The Agricultural and Labor Program, Inc. The Arrivaltural and Labor Program, Inc. Acommunity ARTINERSHIP PARTNERSHIP ARTINERSHIP ARTINERSHIP

Low Income Home Water Assistance Program (LIHWAP) <u>Checklist for Application for Assistance</u>

This Checklist will aid you in submitting a complete application. If a question does not apply, enter "n/a" in the response section otherwise, complete all sections of the application.

 <u>Section 1</u> : Person applying for services, usually Head of Household, should complete this section.
 <u>Section 2</u> : Complete this section for all member of the Household, other than Head of Household. If only one person in the household, enter "n/a" in the first "Name" section. The other "Name" sections can be left blank.
 Sections 3 through 13: Complete as appropriate.
 <u>Section 14 – Supporting Documentation:</u> Check as appropriate.
 <u>Section 14 – Remaining Sections:</u> Review each Section.
 <u>Section 14 – Acknowledgment of Receipt of Notice:</u> Check as appropriate and sign under "Applicant Signature".
 Notice of Collection of Social Security Numbers: Review and sign.
 <u>LIHWAP Authorization for Release of Information Form:</u> Review, complete and sign appropriate sections.
REQUIRED DOCUMENTS
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Once complete, mail "Application" and "Required Documents" in the same envelope to:

The Agricultural and Labor Program, Inc. PO Box 3126
Winter Haven, FL 33885-3126