Water/wastewater company: _____

Account name:_____

Account number: _____

If the applicant/tenant receives LIHWAP assistance, I agree to reduce the rental payment by that amount for the following month.

Landlord/Manager Signature: _____

Date:_____

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Appendix C

Client Certification Form

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Low-Income Household Water Assistance Program (LIHWAP)
Client Certification Form

I certify that my rental payment for the month/year _____ was reduced by the amount of LIHWAP assistance I received.

Applicant signature: _____ Date: _____

Applicant name (Please print): _____

Address: _____

_____

Phone Number: _____

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Appendix D

Client Consent Form

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Client Consent Form

I give permission to my local community action agency to complete an application for assistance.

I understand I am responsible to continue paying my bill(s) and to pay for any balance of a bill after my local agency has made a payment on my behalf.

Statement of Affirmation:

I hereby give consent for this agency to verify the information I have given and for related outside sources to provide any information necessary in the completion of this application. I understand I am responsible for all related costs of the program not paid by Alabama Department of Economic and Community Affairs or the local community action agency.

I am the customer of record or the customer's spouse for the utility company and/or supplier that provides my household's **home energy, heat source, drinking water, or wastewater services**.

I authorize my utility company and/or my supplier to disclose my customer data (including, but not limited to, cost, consumption, and billing data) to the Alabama Department of Economic and Community Affairs and my local community action agency for the purposes of verification, analysis, and reporting.

I agree to hold harmless and/or release such companies from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

_____ _____

Signature Date

_____

Printed Name

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Appendix E

Declaration of Household Income

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Declaration of Household Income

Instructions: This form is to be completed by the person applying for assistance if any of the following situations apply to the applicant and/or any household member age 18 and over for the previous month:

- *Had no income and verification cannot be obtained from a governmental entity such as the Department of Human Resources, Department of Labor, Public Housing manager, etc.*
- *Received income from occasional work such as lawn care, house cleaning, babysitting, car repair, etc. when a receipt book is not maintained.*
- *Received money from family/friends.*
- *Received income not reported elsewhere.*

Applicant's name (please print): _____
Applicant's address (please print):_____

Did you or any household member age 18 and over have **no income** last month? If so, complete the following for you and every adult:

Name	How long has this person had no income?

Did you or any household member age 18 and over receive income **from occasional work when a receipt book was not maintained**, receive **money from family or friends**, or receive any **income not reported elsewhere** last month? If so, complete the following for you and every adult:

Name	Amount	Source of income

How do you pay your ***rent/mortgage***?_____
How do you pay for ***food***? _____
How do you pay for your ***utilities***? _____

I certify that the information provided above is true and complete to the best of my knowledge. I understand I may be required to provide proof of any information given and that providing false information will invalidate this form and may require the repayment of any assistance received based on the false information. I understand that I am subject to all applicable Federal or State laws concerning fraud.

Applicant's Signature: _____ Date: _____

March 2022

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Appendix F

Summarized Eligibility Requirements

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ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS
LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)

PY 2024 Summarized Eligibility Requirements

The Low-Income Household Water Assistance Program (LIHWAP) is administered by the Alabama Department of Economic and Community Affairs (ADECA). At the county level, your Community Action Agency or other designated local agency will be responsible for program administration.

The amount of assistance that a household can receive depends on gross household income; household size; the number of household members over age 60, disabled, or under 18; the amount of the water and/or wastewater services bill and associated fees; and your current account status. **You will be responsible to pay any remaining balance of your water/wastewater bill after the LIHWAP payment is made on your behalf.**

WHO IS ELIGIBLE? Applicants that provide the required information to their local agency and meet the following maximum monthly gross income:

1 person	$1,822.50	5 person	$4,572.50
2 person	$2,555.00	6 person	$5,245.00
3 person	$3,227.50	7 person	$5,917.50
4 person	$3,900.00	8 person	$6,590.00

OTHER REQUIREMENTS: In order to receive assistance under this program, a household must also:

1. Live in Alabama and be a U. S. citizen or qualified alien. Check with your local agency concerning eligibility for qualified and non-qualified aliens.

2. Provide information so your local agency can determine if you are eligible for assistance.

3. Provide proof of income for all current household members for the month prior to application. If a household member claims zero income that cannot be verified by a governmental agency, the *Declaration of Household Income form* must be completed.

4. Furnish Social Security cards for all household members and photo ID for person applying. If mailing your application, do not mail original social security cards or photo IDs; please send a photocopy.

5. Furnish a recent water/wastewater bill which includes your customer account number. Bill must be in the name of the head of household, spouse, or landlord.

HOW TO APPLY: The head of household or spouse should contact your local community action agency office.

AMOUNT OF PAYMENT: All payment amounts will be set by the local agency in accordance with the LIHWAP Manual.

METHOD OF PAYMENT: All payments will be made directly to participating vendors typically within thirty (30) days of application approval. Eligible households will be notified when a payment is made on their behalf.

CONFERENCE OR FAIR HEARING: If you are not satisfied with the local agency's decision about your application, you can request a conference and/or a formal hearing. For a formal hearing, you must submit a written request to the local agency within 45 days from when you were informed of the decision on your application. ADECA will make the final decision on all hearings. You may be entitled to free legal services concerning your dissatisfaction about your case.

If you have an appointment and are age 60 or over and/or disabled, someone can go to the appointment on your behalf. Please complete the following:

I give _____ permission to make application for the Low-Income Household Water Assistance Program and/or other assistance for my household. I (or my spouse) am

_____ age 60 or over

_____ disabled

_____ _____
(Signature of Head of Household or Spouse) Date

_____ _____
(Witness, if signed by mark) Date

If you have questions, please contact your local Community Action Agency, or contact ADECA at 1-800-392-8098 or homewaterassist@adeca.alabama.gov.

Revised February 2024

Appendix G

Sample Denial Letter

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Sample Denial Letter

Date: _____
Applicant Name: _____
Applicant Address: _____
_____

This letter is to inform you that your application processed on _____ for Low-Income Household Water Assistance (LIHWAP) is **denied or the award amount was changed** for the reason(s) noted:

____ Award was not enough to satisfy the amount needed on your account to reconnect or keep your services on. Comments:_____
____ Income for household members exceeded State guidelines for household size.
____ Applicant has received all the LIHWAP assistance that he/she is entitled to for this fiscal year
____ Applicant closed account or moved with no transferring address before the LIHWAP award was posted to the account.
____ Applicant does not meet the requirements for Crisis Assistance according to the guidelines.
___ No funds available at this time.
____ Your award amount changed from $ _____ to $ _____ due to remaining balance on your account or data entry error.

You will need to contact your utility company to make satisfactory arrangements if they fail to accept the LIHWAP award.

Conference or Fair Hearing: If you are not satisfied with our decision about your application, you can request a conference and/or a formal hearing. For a formal hearing, you must submit a written request to us within 45 days from when you were informed of the decision on your application. The Alabama Department of Economic and Community Affairs will make the final decision on all hearings. You may be entitled to free legal services concerning your dissatisfaction about your case.

If you have any questions regarding this notice, please contact XXXXXX at our office at XXX-XXX-XXXX.

_____ _____
Intake Worker Signature Date

_____
Program Manager

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Appendix H

Vendor Agreement

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STATE OF ALABAMA
LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)
VENDOR AGREEMENT

The undersigned (hereinafter referred to as the Vendor) hereby agrees to the following terms and conditions of the Alabama Department of Economic and Community Affairs (hereinafter referred to as the Department) in order to participate in the LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) for the period of November 1, 2021 through March 31, 2024.

(1) The Department, through its local administering LIHWAP agencies, shall notify the Vendor of each eligible household and the amount of assistance to be paid on behalf of the household.

(2) The Vendor agrees that any payment amount made by the Department or its administering LIHWAP agencies, <u>and accepted by the Vendor</u>, shall result in the continuation of service or the prompt and timely restoration of service for a period of not less than thirty (30) days from the date the Vendor receives official notification from the local administering LIHWAP agency of the payment. Notification shall include, but may not be limited to, the receipt by the Vendor of the Vendor's copy of the LIHWAP-101 application form and shall constitute a commitment on the part of the local administering LIHWAP agency for the payment of the home drinking water and/or wastewater services provided.

(3) The Vendor agrees to charge LIHWAP eligible households the same price charged for home drinking water and/or wastewater services billed to non-eligible households.

(4) The Vendor agrees to charge the eligible household, in accordance with the Vendor's normal billing process, the difference between the actual cost of home drinking water and/or wastewater services and the amount of the LIHWAP payment.

(5) The Vendor agrees to provide the Department or its administering LIHWAP agencies with at least one designated contact person who shall be available to respond by telephone and electronic mail to all reasonable inquiries regarding LIHWAP household accounts, including but not limited to bills, payments, and services.

(6) The Vendor agrees to post all payments to customer accounts within 3-5 business days.

(7) The Vendor agrees not to apply LIHWAP payments to account balances that have previously been written-off or fully paid with other funds.

(8) The Vendor agrees not to apply LIHWAP payments to commercial accounts. LIHWAP payments must only be applied to residential accounts.

(9) The Vendor agrees not to discriminate against an eligible household with respect to terms, deferred payment plans, credit, conditions of sale, or discounts offered to other customers.

(10) The Vendor agrees to provide the Department or its administering LIHWAP agencies, upon request, written reconciliation and confirmation that benefits have been credited appropriately to households and their services have been restored on a timely basis or disconnection status has been removed, if applicable.

(11) The Vendor agrees to refund to the local LIHWAP administering agency any remaining LIHWAP balance when the household's account is closed. The Vendor shall include the household's account name and account number for reference purposes.

(12) The Vendor agrees to cooperate with the Department's monitoring of this Agreement, including home drinking water and/or wastewater services provided to eligible households.

a. If requested by the Department, the Vendor agrees to provide account data including, but not limited to, annual home drinking water and/or wastewater costs, bill payment history, and/or arrearage history for no more than the previous twelve (12) monthly billing periods, as authorized by the household.

b. The Vendor agrees to cooperate with any Federal, State, or local investigation, audit, or program review. The Vendor shall allow Department representatives access to all books and records relating to LIHWAP households for the purpose of compliance verification with this Agreement.

c. The Vendor understands that failure to cooperate with any Federal, State, or local investigation, audit, or program review may result in the immediate disqualification from participation in the LIHWAP.

The Vendor shall observe its usual and customary practices governing the release of household account information.

(13) The Vendor and the Department agree that any information and data obtained as to personal facts and circumstances related to households shall be collected and held confidential, during and following the term of this Agreement, and shall not be disclosed without the individual's and Department's written consent and only in accordance with federal or state law. Companies who utilize, access, or store personally identifiable information as part of the performance of this Agreement are required to safeguard this information and immediately notify the Department of any breach or suspected breach in the security of such information. The Vendor shall allow the Department to both participate in the investigation of incidents and exercise control over decisions regarding external reporting.

(14) The Vendor will be permanently disqualified from participating in the LIHWAP upon the first finding of LIHWAP fraud. Fraud includes, but is not limited to, intentionally providing false information to the local administering LIHWAP agency or knowingly allowing others to do so; intentional failure to notify the local administering LIHWAP agency of a change in circumstances that affects payments received by the Vendor; intentionally accepting payments that the Vendor knows, or by reasonable diligence would know, the Vendor is not entitled to by virtue of an overpayment or otherwise; or intentionally making a claim for a payment to which the Vendor is not entitled pursuant to the terms of this Agreement and all applicable rules, regulations, laws and statutes. Repayment must be made unless contrary to a court order.

(15) This Agreement will terminate effective immediately upon determination by the Department that the Vendor is not in compliance with the terms of this Agreement. The Vendor will be notified within 15 calendar days of the termination. Either the Department or the Vendor may terminate this Agreement with or without cause and without cost by giving the other party at least 60 calendar days written notice. Termination by either party shall not discharge any obligation owed by either party on behalf of the household that has been awarded the benefit.

(16) The Vendor agrees to not discriminate based on race, color, religion, sex, age, national origin, or disability in its implementation of this Agreement.

(17) The Vendor agrees that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended, by Amendment No. 26. The Vendor further agrees that if any provision of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void.

The Vendor recognizes and acknowledges that the Department is an instrumentality of the State of Alabama, and as such, is immune from suit pursuant to Article 1, Section 14, Constitution of Alabama 1901. It is further acknowledged and agreed that none of the provisions and conditions of this Agreement shall be deemed to be or construed to be a waiver by the Department of such Constitutional Immunity.

In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail, and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama.

For any and all disputes arising under the terms of this Agreement which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

(18) By signing this Agreement, the contracting parties affirm, for the duration of the Agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the Agreement and shall be responsible for all damages resulting therefrom.

Vendor Name	Signature of Authorized Representative
Office Mailing Address	Printed Name of Authorized Representative
City, State, Zip	Title of Authorized Representative
Telephone Number	Date

Regarding LIHWAP Payments:

Mailing Address	Printed Name of Contact Person
City, State, Zip	Telephone Number
	Email Address

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Appendix I

Fair Administrative Hearing Notice

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LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)
FAIR ADMINISTRATIVE HEARING NOTICE

_____

_____

_____

Dear _____:

This is to notify you that your hearing request for the Water/Wastewater Assistance Program has been received. Your request for a fair hearing has -

A. Been denied because:

- ☐ Your written request for a hearing was not received within 45 days from the date of our notice to you concerning your application.
- ☐ The basis for your hearing request does not meet the agency's definition of when a hearing is to be granted to a household.
- ☐ Other. Explain: _____

B. ☐ Been withdrawn

C. ☐ Been considered abandoned

D. ☐ Been accepted

If accepted, your hearing is set for _____ (Date) and will be held at the _____ _____ (Location) at _____ (Time). If you cannot attend the hearing, you must notify the Director of the _____ _____ (Agency) that you cannot attend on the scheduled date. If you wish to telephone, the number to call is _____. If the Director is not in when you call or when you go by the office, then tell the office representative you talk with who you are and leave your message. You have a right to be represented by any other person of your choice at the hearing.

The failure of you or your representative to attend the hearing without good reason will constitute abandonment of your hearing request unless a good reason for such failure to appear exists. The local agency will determine whether the reason is acceptable.

LIHWAP-106
Reviewed 2022

INSTRUCTIONS FOR HEARING NOTICE

This form is to be used by local agencies for purposes of notifying the household of the local agency's decision of whether the request for a fair hearing will be granted.

Complete and mail this form to the household within five (5) days from the date of receipt of a written request for a fair hearing.

This form may be handwritten.

DISTRIBUTION:

Original copy - Mailed or given to the household.
Second copy - Maintained in the case record.

Appendix J

Fair Administrative Hearing Report

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COUNTY
CAA CASE NO. _____
CAA NAME _____

LOW-INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP)
FAIR ADMINISTRATIVE HEARING REPORT

PART I - - IDENTIFYING INFORMATION

Claimant's Name _____ Hearing Date _____
Claimant's Address_____ Hearing Time _____
_____

Present at the Hearing:
(1) Hearing Officer _____
(2) Claimant _____
(3) Claimant's Representative(s) _____
(4) Worker _____
(5) Others _____

PART II - - SUMMARY

☐ Check if additional material attached to this form

Issue at the Hearing: _____
_____
_____
_____

Findings: _____
_____
_____
_____

Recommendation(s) of Agency Hearing Officer: _____
_____
_____
_____

PART III - HEARING DECISION (To be completed by ADECA)

Upheld _____
Reversed _____
Reason for Reversal _____
_____
Action to be taken _____
_____

LIHWAP-107
Reviewed 2022

INSTRUCTIONS FOR FAIR ADMINISTRATIVE HEARING REPORT

This form is to be used by local agencies for purposes of initiating a fair administrative hearing in the LIHWAP.

The Agency Hearing Officer is to complete Parts I and II of the form and make two copies. Mail the original and one copy along with any additional material related to the issue(s) of the hearing to the ADECA within five days from the date of the hearing. Retain one copy of the form for your record.

Once ADECA makes a decision on the hearing, a copy of the form will be returned to you to be retained in the case record. ADECA will notify the agency and the claimant of the decision reached on the hearing.

Mail the material to:

Alabama Department of Economic and Community Affairs
Energy Division
P. O. Box 5690
Montgomery, Alabama 36103-5690

Attention: LIHWAP Program Manager

Appendix K

Erroneous Payment Review/Report

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LIHWAP - ERRONEOUS PAYMENT REVIEW/REPORT

ADMINISTRATIVE DATA

TYPE OF ERRONEOUS PAYMENT:	SSN	1ST REPORT? ☐ YES ☐ NO	
☐ CLIENT ERROR	AGENCY		
☐ AGENCY ERROR	CLIENT NAME		PHONE
☐ SUSPECTED FRAUD			
☐ OVERPAYMENT Amount $_____	CLIENT ADDRESS		COUNTY
☐ INELIGIBLE PAYMENT Amount $_____			

SUMMARY OF INFORMATION

Give a brief description of the erroneous payment to include: 1) Circumstances of the erroneous payment; 2) Worker statement; 3) Client statement; and 4) How you arrived at the dollar value. (Attach additional sheets if needed.)

DATE	INVESTIGATOR SIGNATURE	DIRECTOR SIGNATURE

ADECA USE ONLY

COMMENTS/RECOMMENDATIONS

DATE	SUPERVISOR	FILE

LIHWAP-119
Reviewed 2022

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Appendix L

Repayment Agreement

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COUNTY OF _____

STATE OF ALABAMA

NAME _____

S.S.N.: _____

REPAYMENT AGREEMENT

I, _____, understand and acknowledge that I have received payments or benefits under the Low-Income Household Water Assistance Program (LIHWAP) to which I was not entitled valued at and in the amount of $_____ from the _____ _____ Community Action Agency.

I agree and stipulate that I owe the Agency $_____ and I promise to pay that amount to the Agency in equal installments of $_____, and one installment of $_____ _____, such payments to begin on _____, 20___, and to be made by the _____ day of each month thereafter, until the full amount is paid.

I agree that if I fail to pay any of the installments under the terms of this agreement I shall be considered to be in default of this agreement and all of the installments comprising the balance of the entire amount due the agency may become immediately due and payable without notice or demand.

In case of any default in this agreement, I agree to pay any and all costs incurred in any steps taken to collect on the agreement. I further agree to pay the cost of any reasonable fee of any attorney hired to collect on this agreement.

I agree that this repayment agreement supersedes and replaces any repayment agreement here-to-fore signed by me for the above claim or over-issuance period.

Done this the _____ day of _____, 20_____.

_____
Signature

_____
Agency Representative

Witnessed: _____

_____

LIHWAP-120
Reviewed 2022

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