



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** November 17, 2022

Staff Contact: Darren Schulz, Public Works Director

Agenda Title: For Possible Action: Discussion and possible action regarding a Water and Sewer Assistance Program (“WSAP”) Vendor Agreement (“Agreement”) between the Nevada Department of Health and Human Services’ Division of Welfare and Supportive Services (“DWSS”) and Carson City for the City to accept water and sewer utility payments from DWSS on behalf of eligible users, and authorization for the Carson City Public Works Department Director to sign the Agreement. (Darren Schulz, dschulz@carson.org and Andy Hummel, ahummel@carson.org)

Staff Summary: A federal Low Income Household Water Assistance Program (“LIHWAP”) was created through the Consolidated Appropriations Act of 2021 and American Rescue Plan Act. DWSS was charged with administering the LIHWAP for the State of Nevada, as well as a successor program known as the WSAP. This program provides for payment of water and sewer utility bills by DWSS, on the behalf of eligible users who meet low-income household requirements and are in arrears on their account. The Agreement details the relationship and requirements between DWSS and the City.

Agenda Action: Formal Action / Motion **Time Requested:** Consent

Proposed Motion

I move to approve the Agreement as presented, and to authorize the Public Works Director to sign it.

Board's Strategic Goal

Sustainable Infrastructure

Previous Action

None

Background/Issues & Analysis

DWSS received approximately \$10 million in federal funding to administer a WSAP modeled after the federal LIHWAP. An informational meeting detailing the program was held on August 11, 2021. The presentation for that meeting is attached to this staff report.

Low income households that are unable to pay for water and sewer service, or are in arrears on their account, can apply to the DWSS for assistance. To facilitate the exchange of required information, the WSAP application requires applicants to sign an authorization consenting to the release of otherwise confidential information, like the utility account information the City holds for applicants, to DWSS.

If approved, the DWSS will confirm account status and balance with the City and provide payment to bring the account current directly to the City. The WSAP Agreement and DWSS’s Basic Processes and Procedures for

the WSAP program outline the requirements and responsibilities of both DWSS and the City. The City's requirements include accepting payment from the WSAP on behalf of eligible users, returning unused funds if an account has been closed and providing customer account information to the DWSS for determination of eligibility. The DWSS will be responsible for receiving, processing and reviewing applications to determine client eligibility; management of the program including maintaining records of amounts awarded; and processing payments to the City. The proposed Agreement provides for assistance to low income households within Carson City as well as a mechanism to maintain the associated utility accounts in good standing. City staff has no objection to the Agreement.

Applicable Statute, Code, Policy, Rule or Regulation

NRS 277.180; Consolidated Appropriations Act of 2021, Public Law No. 116-260, Title V, Division H, § 533.

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: Water User Fees (5208580- 441671) and Wastewater User Fees (5108080-441671) Utility Funds

Is it currently budgeted? No

Explanation of Fiscal Impact: Payments from DWSS will be made to Carson City water and wastewater utility accounts for eligible accounts in arrears.

Alternatives

Do not approve the proposed Agreement with DWSS and/or provide alternative direction.

Attachments:

[1-WSAP Vendor Agreement.pdf](#)

[2-WSAP Basic Processes and Procedures.pdf](#)

[3-FY 2023 EAPWSAP Application_English.pdf](#)

[4-FY 2023 EAPWSAP Application_Spanish.pdf](#)

[5-LIHWAP Informational Meeting_8.11.21.pdf](#)

Board Action Taken:

| | | |
|---------------|----------|---------|
| Motion: _____ | 1) _____ | Aye/Nay |
| | 2) _____ | _____ |
| | | _____ |
| | | _____ |
| | | _____ |

(Vote Recorded By)

**WATER AND SEWER ASSISTANCE PROGRAM
VENDOR AGREEMENT**

Between the State of Nevada
Department of Health and Human Services
Division of Welfare and Supportive Services (DWSS)
Energy Assistance Program-Water and Sewer Assistance Program (EAP-WSAP)

1470 College Parkway
Carson City, Nevada 89706-7924
Phone: (775) 684-0552 Fax: (775) 684-0680

And

**Carson City Public Works Department
3505 Butti Way
Carson City, NV 89701
775-777-7140**

This agreement between the Energy Assistance Program (EAP)-Water and Sewer Assistance Program (WSAP) and the undersigned company, Carson City Public Works Department, (hereinafter called Company) is made pursuant to the Low-Income Household Water Assistance Program (LIHWAP) authorized under Section 533 Title V of Division H of the Consolidated Appropriations Act, 2021, Public Law No: 116-260. The Company will assist the Division of Welfare and Supportive Services (DWSS) in the administration of the WSAP by providing the services designated within this agreement.

THE COMPANY AGREES TO:

1. Implement policies and procedures established by the WSAP for the payment, refund, and reconciliation of benefits, and ensure these policies and procedures are communicated to all appropriate Company employees.
2. Accept payment from the WSAP on behalf of eligible clients and credit the accounts specified in the transmittal documents. If the client has an account that is different from the one specified in the transmittal document or the client's account has been closed, the Company shall immediately contact the EAP –WSAP before crediting any portion of the payment.
3. If a client's and/or household's account has been closed and they no longer have an account with the Company, return unused WSAP benefits to the EAP-WSAP within thirty (30) days of closure of the client's and/or household's account with the Company unless the WSAP benefit was posted to the client's and/or household's account more than 12-months before the account closed; these funds would not be refunded to the EAP-WSAP. Send all refunded amounts to:

Division of Welfare and Supportive Services
Attention: Fiscal
1470 College Parkway
Carson City, NV 89706

4. Provide specific customer account information necessary for determining client/household eligibility and benefits and provide a 12-month water and/or sewer usage history for individual water and sewer assistance clients/households upon request of the EAP-WSAP.
5. For those WSAP clients/households requesting assistance with past due charges owed to the Company, the Company must provide: 1) specific customer account (arrearage) information necessary to establish the debt, and 2) the period of time the debt covers.
6. Accept payment promises from EAP-WSAP staff and provide the required client/household services in the monetary amount stipulated within 48 hours of the promise to pay.
7. Provide written reconciliations and confirmation that WSAP benefits have been credited to the appropriate accounts and if applicable, the date of service restoration or removal of disconnection status monthly by the 10th of the following month.
8. Not charge WSAP clients for any costs other than the difference between the actual and customary charges for the water or sewer services supplied and the payment provided under the WSAP.
9. Treat WSAP clients/households the same as any other Company customer.
10. Not discriminate against WSAP client/households in either the usual and customary cost of goods supplied, or the normal services provided.

THE ENERGY ASSISTANCE PROGRAM AGREES TO:

1. Review and process all water and sewer assistance applications.
2. Notify the applicant, in writing, the household is either: 1) eligible and the amount of the payment(s), to whom the payment(s) will be made, and the approximate payment date; or, 2) ineligible and the reason why.
3. Process benefit payments to the Company for credit to the accounts of eligible clients who list the Company as their vendor.
4. Accept and process refunds from the Company.
5. Maintain a record of the amounts awarded to eligible clients/households and payments made on their behalf.
6. Supply applications and informational materials, at no cost, to the Company.
7. Notify the Company of policies and procedures regarding the payment, refund, and reconciliation of benefits.

BOTH PARTIES MUTUALLY AGREE:

1. Both parties are independent contractors. If the Company meets the definition of an independent contractor under NRS 333.700 then all the provisions of NRS 333.700 apply.
2. This agreement shall be in effect from date of approval through September 30, 2023. It is further understood and agreed either party to this agreement may terminate this

agreement at any time by written notice sent by certified mail, return receipt requested, or delivered to the other party at least thirty (30) days prior to the effective date of termination.

3. Information/data provided to the EAP-WSAP by the Company shall remain confidential as required by NRS 422A.342 except as specified in this paragraph or as required by applicable laws. WSAP shall use such information for a client/household for the purpose of establishing the eligibility of and/or the benefit of a client/household.

Per NRS 422A.342, the Company shall not use or disclose any information provided by the EAP-WSAP concerning an applicant/recipient of WSAP services under this agreement for any purpose other than water and/or sewer assistance unless authorized by written consent of the customer or by an order signed by a judge compelling the information to be released.

4. To permit authorized state and federal personnel to monitor and/or audit the activities, procedures, cases, and accounting records subject to this agreement, and develop corrective action plans to rectify any exceptions noted in monitoring and/or audit reports that result in noncompliance with this agreement or federal/state statutes and regulations.
5. All services rendered under this agreement shall be provided in compliance with the Federal Civil Rights Act of 1964, and the Americans with Disabilities Act, as amended, and no person shall be unlawfully denied service on the grounds of age, race, creed, color, sex, national origin, or handicap.
6. To indemnify and save and hold each other, their agents, and employees harmless from any and all claims, causes of action or liability arising from the performance of this agreement by the parties or the parties' agents or employees.

Signature Date Title

Printed Name Company Name

ROBERT THOMPSON Date Administrator,
Division of Welfare and Supportive Services

Approved by the State of NV
Deputy Attorney General on
10/28/2021; 1/28/2022

Reviewed by DWSS Contract
Manager on 10/15/202; 1/28/2022

Water/Sewer Assistance Program (WSAP)

Basic Processes and Procedures

The Water and Sewer Assistance Program (WSAP) will assist low-income households with their water and wastewater costs and is administered by the State of Nevada Division of Welfare and Supportive Services (DWSS). The partnership between DWSS and the water and wastewater companies are vital for the success of the program. The following will layout the basic process and procedures for the DWSS and the WSAP partnered vendors.

Initial Information Needed

- The DWSS will receive an application completed by the customer requesting WSAP assistance. The application serves as a release of information, allowing DWSS to obtain the information necessary to complete an eligibility determination.
- A DWSS WSAP staff member will contact the company via the specified phone and/or email to obtain a 12-month water and/or sewer usage history (gallons, usage amount, and bill amount) for the applicant. If the WSAP applicant is requesting assistance for past due charges, the DWSS staff member will also request the arrearage amount owed to the vendor and the period of time the arrearages are for.
- When the company receives a request for usage/bill and/or arrearage information the company will provide the requested information within 24 hours but no later than 48 hours. Please note: this information must be received before an eligibility determination can be made for the applicant.
- Once an applicant is determined eligible for WSAP benefits the DWSS will send a notice to the household that specifies the company and the amount of the payment. If the applicant is determined ineligible the DWSS will send a notice to the household specifying the reason for ineligibility for the program.

Promise to Provide Payment

When an applicant is determined eligible for WSAP benefits the DWSS may request the company to stop a disconnection or negative action against a customer's account or reconnect services with our promise to pay the company the specified amount. The DWSS processes WSAP payments once per week.

- The company will accept payment promises from EAP-WSAP staff and provide the required household services in the monetary amount stipulated within 48 hours of the promise to pay.

Payment Posting for Eligible Customers

When an applicant is determined eligible for WSAP benefits the DWSS will send a payment via the State of Nevada Controller's office to the company's bank account. The payment will not have a breakdown of the accounts or amounts that should be posted. The payments are sent on a weekly basis for the applicants approved for benefits in the prior week.

- The DWSS will send a Vendor Payment Register document each week to the specified employee(s) at the company. The Vendor Payment Register will detail the amount of the total payment that should be posted to which customer's accounts.
- The company will post WSAP payments to the specified customer's account in the Vendor Payment Register document provided by WSAP.
- If the customer has an account that is different from the one specified in the transmittal document the Company shall immediately contact the DWSS office at 775-684-0731, or email energyassistance@dwss.nv.gov before crediting any portion of the payment.

Closed Accounts with Unused WSAP Funds

When an applicant is determined eligible for WSAP benefits the DWSS will send a payment to the company. A customer's account maybe closed when the payment is received, or the account may close at a later date and there may still be unused WSAP funds.

- If a payment is received for a customer and the customer's account has been closed, the Company shall immediately contact the DWSS office at 775-684-0731, or email energyassistance@dwss.nv.gov before crediting any portion of the payment.
- If a customer's account has been closed and they no longer have an account with the Company, return unused WSAP benefits to the DWSS within thirty (30) days of closure of the customer's account with the Company. Note: If the WSAP benefit was posted to the customer's account more than 12-months before the account closed; these funds would not be refunded to the EAP-WSAP.
- The company will send all refund amounts to the DWSS at the following address:

Division of Welfare and Supportive Services
Attention: Fiscal
1470 College Parkway
Carson City, NV 89706

Reconciliation of WSAP Payments

Due to Federal Regulations, the DWSS must verify the WSAP payments issued were posted to the correct accounts and when applicable the date of service was restored for a customer, or the pending disconnection was removed.

- By the 10th of each month for the previous month, the company must provide written reconciliation and confirmation that the WSAP benefits paid to the company by DWSS were credited to the appropriate accounts, the date the service was restored or pending disconnection was removed. This documentation can be provided in various formats such as a spreadsheet with data downloaded from the company's system, printouts of the accounts showing the needed information, etc.

General Guidelines/Information

- Treat WSAP customers/households the same as any other Company customer.

- Do not charge WSAP customers for any costs other than the difference between the actual and customary charges for the water or sewer services supplied and the payment provided under the WSAP.
- Do not discriminate against WSAP customers/households in either the usual and customary cost of goods supplied, or the normal services provided.
- If a household calls the company regarding the posting of their WSAP benefit after the household has received a Notice of Decision from DWSS, the company can ask the customer if they received the letter stating they are eligible and let them know it will be posted no later than one month after the letter date or you can refer them to contact DWSS at the number on the top of the notice.
- If WSAP applications are needed contact the WSAP office via email at energyassistance@dwss.nv.gov or call 775-684-0731.
- If you have any questions regarding the Vendor Agreement, payments, or the processes/procedures, please call Betsy Randell at 775-684-0552.

Division of Welfare and Supportive Services
**ENERGY ASSISTANCE PROGRAM &
 WATER AND SEWER ASSISTANCE PROGRAM
 APPLICATION**

The **Energy Assistance Program (EAP)** is designed to help eligible Nevada households with their annual heating and electric costs. The **Water and Sewer Assistance Program (WSAP)** is designed to help eligible Nevada households with their water and sewer costs.

*** INCOME REQUIREMENTS ***

The total gross monthly income of all household members may not exceed the amounts shown in the chart below.

| YOUR HOUSEHOLD'S GROSS MONTHLY INCOME MAY NOT EXCEED: | | | | | |
|--|---------------|----------------|-----------------|---------------|----------------|
| Persons in Home | Annual Income | Monthly Income | Persons in Home | Annual Income | Monthly Income |
| 1 | \$20,385 | \$1,698.75 | 5 | \$48,705 | \$4,058.75 |
| 2 | \$27,465 | \$2,288.75 | 6 | \$55,785 | \$4,648.75 |
| 3 | \$34,545 | \$2,878.75 | 7 | \$62,865 | \$5,238.75 |
| 4 | \$41,625 | \$3,468.75 | 8 | \$69,945 | \$5,828.75 |

(For families/households with more than 8 persons, add \$7,080 to the annual income for each additional person).

Households with a chronic or long-term illness, who pay out of pocket medical expenses and whose gross income exceeds the income guidelines may have their countable income reduced by verified qualifying expenses.

Households that are eligible for EAP are categorically eligible for WSAP if the household is eligible for water and sewer benefits.

*** BENEFITS ***

Eligible households receive an annual one-time-per-year benefit called a “fixed annual credit” customarily paid directly to their energy, water, and sewer provider(s). The benefit shows as a credit on the bill.

MINIMUM PAYMENT – The minimum yearly payment for eligible households is \$240.

*** WHEN TO APPLY ***

- ➔ If your family is not currently on the program and you meet the income requirements, apply **NOW**.
- ➔ If you received an EAP benefit during the past 12 months, a notice will be mailed to you when it is time to reapply for EAP. If you submit an application prior to the date you’re eligible to reapply, the application will be denied.

*** WHAT DO I NEED? ***

Submit a completed application with the required verification. Suggested income verifications are noted on the back of this page. To get answers to other questions, call:

| | |
|------------------|----------------|
| Reno/Carson City | (775) 684-0730 |
| Las Vegas | (702) 486-1404 |
| Toll Free | (800) 992-0900 |

Visit our website at: <http://dwss.nv.gov> for more information on the program requirements.

You can find information about the Weatherization Assistance Program at:

<http://housing.nv.gov/programs/Weatherization/>

DOCUMENTATION EXAMPLES OF REQUIRED PROOF OF INCOME

All documentation sent with your application can be either originals or photocopies. If you are unable to photocopy the originals, our office will copy the material and if requested we will send it back after your case has been processed.

Earned Income: Includes income from employment, self-employment (see below), child care services, house cleaning, and/or any service for which you are paid. Provide copies of check stubs (if paid in cash, a statement from the person who paid you for a service) for at least the last thirty (30) consecutive days. If paid weekly – 4 check stubs; paid bi-weekly or semi-monthly – 2 check stubs. If you do not have check stubs, a signed and dated statement on letterhead from your employer stating your gross income for the last thirty (30) days and how often you get paid, is acceptable. If working through an employment agency or on-call provide proof of the last 12 months of income.

Self-Employment/Non-Profit Business Income: May include profit and loss statements signed by the applicant detailing gross income and expenses (receipts must be provided for deductions) during the last 12 months, a copy of the sales tax statement showing gross net proceeds, financial statements, a loan application listing income and expenses for the last 12 months, or DWSS Form 2011 that includes receipts for allowable deductions. Allowable deductions include: cost of goods sold, supplies and materials, advertising, accounting and legal fees, wages paid to employees, office space rent/mortgage, telephone, utilities, transportation costs necessary to produce income, etc.

Unearned Income: Includes income from the Social Security Administration, Veterans Administration, pensions, disability, military service, unemployment, child support, alimony, interest, dividends, regular insurance or annuity payments. **If you are receiving *Social Security, SSI, Veterans Benefits, pensions, disability income, military income or unemployment*:** provide copies of the benefit verification form or award letter for the current year showing any cost of living raises. **If you are receiving *child support/alimony income*:** provide a copy of divorce decree/separation/settlement agreement, or dated letter from the person paying the support (to include name, address and phone number), or a copy of the last check/statement from the child support enforcement agency. **If you are receiving *interest income/dividends*:** provide 12 months of bank account statements, certificates of deposit or other documentation that contains details and is signed by the financial institution, or a broker's quarterly statement showing earnings.

Cash Contributions and/ or Recurring Gifts: If someone is helping you pay your expenses **or** is giving you money: provide a signed statement from each person that includes their name, address, phone number, if the assistance will continue, and the amount provided to you during the last six months. Provide a signed and dated statement by the person providing the money indicating the amount of support, how often it is paid, when the arrangement began, and whether it is paid directly to a vendor or in cash to you. The statement must include the contributor's printed name, address(es), and phone number(s).

Student Income: Includes ALL scholarships and grants, e.g., Pell Grant, Federal Supplemental Educational Opportunity Grant (FSEOG), Veterans Administration educational benefits, etc. Please provide written confirmation of the amount of assistance, and the educational institution's written confirmation of the cost for the prior two (2) semesters and summer school (if applicable) of the student's tuition, fees, books and equipment. If benefits are paid directly to the student, copies of the latest benefit checks or canceled checks or receipts for tuition, fees, books, and equipment are acceptable.

Public Assistance Income: Includes but is not limited to TANF, county general assistance, Clark County Social Services, or American Indian/Alaska Native General Assistance. Provide a written statement from the public agency with the amount paid during the last month, or a copy of the award letter or check.

PLEASE NOTE: 1099 and W-2 forms by themselves are not acceptable as proof of income.

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
ENERGY ASSISTANCE PROGRAM & WATER AND SEWER ASSISTANCE PROGRAM

MAIL **OR** FAX YOUR APPLICATION TO ONE OF THE OFFICES LISTED BELOW
 OR EMAIL YOUR APPLICATION TO: ENERGYASSISTANCE@DWSS.NV.GOV

LAS VEGAS / NORTH LAS VEGAS
 3330 E. Flamingo Rd., #55, Las Vegas, NV 89121
 Telephone: (702) 486-1404 Fax: (702) 486-1441

OFFICE FOR ALL OTHER AREAS
 2527 N. Carson Street, Suite 260, Carson City, NV 89706
 Telephone: (775) 684-0730 Fax: (775) 684-0740

APPLICATION FOR ASSISTANCE

Please complete every section and answer each question. Sign the application and the Rights and Obligations form. Failure to complete all sections and questions and/or sign the application and Rights and Obligations, OR provide the requested documentation noted on the application, will delay processing your application and may result in your application being denied.

A. APPLICANT/HOUSEHOLD INFORMATION

Please select program/s applying for: EAP WSAP Both

Complete the following for every person living in your home, **including** yourself (*attach an additional page if necessary*). The first name on the application should be the applicant (person listed on the utility bill who resides in the home). Provide proof of identity for the applicant.

Ethnicity – Please choose one of the following codes for each household member- H- Hispanic/Latino, N-Non-Hispanic/Latino, or X-Prefer not to say

Race – Please choose one of the following codes for each household member: A-Asian, B-Black or African American; I-American Indian or Alaska Native; J-American Indian or Alaska Native and White; L-Asian and White; M-Black or African American and White; N-American Indian or Alaska Native and Black or African American; U-Native Hawaiian or Other Pacific Islander; W-White; Z-2 or more combinations not listed above or X-Prefer not to say

Gender-Please choose one of the following codes for each household member-M-Self-Identified Male, F-Self-Identified Female, or O-Other

Sexual Orientation-Please choose one of the following codes for each household member-A-Asexual, B-Bisexual, F-Fluid, GL-Gay/Lesbian, H-Heterosexual, P-Pansexual, Q-Queer, O-Other, or X-Prefer not to say

| Name (Last, First, Middle) (<i>Jr., Sr., III</i>) | Relationship to You | Ethnicity | Race | Gender | Sexual Orientation | Date of Birth (mm/dd/yy) | Age | U.S. Citizen or Eligible *Non- citizen | | Disabled | | Social Security Number |
|---|------------------------|-----------|------|--------|-----------------------|--------------------------------|-----|--|----|----------|----|------------------------|
| | | | | | | | | Yes | No | Yes | No | |
| | SELF | | | | | | | | | | | |
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Are there additional people in your home? YES NO If "YES," list them on a separate sheet of paper.

Home Address (include apartment or unit number) City State Zip

Mailing Address (*If different from your home address.*) City State Zip

Home Phone () Day/Message/Cell Phone () E-mail Address

***List the names of non-citizen household members authorized as legal residents of the United States:**

***Provide copies of the front and back of their I-551 (Resident Alien Card) with this application.**

B. DWELLING INFORMATION

Renters: Provide a complete signed copy of rent or lease agreement dated within the last 12 months, listing every person living in the home(s). If subsidized, provide signed Housing documents listing every person in the home, rent and utility rebate.

Buyers/Owners: Provide copy of mortgage statement, or proof of payoff, or current tax information.

1. Dwelling Type: House Apartment Condo/Townhome Rent Room Mobile Home
 Duplex Motel/Hotel Studio Travel Trailer Other: _____
2. Dwelling Cost: Rent \$ _____ Subsidized Rent \$ _____ Space Rent \$ _____
 Buy \$ _____ Own When did you pay off your mortgage? _____
3. Rent/Buyers only: Landlord, Project/Complex, Mortgage Company Name: _____
Address: _____ Telephone No.: () _____
4. Do you reside in subsidized housing where heating and electric are included in the rent? YES NO
IF YES, select all that apply: Section 8 Section 42 Other: _____

C. HELP US BETTER SERVE OTHERS

How did you hear about the Energy Assistance Program? Check one that most applies:

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Friend | <input type="checkbox"/> Previous EAP Participant | <input type="checkbox"/> Other: <i>Please identify</i> |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Landlord | <input type="checkbox"/> Received Notice in Mail | _____ |
| <input type="checkbox"/> Print Media | <input type="checkbox"/> Utility Company (flyer or employee) | <input type="checkbox"/> Social Service Employee | |

D. UTILITY INFORMATION

Water and Sewer Providers

WATER SERVICE (Attach Copy of Bill)

Check one that applies:

- Receive bill from water company
 Water service included in rent/mortgage
 Pay separate bill to landlord for water service

(Water Company Name)

(Water Account Number)

(Name on Account)

Is the person listed on the account your landlord? YES NO

(If the account holder does not live with you provide their address, telephone number, relationship to you, proof of identity for the person who is named on the water bill, and a statement authorizing you to apply for benefits on their behalf.)

SEWER SERVICE (Attach Copy of Bill)

Check one that applies:

- Receive bill from sewer company
 Sewer service included in rent/mortgage
 Pay separate bill to landlord for sewer service

(Sewer Company Name)

(Sewer Account Number)

(Name on Account)

Is the person listed on the account your landlord? YES NO

(If the account holder does not live with you provide their address, telephone number, relationship to you, proof of identity for the person who is named on the water bill, and a statement authorizing you to apply for benefits on their behalf.)

Do you have past due charges with your water provider and want assistance to pay this debt? YES NO

Do you have past due charges with your sewer provider and want assistance to pay this debt? YES NO

Energy Providers

ELECTRIC SERVICE (Attach Copy of Bill)

Check one that applies:

- Receive bill from utility company
 Electric service included in rent/mortgage
 Pay separate bill to landlord for electric service

HEATING SERVICE (Attach Copy of Bill)

Check one that applies:

- Receive bill from heating company
 Heating service included in rent/mortgage
 Pay separate bill to landlord for heating service

(Electric Company Name)

(Heating Company Name)

(Electric Account Number)

(Heating Account Number)

(Name On Account)

(Name On Account)

Is the person listed on the account your landlord? YES NO
 (If the account holder does not live with you provide their address, telephone number, relationship to you, proof of identity for the person who is named on the utility bill, and a statement authorizing you to apply for benefits on their behalf.)

Is the person listed on the account your landlord? YES NO
 (If the account holder does not live with you provide their address, telephone number, relationship to you, proof of identity for the person who is named on the utility bill, and a statement authorizing you to apply for benefits on their behalf.)

ARREARAGE ASSISTANCE (Once every five years)

ARREARAGE ASSISTANCE (Once every five years)

Do you have past due charges with your electric utility and want assistance to pay this debt? YES NO

Do you have past due charges with your heating utility and want assistance to pay this debt? YES NO

If your energy provider is NV Energy or Southwest Gas, you need to provide a copy of your current utility bill. For all other energy providers, proof of the last 12 months of usage in dollars and *therms, watts and/or gallons* for your current address will be required. Proof can be in the form of your last 12 months bills or a print-out from your energy provider.

E. HOW DO YOU WANT YOUR EAP BENEFIT PAID?

Choose how you want your EAP benefits paid: (Mark ONLY One)

- Split my benefit between my electric and heating provider. Pay my entire benefit to my heating provider. Pay my entire benefit to my electric provider.

If you choose a split payment your benefit will be split between both of your energy providers not to exceed your annual usage per provider. The benefit may not be an equal 50/50 split.

If you choose a single payment your benefit will be paid to cover your annual usage for that provider, and if there is a remaining balance, it will be paid to your second provider.

If you do not choose one of the options above, your benefit will be split between both providers not to exceed the annual usage per provider.

F. INCOME

1. **EARNED INCOME:** Does any member of the household, regardless of age, work? YES NO **If YES, complete the information below: (Include self-employment, business, child care, housecleaning, odd jobs, temp agencies, and non-profit organization income)**

| NAME OF PERSON WORKING | EMPLOYER | DATE OF HIRE | TYPE OF WORK | GROSS PAY PER CHECK | HOW OFTEN PAID | TIPS PER MONTH |
|------------------------|----------|--------------|--------------|---------------------|----------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

List all household members, age 18 or older, who are not currently employed:

| NAME OF PERSON | FORMER EMPLOYER | DATE LAST WORKED | GROSS PAY PER CHECK | DO YOU EXPECT RE-EMPLOYMENT or PENDING SSI? If YES, explain. |
|----------------|-----------------|------------------|---------------------|--|
| | | | | |
| | | | | |
| | | | | |

Attach copies of all check stubs or other proof of gross income for at least the last thirty (30) days even if the person is no longer employed. 1099s and W-2s by themselves are not acceptable proof of income. EXCEPTION: Self-employment requires 12 months profit and loss statements.

2. **UNEARNED INCOME:** Complete the following, indicating who, if anyone, receives money or benefits from the sources listed below. You must mark YES or NO for each income type and attach proof of all unearned income. **1099s and W-2s by themselves are not acceptable proof of income.**

| YES | NO | INCOME TYPE | PERSON RECEIVING | GROSS AMOUNT | FREQUENCY |
|--------------------------|--------------------------|--|------------------|--------------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Alimony | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Boarders / Roomers (<i>Attach notarized proof of rental or lease</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Contribution / Gifts / Church or Charitable Donations | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational Assistance / Student Loans (<i>Attach proof of tuition, books and supplies for prior TWO semesters</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Food Assistance (Supplemental Nutrition Assistance Program-SNAP) In Nevada? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, which State? | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Foster Care | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | County Assistance / General Assistance | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Interest / Dividends / Annuities / Royalties | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Loans | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Lump Sum Payments (<i>Settlements / Back Pay, etc.</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Income / Allotment | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Mining Claims | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Panhandling | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pensions / Retirement | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Property Rentals / Sale | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Railroad Retirement | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Room Rental (<i>Attach notarized proof of rental or lease</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Benefits (RSDI) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Strike Benefits | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Subsidized Housing | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Security Income (SSI) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Supported Living Arrangement (SLA) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF Assistance | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tribal Assistance / Indian General Assistance (IGA) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Trust Income (<i>Provide proof if it is not accessible</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Insurance | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Utility Allowance / Rebate Check | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Veterans Benefits | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Winnings | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Worker's Compensation or Temporary Disability | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | | | |

MEETING EXPENSES:

1. If the household expenses (e.g. rent, utilities, food, etc.) are more than your household's income, explain how you are able to meet these expenses.
2. If someone is helping you meet your expenses or is giving you money, you must provide a signed statement from each person that includes their name, address, telephone number and amount of help they provided to you during each of the last six months. Below, fill out the information of the person(s) who provided you a statement:

| Name of Person Assisting | Address | Phone Number | Amount | How often |
|--------------------------|---------|--------------|--------|-----------|
| | | | | |
| | | | | |

Do you expect any changes in the household's income or benefits? YES NO
 If YES, what? _____ When? _____

Changes in income prior to certification will be used to determine eligibility.

G. RESPONSIBILITY

Information provided in this application is subject to verification and investigation by federal, state and local officials. If you make a false or misleading statement, misrepresent, conceal, or withhold facts, or fail to report changes to establish or maintain eligibility for energy assistance or water and sewer assistance, your benefits may be denied, terminated or reduced. You are responsible for repayment of all monies, services and benefits for which you were not entitled. Additionally, you may also be barred from program participation, criminally prosecuted and/or otherwise penalized according to state and federal law.

Have you ever been determined to have committed an Intentional Program Violation (IPV)? YES NO
If YES, in what State? _____

H. AUTHORIZATION

By signing this application, I am authorizing the Department of Health and Human Services to make any investigation concerning me or any other member of my household which is necessary to determine eligibility for benefits received or to be received under programs administered by the Division of Welfare and Supportive Services. I hereby authorize and consent to the release of any and all information concerning me and/or my household members to the Division of Welfare and Supportive Services by the holder of the information regardless of the manner or form held, including by, without limitation, wage information, information made confidential by law or otherwise privileged under NRS 422A.342 or any other provision of law or otherwise. I authorize the Energy Assistance Program to release information about my household, to include energy usage information, to the State of Nevada Housing Division, Weatherization Assistance Program, for potential eligibility in weatherizing my residence. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. **I ACKNOWLEDGE THAT A REPRODUCED COPY OF THIS AUTHORIZATION LEGALLY CONSTITUTES AN ORIGINAL COPY.**
Initials _____

If I am 60 years of age or older, I hereby consent to the disclosure of my identity and waive my rights as an older person to have my identity kept confidential. I hereby release the holder of information from liability, if any, resulting from the disclosure of the required information. **Initials** _____

I consent that the Division of Welfare and Supportive Services or its representatives may survey my energy, water or sewer usage, advise providers of assistance grants, and status at the time of certification. I consent that the Division of Welfare and Supportive Services use Social Security Numbers (SSNs) provided in this application to verify factors of Energy Assistance Program and Water and Sewer Assistance Program eligibility, which may include automated data exchange with the Social Security Administration.

I agree to notify the Energy Assistance Program/Water and Sewer Assistance Program of any changes in my household circumstances that may affect my energy assistance and/or water and sewer assistance benefits. I understand failure to report changes may cause an overpayment which I would be responsible to pay back and could even be prosecuted by a court of law. I swear I have honestly reported the citizenship of myself and anyone I am applying for.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

Print Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

Print Name of Other Adult Member(s) in Household: _____

Signature of Other Adult Member(s) in Household: _____ **Date:** _____

Print Name of Other Adult Member(s) in Household: _____

Signature of Other Adult Member(s) in Household: _____ **Date:** _____

WITNESS: (Use if applicant cannot read or write or is blind.) I have assisted with the completion of this application for Energy Assistance Program and/or Water and Sewer Assistance Program. The information in this application has been read to the applicant and I have witnessed the above signature.

Print Name of Witness

Signature of Witness

Date

**Division of Welfare and Supportive Services
ENERGY ASSISTANCE PROGRAM & WATER AND SEWER ASSISTANCE PROGRAM
NOTICE OF RIGHTS AND OBLIGATIONS**

****** PLEASE READ AND SIGN BELOW ******

A. You have the following RIGHTS:

1. No person will be discriminated against for any reason, e.g., race, age, color, religion, sex, disability, handicap (including AIDS and AIDS related conditions), political belief or national origin, in any program administered by the Division of Welfare and Supportive Services. When the Energy Assistance Program (EAP) or Water and Sewer Assistance Program (WSAP) pays another agency, institution, or person to provide EAP or WSAP services to a household, the provider is not permitted to discriminate for any reason. Violations of discrimination shall be promptly reported to the Energy Assistance Program and Water and Sewer Assistance Program office, the Division of Welfare and Supportive Services Administrator, 1470 College Parkway, Carson City, Nevada 89706-7924, (775) 684-0500, the U.S. Office for Civil Rights (OCR), Department of Health and Human Services, 50 United Nations Plaza, San Francisco, California 94102, (415) 437-8310, TDD (415) 437-8311 or by calling toll free 1-800-368-1019.
2. You have the right to a conference if you believe you have been unfairly treated or a mistake has been made concerning your eligibility for assistance. To request a conference, write or call the Energy Assistance Program or the Water and Sewer Assistance Program.
3. You have the right to a hearing if you are not satisfied with the agency's action affecting your assistance if you request the hearing, in writing, within ninety (90) days of the agency's action/decision, unless the sole issue for the agency's action/decision is one of state or federal law requiring automatic benefit adjustment. You have the right to a hearing if your application is denied, acted upon erroneously, or not acted upon with reasonable promptness, or if your benefits have been reduced.
4. You have the right to a mailed notice of decision telling you if you are eligible for program benefits and in what amount, to whom payments will be made, and the approximate payment date(s); **or** a notice informing you that you are not eligible for program benefits and why.
5. Program staff are required to:
 - Inform applicants of the eligibility requirements for the program;
 - Counsel on required documents; and/or
 - Provide assistance to the applicant when needed.

B. You have the following OBLIGATIONS:

1. Notify the Energy Assistance Program or the Water and Sewer Assistance Program **within ten (10) calendar days** of any of the following:
 - Any change in your household income **or** household size (number of people residing in the household);
 - If you change utility companies; or
 - If you move anytime after submitting your application.

Note: Failure to do so may delay processing your application or result in denial of benefits or a reduction in benefits.

2. Respond to any requests for additional information needed to process your application **within ten (10) calendar days**. It is your responsibility to ensure the requested materials are mailed or faxed early enough to meet the deadline provided to you. Neither the Energy Assistance Program nor the Water and Sewer Assistance Program are responsible for lost or misdirected mail, or faxes. (Be sure your name and SSN or UPI are on all documents/correspondence.)
3. Cooperate with the Energy Assistance Program and the Water and Sewer Assistance Program in its efforts to secure all information necessary to determine eligibility or benefits.

C. SPECIAL NOTE:

1. If you are applying for the Energy Assistance Program or the Water and Sewer Assistance Program, you may receive help with your utility bills. **BUT REMEMBER, YOU MUST KEEP PAYING YOUR BILLS WHEN THEY ARE DUE.** If you do not pay them, the company can charge more money for paying late. The utility company can even turn off your service and you may be required to pay a deposit before they will turn your service on again. ***If you cannot pay your bill, contact the utility company, and try to make payment arrangements.***
2. Persons found guilty of intentionally violating program rules will be ineligible for program participation for one (1) year for the first violation, two (2) years for the second violation, and permanently barred from the program for the third violation.

My signature below indicates I understand the Rights and Obligations as an applicant for the Energy Assistance Program and/or Water and Sewer Assistance Program.

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Print Name of 2nd Adult: _____

Signature of 2nd Adult: _____

Date: _____

**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW,
WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?**

(Please check one)

YES NO

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

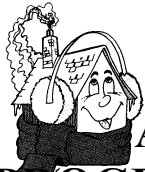
IMPORTANT NOTICE: Applying to register or declining to register to vote **WILL NOT AFFECT** the amount of assistance you will be provided by this agency.

Signature

Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.



División de Bienestar y Servicios de Apoyo Social

SOLICITUD DE ASISTENCIA PARA SERVICIOS DE ENERGÍA Y PROGRAMA DE ASISTENCIA DE AGUA Y ALCANTARILLA

El Programa de Asistencia para Servicios de Energía (EAP) está diseñado para ayudar a hogares elegibles de Nevada con sus costos anuales de calefacción y electricidad.

* REQUISITOS DE INGRESOS *

El total de los ingresos mensuales en bruto de todos los miembros del hogar no puede exceder las cantidades indicadas en la siguiente tabla.

| LOS INGRESOS MENSUALES EN BRUTO DE SU HOGAR NO PUEDEN EXCEDER: | | | | | |
|---|------------------|--------------------|----------------------|------------------|--------------------|
| Personas en el hogar | Ingresos anuales | Ingresos mensuales | Personas en el hogar | Ingresos anuales | Ingresos mensuales |
| 1 | \$20,385 | \$1,698.75 | 5 | \$48,705 | \$4,058.75 |
| 2 | \$27,465 | \$2,288.75 | 6 | \$55,785 | \$4,648.75 |
| 3 | \$34,545 | \$2,878.75 | 7 | \$62,865 | \$5,238.75 |
| 4 | \$41,625 | \$3,468.75 | 8 | \$69,945 | \$5,828.75 |

(Para familias/hogares con más de 8 personas, añada \$7,080 a los ingresos anuales para cada persona adicional.)

Los hogares en donde vive alguien con una enfermedad crónica o de larga duración, que pagan gastos médicos por cuenta propia y cuyos ingresos en bruto exceden las normas de ingresos, pueden tener sus ingresos contables reducidos por gastos calificados verificados.

Los hogares que son elegibles para EAP son categóricamente elegibles para WSAP si el hogar es elegible para beneficios de agua y alcantarilla.

* BENEFICIOS *

Los hogares elegibles reciben un beneficio anual, una vez por año, llamado “crédito anual fijo” que normalmente se paga directamente a sus proveedores de energía, agua y alcantarilla. El beneficio aparece como un crédito en la factura.

PAGO MÍNIMO – El pago mínimo anual para los hogares elegibles es de \$240.

* ¿CUÁNDO SOLICITAR ASISTENCIA? *

- ➔ Si su familia no está inscrita actualmente en el programa y cumple con los requisitos de ingresos, solicite **AHORA**.
- ➔ Si recibió un beneficio de EAP durante los últimos 12 meses, se le enviará por correo una notificación cuando sea necesario volver a solicitar EAP. Si entrega una solicitud antes de la fecha de elegibilidad para volver a solicitar, la solicitud será negada.

* ¿QUÉ NECESITO? *

Complete la solicitud de EAP y entréguela con la verificación requerida. Sugerencias para verificaciones de ingresos se indican al reverso de esta página. Para otras preguntas, llame al:

| | |
|-------------------|----------------|
| Reno/Carson City | (775) 684-0730 |
| Las Vegas | (702) 486-1404 |
| Teléfono gratuito | (800) 992-0900 |

Para obtener más información de los requisitos del programa visite nuestro sitio web: <http://dwss.nv.gov>.

Puede informarse acerca del Programa de Asistencia de Climatización en:

<http://housing.nv.gov/programs/Weatherization/>

EJEMPLOS DE DOCUMENTACIÓN REQUERIDA COMO COMPROBANTE DE INGRESOS

Toda la documentación enviada con su solicitud puede ser el original o una fotocopia. Si no puede fotocopiar los originales, nuestra oficina hará copias de los documentos y si lo pide, se los enviaremos después de procesar su caso.

Ingresos ganados: Incluyen ingresos de empleo, empleo por cuenta propia (ver a continuación), servicios de cuidado de niños, limpieza de casa, y/o cualquier servicio por el cual le pagan. Proporcione copias de sus talones de pago (si le pagan en efectivo, una declaración de la persona que le pagó por un servicio) por lo menos de los últimos treinta (30) días consecutivos. Si le pagan una vez por semana, proporcione 4 talones de pago. Si le pagan cada dos semanas o dos veces por mes, proporcione 2 talones de pago. Si no tiene talones de pago, es aceptable una declaración firmada y fechada en papel membretado, de su empleador indicando sus ingresos brutos de los últimos (30) días y la frecuencia de pago. Si está trabajando a través de una agencia de empleo o de guardia, proporcione comprobantes de ingresos de los últimos 12 meses.

Ingresos de Empleo por cuenta propia/Negocio sin fines de lucro: Pueden incluir estados de cuenta de ganancias y pérdidas firmados por el solicitante detallando los ingresos brutos y gastos (deben proporcionarse recibos de deducciones) durante los últimos 12 meses; una copia de la declaración de impuestos sobre las ventas con las ganancias brutas netas; estados financieros; una solicitud de préstamo con los ingresos y gastos de los últimos 12 meses; o el formulario 2011 de DWSS que incluye recibos para deducciones permitidas. Deducciones permitidas incluyen: los costos de bienes vendidos, útiles y materiales, publicidad, contabilidad y honorarios legales, salarios de empleados, renta/hipoteca de oficina, teléfono, servicios públicos, costos de transporte necesarios para producir ingresos, etc.

Ingresos no ganados: Incluyen ingresos de la Administración del Seguro Social, la Administración de Beneficios de Veteranos, pensiones, discapacidad, servicio militar, desempleo, manutención de niños, pensión alimenticia, intereses, dividendos o pagos periódicos de seguros o anualidades. **Si recibe ingresos del Seguro Social, SSI, Beneficios de Veteranos, pensiones, discapacidad, retiro militar o desempleo:** proporcione una copia del formulario de verificación del beneficio o carta de concesión del presente año con cualquier aumento por costo de vida. **Si recibe manutención de niños o pensión alimenticia:** proporcione copia de la orden de divorcio/separación/acuerdo o una carta fechada de la persona que paga la manutención (incluyendo su nombre, dirección y teléfono), o una copia del último cheque o estado de cuenta de la agencia de Servicios de Cumplimiento de la Manutención de Niños. **Si recibe intereses de ingresos o dividendos:** proporcione 12 meses de estados de cuentas bancarios, certificados de depósito u otra documentación detallada firmada por la institución financiera, o estado de cuenta trimestral del agente comercial con los ingresos.

Contribuciones monetarias v/o regalos recurrentes: Si alguien le está ayudando a pagar sus gastos o le está dando dinero, proporcione una declaración firmada por cada persona, con su nombre, dirección y número de teléfono, indique si la ayuda continuará, y la cantidad que le ha proporcionado durante los últimos seis meses. Proporcione una declaración firmada y fechada de la persona que proporciona el dinero indicando la cantidad de la ayuda financiera, la frecuencia con que se paga, cuándo comenzó el arreglo, y si se paga directamente a un vendedor o a usted en dinero en efectivo. La declaración debe incluir el nombre con letra de molde, dirección(es) y teléfono(s) del contribuyente.

Ingresos estudiantiles: Incluye TODO tipo de becas y subvenciones como la Beca Pell, Beca Federal Complementaria para la Oportunidad Educativa (FSEOG), beneficios de educación de la Administración de Beneficios de Veteranos, etc. Por favor proporcione confirmación por escrito de la cantidad de la ayuda y confirmación por escrito de la institución educativa del costo de la matrícula, cargos, libros y equipo para los dos (2) semestres anteriores y clases de verano (si es aplicable). Si los beneficios se pagan directamente al estudiante, se aceptan copias de los últimos cheques de beneficios o cheques cobrados o recibos de la matrícula, cargos, libros y equipo.

Ingresos de Asistencia Pública: Incluyendo pero no limitado a TANF, asistencia general del condado, Servicios Sociales de Clark County o Asistencia general para Indios Americanos/Nativos de Alaska. Proporcione una declaración por escrito de la agencia pública indicando la cantidad pagada durante el último mes o copia de la carta de concesión o cheque.

POR FAVOR TOME NOTA: No aceptamos los formularios 1099 o W-2 por sí solos como prueba de ingresos.

DIVISIÓN DE BIENESTAR Y SERVICIOS DE APOYO SOCIAL
**PROGRAMA DE ASISTENCIA PARA SERVICIOS DE ENERGÍA
 Y PROGRAMA DE ASISTENCIA DE AGUA Y ALCANTARILLA**

ENVÍE SU SOLICITUD A UNA DE LAS OFICINAS INDICADAS A CONTINUACIÓN POR CORREO **O** FAX
 O ENVÍE SU SOLICITUD POR CORREO ELECTRÓNICO A: ENERGYASSISTANCE@DWSS.NV.GOV

LAS VEGAS / LAS VEGAS NORTE
 3330 E. Flamingo Rd., #55, Las Vegas, NV 89121
 Teléfono: (702) 486-1404 Fax: (702) 486-1441

OFICINA PARA EL RESTO DEL ESTADO
 2527 N. Carson Street, Suite 260, Carson City, NV 89706
 Teléfono: (775) 684-0730 Fax: (775) 684-0740

SOLICITUD DE ASISTENCIA PARA SERVICIOS DE ENERGÍA

Por favor complete todas las secciones y conteste cada pregunta. Firme la solicitud y el formulario de Derechos y Obligaciones. El no completar todas las secciones y preguntas y/o no firmar la solicitud y los Derechos y Obligaciones O no proporcionar la documentación requerida indicada en la solicitud, retrasará el proceso de su solicitud y puede resultar en la negación de la solicitud.

A. INFORMACIÓN DEL SOLICITANTE/HOGAR

Por favor seleccione programas que solicitan: EAP WSAP Ambos

Complete lo siguiente para todas las personas que viven en su hogar, **incluyendo** a usted (*adjunte hojas adicionales si es necesario*). El primer nombre en la solicitud debe ser el del solicitante (la persona en el hogar que aparece en la factura de servicios públicos). Proporcione prueba de identidad para el solicitante.

Origen étnico - Por favor elija uno de los siguientes códigos para cada miembro del hogar: H-Hispano/Latino; N-No Hispano o Latino, o X-Preferir no divulgar

Raza - Por favor elija uno de los siguientes códigos para cada miembro del hogar: A-Asiático; B-Negro o Afroamericano; I-Indio Americano o Nativo de Alaska; J-Indio Americano o Nativo de Alaska y Blanco; L-Asiático y Blanco; M-Negro o Afroamericano y Blanco; N-Indio Americano o Nativo de Alaska y Negro o Afroamericano; U-Nativo de Hawái u Otro isleño del Pacífico; W-Blanco; Z-2 o más combinaciones no indicadas anteriormente o X-Preferir no divulgar

Género - Por favor elija uno de los siguientes códigos para cada miembro del hogar: M-Se identifica como Masculino, F-Se identifica como Femenina, o O-Otro

Orientación sexual - Por favor elija uno de los siguientes códigos para cada miembro del hogar: A-Asexual, B-Bisexual, F-Variable, GL-Gay/Lesbiana, H-Heterosexual, P-Pansexual, Q-Queer, O-Otro, o X-Preferir no divulgar

| Nombre (apellido, primer nombre, segundo nombre) (Jr., Sr., III) | Parentesco con usted | Origen | Raza | Género | Orientación | Fecha de nacimiento (mm/dd /aa) | E D A D | Ciudadano de EE.UU. o *No ciudadano elegible | | Discapacitado | | Número de Seguro Social |
|---|-------------------------|--------|------|--------|-------------|---|------------------|---|----|---------------|----|----------------------------|
| | | | | | | | | Sí | No | Sí | No | |
| | Sí mismo | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

¿Hay más personas que viven en su residencia? SÍ NO Si la respuesta es "SÍ", enumérelas en una hoja por separado.

Dirección de su domicilio Ciudad Estado Código postal

Dirección en donde recibe correo (si es distinta a la dirección de su domicilio.) Ciudad Estado Código postal

Teléfono del hogar () Teléfono durante el día/Mensajes/Celular () Dirección de correo electrónico

***Anote los nombres de los miembros del hogar no ciudadanos autorizados como residentes legales de los Estados Unidos:**

***Proporcione copias de la parte del frente y de atrás de su I-551 (Tarjeta de Residente Permanente) con esta solicitud.**

B. INFORMACIÓN DE SU VIVIENDA

Inquilinos: Proporcione una copia completa y firmada del contrato de arrendamiento o alquiler, fechado dentro de los últimos 12 meses y con una lista de todas las personas que viven en la residencia(s). Si está subvencionado, proporcione documentos firmados de la División de Viviendas enumerando todas las personas en la residencia, el alquiler y el reembolso de servicios públicos.

Compradores/Propietarios: Proporcione una copia del estado de cuenta de la hipoteca o comprobante de amortización o información de impuestos actuales.

1. Tipo de vivienda: Casa Apartamento Condominio/Casa adosada Habitación alquilada Casa móvil
 Dúplex Motel/Hotel Estudio Caravana Otro: _____
2. Costo de vivienda: Renta \$ _____ Renta subvencionada \$ _____ Renta de espacio \$ _____
 Compra \$ _____ Dueño ¿Cuándo terminó de pagar su hipoteca? _____
3. Sólo inquilinos/compradores: Nombre del propietario, complejo de vivienda o empresa prestadora hipotecaria: _____
 Dirección: _____ No. de teléfono: (____) _____
4. ¿Reside en una vivienda subvencionada con la calefacción y electricidad incluidas en la renta? SÍ NO
 Si la respuesta es SÍ, seleccione todo lo aplicable: Sección 8 Sección 49 Otro _____

C. AYÚDENOS A SERVIR MEJOR A OTROS

¿Cómo se enteró acerca del Programa de Asistencia para servicios de Energía? Marque lo más aplicable:

- TV Amigo Participante anterior de EAP Otro: *Por favor especifique* _____
 Radio Propietario Notificación por correo _____
 Periódicos, revistas, etc. Compañía de servicios públicos (volante o empleado) Empleado de servicios sociales

D. INFORMACIÓN DE SERVICIOS PÚBLICOS

Proveedores de Agua y Alcantarilla

| SERVICIOS DE AGUA (Adjunte copia de la factura) | SERVICIOS DE ALCANTARILLA (Adjunte copia de la factura) |
|---|---|
| <p>Marque lo aplicable:</p> <input type="checkbox"/> Recibe una factura de la compañía de agua El servicio de agua está incluido en la renta/hipoteca Paga una factura por separado al propietario para el servicio de agua | <p>Marque lo aplicable:</p> <input type="checkbox"/> Recibe una factura de la compañía de alcantarilla El servicio de alcantarilla está incluido en la renta/hipoteca Paga una factura por separado al propietario para el servicio de alcantarilla |
| (Nombre de la compañía de agua) | (Nombre de la compañía de alcantarilla) |
| (Número de cuenta con la compañía de agua) | (Número de cuenta con la compañía de alcantarilla) |
| (Nombre en la cuenta) | (Nombre en la cuenta) |
| ¿El nombre que aparece en la cuenta es el del propietario? <input type="checkbox"/> SÍ <input type="checkbox"/> NO (Si el titular de la cuenta no vive con usted, proporcione su dirección, número de teléfono, la relación de esta persona con usted, prueba de identidad de la persona cuyo nombre aparece en la factura de servicios de agua y una declaración que le autoriza a solicitar beneficios en su nombre.) | ¿El nombre que aparece en la cuenta es el del propietario? <input type="checkbox"/> SÍ <input type="checkbox"/> NO (Si el titular de la cuenta no vive con usted, proporcione su dirección, número de teléfono, la relación de esta persona con usted, prueba de identidad de la persona cuyo nombre aparece en la factura de servicios de alcantarilla y una declaración que le autoriza a solicitar beneficios en su nombre.) |
| ASISTENCIA DE PAGOS ATRASADOS | ASISTENCIA DE PAGOS ATRASADOS |
| ¿Tiene pagos atrasados con su proveedor de agua y quiere ayuda para pagar esta deuda? <input type="checkbox"/> SÍ <input type="checkbox"/> NO | ¿Tiene pagos atrasados con su proveedor de alcantarilla y quiere ayuda para pagar esta deuda? <input type="checkbox"/> SÍ <input type="checkbox"/> NO |

Proveedores de Energía

| SERVICIO DE ELECTRICIDAD (Adjunte copia de la factura) | SERVICIO DE CALEFACCIÓN (Adjunte copia de la factura) |
|---|--|
| Marque lo aplicable: <input type="checkbox"/> Recibe una factura de la compañía de servicios públicos <input type="checkbox"/> El servicio de electricidad está incluido en la renta/hipoteca <input type="checkbox"/> Paga una factura por separado al propietario para el servicio de electricidad | Marque la fuente de calefacción principal: <input type="checkbox"/> Gas natural <input type="checkbox"/> Electricidad <input type="checkbox"/> Propano <input type="checkbox"/> Aceite combustible <input type="checkbox"/> Queroseno <input type="checkbox"/> Leña <input type="checkbox"/> Otro _____ Marque lo aplicable: <input type="checkbox"/> Recibe una factura de la compañía de servicios públicos <input type="checkbox"/> El servicio de calefacción está incluido en la renta/hipoteca <input type="checkbox"/> Paga una factura por separado al propietario para el servicio de calefacción |
| (Nombre de la compañía de electricidad) | (Nombre de la compañía de calefacción) |
| (Número de cuenta con la compañía de electricidad) | (Número de cuenta con la compañía de calefacción) |
| (Nombre en la cuenta) | (Nombre en la cuenta) |
| ¿El nombre que aparece en la cuenta es el del propietario? <input type="checkbox"/> SÍ <input type="checkbox"/> NO (Si el titular de la cuenta no vive con usted, proporcione su dirección, número de teléfono, la relación de esta persona con usted, prueba de identidad de la persona cuyo nombre aparece en la factura de servicios públicos y una declaración que le autoriza a solicitar beneficios en su nombre.) | ¿El nombre que aparece en la cuenta es el del propietario? <input type="checkbox"/> SÍ <input type="checkbox"/> NO (Si el titular de la cuenta no vive con usted, proporcione su dirección, número de teléfono, la relación de esta persona con usted, prueba de identidad de la persona cuyo nombre aparece en la factura de servicios públicos y una declaración que le autoriza a solicitar beneficios en su nombre.) |
| AYUDA CON PAGOS ATRASADOS (Una vez cada cinco años) | AYUDA CON PAGOS ATRASADOS (Una vez cada cinco años) |
| ¿Tiene pagos atrasados con su compañía de electricidad y quiere ayuda para pagar esta deuda? <input type="checkbox"/> SÍ <input type="checkbox"/> NO | ¿Tiene pagos atrasados con su compañía de calefacción y quiere ayuda para pagar esta deuda? <input type="checkbox"/> SÍ <input type="checkbox"/> NO |

Si su proveedor de energía es NV Energy o Southwest Gas, necesita proporcionar la factura de servicios públicos actual. Para los demás proveedores de energía, proporcione comprobantes de los últimos 12 meses de consumo para su dirección actual en dólares y termias, vatios y/o galones. Comprobantes pueden ser copias de las facturas de los últimos 12 meses o una copia impresa del proveedor de energía.

E. ¿CÓMO QUIERE QUE SE PAGUE SU BENEFICIO DE EAP?

Elija como quiere que se paguen sus beneficios de EAP: (Marque SÓLO uno)

- Mi beneficio dividido entre el proveedor de calefacción y el de electricidad.
 Pagar mi beneficio entero al proveedor de calefacción.
 Pagar mi beneficio entero al proveedor de electricidad.

Si usted elige dividir el pago, su beneficio se dividirá entre ambos proveedores de energía sin exceder su consumo anual por proveedor. El beneficio puede no resultar en una división equitativa a partes iguales.

Si usted elige un solo pago, su beneficio se pagará a ese proveedor para su consumo anual y si hay un saldo restante se pagará a su segundo proveedor. Si no elige una de las opciones anteriores, su beneficio se dividirá entre los dos proveedores sin exceder el consumo anual por proveedor.

F. INGRESOS

1. INGRESOS GANADOS: ¿Está trabajando algún miembro de su hogar, sin importar su edad? SÍ NO **Si la respuesta es SÍ,** complete la siguiente información: ((Incluya ingresos de empleo por cuenta propia, negocio, cuidado de niños, limpieza de casa, trabajo ocasional y organizaciones sin fines de lucro.))

| NOMBRE DE LA PERSONA QUE TRABAJA | EMPLEADOR | FECHA DE CONTRATACIÓN (mm/dd/aa) | TIPO DE TRABAJA | SALARIO EN BRUTO POR CHEQUE | FRECUENCIA DE PAGO | PROPINAS POR MES |
|----------------------------------|-----------|-------------------------------------|-----------------|-----------------------------|--------------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Anote todo los miembros del hogar, de 18 años o más, que no están empleados actualmente:

| NOMBRE DE LA PERSONA | EMPLEADOR ANTERIOR | ÚLTIMA FECHA QUE TRABAJÓ (mm/dd/aa) | SALARIO EN BRUTO POR CHEQUE | ¿ESPERA REGRESAR AL TRABAJA PENDIENTE SSI? Si la respuesta es Sí, explique. |
|----------------------|--------------------|--|-----------------------------|---|
| | | | | |
| | | | | |
| | | | | |

Adjunte copias de todos los talones de pago u otro comprobante de ingresos brutos por lo menos de los últimos treinta (30) días aunque esta persona ya no esté empleada. No aceptamos los formularios 1099 o W-2 por sí solos como prueba de ingresos. EXCEPCIÓN: Para empleo por cuenta propia, adjunte estados de cuenta de ganancias y pérdidas de 12 meses.

2. **INGRESOS NO GANADOS:** Complete lo siguiente, indicando quién, si alguien, recibe dinero o beneficios de las fuentes indicadas a continuación. Debe marcar **SÍ** o **NO** para cada tipo de ingreso y adjuntar comprobantes de todos los ingresos no ganados. **No aceptamos los formularios 1099 o W-2 por sí solos como prueba de ingresos.**

| SÍ | NO | TIPO DE INGRESO | ¿QUIÉN LO RECIBE? | CANTIDAD BRUTA | FRECUENCIA |
|--------------------------|--------------------------|---|-------------------|----------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Pensión alimenticia | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ingresos por Huéspedes/Inquilinos (<i>Adjunte comprobante de renta o alquiler notariado</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Manutención de niños | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Contribuciones/Regalos/Donaciones a una iglesia o caridad | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Dinero para educación/Préstamos estudiantiles (<i>Adjunte comprobantes de la matrícula, libros y útiles para los DOS semestres anteriores</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Asistencia Nutricional (Programa Suplementario de Asistencia Nutricional-SNAP) ¿En Nevada? <input type="checkbox"/> Sí <input type="checkbox"/> No Si No, ¿en qué estado? | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cuidado temporal | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Asistencia del condado / Asistencia general | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Intereses / Dividendos / Anualidades / Regalías | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Préstamos | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ingresos en pago único (<i>Liquidaciones, pagos retroactivos, etc.</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ingresos o asignaciones militares | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reclamos mineros | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pidiendo limosna | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pensiones / Pensión de jubilación | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alquiler o venta de propiedad | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Retiro ferroviario | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Habitación alquilada (<i>Adjunte comprobante de renta o alquiler notariado</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Beneficios de la Seguridad Social (RSDI) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Beneficios a huelguistas | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Vivienda subvencionada | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Seguridad de Ingreso Suplementario (SSI) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Arreglos de Vivienda Residencial (SLA) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Asistencia de TANF | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Asistencia tribal / Asistencia general para Indios Americanos (IGA) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ingresos de fondos fiduciarios (<i>Adjunte comprobante si no son accesibles</i>) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Seguro de desempleo | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Subvención de servicios públicos / Cheque de reembolso | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Beneficios de Veteranos | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ganancias de juego | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Compensación de Trabajadores o Discapacidad temporal | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Otro | | | |

PAGANDO GASTOS:

1. Si los gastos del hogar (p. ej., renta, servicios públicos, alimentos) son más que los ingresos del hogar, explique cómo paga estos gastos.
2. Si alguien le está ayudando a pagar sus gastos o le está dando dinero, usted debe proporcionar una declaración firmada por cada persona, con su nombre, dirección, número de teléfono y la cantidad de la ayuda financiera que le ha proporcionado durante cada uno de los últimos seis meses.

A continuación, complete la información de la(s) persona(s) que le proporcionó una declaración:

| Nombre de la persona ayudando | Dirección | Número de teléfono | Cantidad | Frecuencia |
|-------------------------------|-----------|--------------------|----------|------------|
| | | | | |
| | | | | |

¿Espera usted cambios en los ingresos o beneficios del hogar? SÍ NO
 Si la respuesta es SÍ, ¿qué cambios? _____ ¿Cuándo? _____

Cambios de ingresos antes de la certificación se utilizarán para determinar la elegibilidad.

G. RESPONSABILIDAD

La información proporcionada en esta solicitud está sujeta a verificación o investigación por oficiales federales, estatales y locales. Si usted hace una declaración falsa o engañosa, falsifica, oculta o retiene información, o no reporta cambios para establecer o mantener elegibilidad de asistencia para servicios de energía o asistencia para servicios de agua y alcantarilla, sus beneficios pueden ser negados, terminados o reducidos. Si usted recibe beneficios a los que usted no tiene derecho, usted debe reembolsar todo el dinero, servicios y beneficios para los cuales no tenía derecho a recibir. También puede ser prohibido de participar en el programa y ser procesado criminalmente o penalizado de acuerdo con las leyes estatales y federales.

¿Se ha determinado alguna vez que usted cometió una Violación de Programa Intencional (IPV)? SÍ NO Si la respuesta es SÍ, ¿en qué estado? _____

H. AUTORIZACIÓN

Al firmar esta solicitud yo autorizo al Departamento de Salud y Recursos Humanos a realizar investigaciones acerca de mí o cualquier otro miembro de mi hogar que sean necesarias para determinar la elegibilidad para beneficios recibidos o por recibir bajo programas administrados por la División de Bienestar y Servicios de Apoyo Social. Por la presente autorizo y consiento a la divulgación de toda la información acerca de mí y/o miembros del mi hogar a la División de Bienestar y Servicios de Apoyo Social por el titular de la información, independientemente de la manera o forma de posesión, incluyendo pero no limitado a, información de salarios, la información hecha confidencial por ley o de otra manera privilegiada bajo NRS 422A.320 o cualquier otra disposición de la ley. Yo autorizo al Programa de Asistencia para Servicios de Energía la divulgación de información acerca de mi hogar, incluyendo información del consumo de energía, al Programa de Asistencia de Climatización de la División de Viviendas del Estado de Nevada, para posible elegibilidad de climatización de mi residencia. Yo libero al titular de la información de la responsabilidad, si alguna, como consecuencia de la divulgación de la información requerida. **YO RECONOZCO QUE UNA REPRODUCCIÓN DE ESTA AUTORIZACIÓN SE CONSIDERA LEGALMENTE COMO UNA COPIA ORIGINAL.**

Iniciales _____

Si tengo 60 años de edad o más, doy mi consentimiento para la divulgación de mi identidad y renuncio a mi derecho como una persona mayor de tener mi identidad confidencial. Yo libero al titular de la información de la responsabilidad, si alguna, como consecuencia de la divulgación de la información requerida. **Iniciales** _____

Yo consiento a que la División de Bienestar y Servicios de Apoyo Social o sus representantes analicen mi consumo de energía, agua o alcantarilla y que avisen a los proveedores de subvenciones de asistencia y del estatus en el momento de la certificación. Consiento a que la División de Bienestar y Servicios de Apoyo Social utilice los Números de Seguro Social (SSN) proporcionados en esta solicitud para verificar los componentes de elegibilidad para el Programa de Asistencia para Servicios de Energía y el Programa de Asistencia para Servicios de Agua y Alcantarilla, que puede incluir un intercambio de datos automatizado con la Administración del Seguro Social.

Yo estoy de acuerdo en notificar al Programa de Asistencia para Servicios de Energía/Programa de Asistencia para Servicios de Agua y Alcantarilla de cualquier cambio en mi hogar que pueda afectar mis beneficios de asistencia de energía y/o beneficios de asistencia de agua y alcantarilla. Yo entiendo que si fallo en reportar cambios puede resultar en un sobre pago que yo sería responsable por reembolsar o acusación por la ley. Yo juro que yo he reportado honestamente la ciudadanía mía y de cualquier persona por la cual también solicito servicios.

Yo certifico que bajo pena de perjurio, mis respuestas son verdaderas, exactas y completas a mi leal saber y entender y habilidad.

Nombre con letra de molde del solicitante _____

Firma del solicitante: _____ **Fecha:** _____

Nombre con letra de molde de otro miembro adulto del hogar: _____

Firma de otro miembro adulto del hogar: _____ **Fecha:** _____

Nombre con letra de molde de otro miembro adulto del hogar: _____

Firma de otro miembro adulto del hogar: _____ **Fecha:** _____

TESTIGO: (Utilice si el solicitante no sabe leer o escribir o si es ciego.) Yo ayudé a completar esta Solicitud para el Programa de Asistencia para Servicios de Energía y/o el Programa de Asistencia para Servicios de Agua y Alcantarilla. La información contenida en esta solicitud ha sido leída al solicitante y he sido testigo de la firma anterior.

Nombre con letra de molde del testigo

Firma del testigo

Fecha

División de Bienestar y Servicios de Apoyo Social
PROGRAMA DE ASISTENCIA PARA SERVICIOS DE ENERGÍA
AVISO DE DERECHOS Y OBLIGACIONES

***** POR FAVOR LEA Y FIRME A CONTINUACIÓN *****

A. Usted tiene los siguientes DERECHOS:

1. No se discriminará a ninguna persona por ningún motivo, p. ej., raza, edad, color, religión, sexo, discapacidad, desventaja (incluyendo el SIDA y condiciones relacionadas con el SIDA), creencias políticas, u origen nacional en ninguno de los programas administrados por la División de Bienestar y Servicios de Apoyo Social. Cuando el Programa de Asistencia para Servicios de Energía (EAP) o el Programa de Asistencia para Servicios de Agua y Alcantarilla (WSAP) paga a otra agencia, institución o persona por servicios de EAP o WSAP a un hogar, el proveedor no puede discriminar por ningún motivo. Violaciones por discriminación deben reportarse inmediatamente a la oficina de Energy Assistance Program and Water and Sewer Assistance Program, Division of Welfare and Supportive Services Administrator, 1470 College Parkway, Carson City, Nevada 89706-7924, (775) 684-0500, a la U.S. Office for Civil Rights (OCR), Department of Health and Human Services, 50 United Nations Plaza, San Francisco, California 94102, (415) 437-8310, (415) 437-8310, TDD (415) 437-8311 o llame gratis al 1-800-368-1019.
2. Usted tiene derecho a una conferencia si cree que se le ha tratado injustamente o que se cometió un error con respecto a su elegibilidad para asistencia. Para solicitar una conferencia, escriba o llame al Programa de Asistencia para Servicios de Energía o al Programa de Asistencia para Servicios de Agua y Alcantarilla.
3. Usted tiene derecho a una audiencia si no está satisfecho con la acción tomada por la agencia afectando su asistencia si la solicita, por escrito, dentro de los noventa 90 días desde la fecha de la acción/decisión de la agencia, a menos que la única razón por la acción/decisión sea la ley federal que requiere un ajuste de beneficios automático. Tiene derecho a una audiencia si su solicitud para recibir asistencia ha sido negada, tramitada erróneamente, o no se ha tomado una decisión en un plazo razonable, o si sus beneficios han sido reducidos.
4. Usted tiene derecho a una notificación de decisión enviada por correo avisándole si es elegible para beneficios del programa y en qué cantidad, a quién se le pagará, y la(s) fecha(s) aproximada(s); o una notificación informándole que no es elegible para beneficios del programa y la razón.
5. El personal del programa está obligado a:
 - Informar a los solicitantes de los requisitos de elegibilidad para el programa;
 - Aconsejar acerca de los documentos requeridos; y/o
 - Ayudar al solicitante cuando sea necesario.

B. Usted tiene las siguientes OBLIGACIONES:

1. Notificar al Programa de Asistencia para Servicios de Energía o al Programa de Asistencia para Servicios de Agua y Alcantarilla **dentro de diez (10) días corridos** de lo siguiente. La falta de notificación puede retrasar el proceso de su solicitud o resultar en la negación o reducción de beneficios.
 - Cualquier cambio en los ingresos de su hogar o el tamaño de su hogar (número de personas que viven en el hogar);
 - Si cambia de compañía de servicios públicos; o
 - Si se muda en cualquier momento después de entregar su solicitud.
2. Responder a cualquier solicitud de información adicional necesaria para procesar su solicitud **dentro de diez (10) días corridos**. Es su responsabilidad el asegurar que todos los documentos solicitados se envíen por correo o fax con tiempo suficiente para cumplir con la fecha límite. El Programa de Asistencia para Servicios de Energía ni el Programa de Asistencia para Servicios de Agua y Alcantarilla son responsables por correo o faxes extraviados o incorrectamente dirigidos. (Asegúrese de indicar su nombre y Número de Seguro Social o UPI en todos documentos o correspondencia.)
3. Cooperar con los esfuerzos del Programa de Asistencia para Servicios de Energía y el Programa de Asistencia para Servicios de Agua y Alcantarilla de obtener toda la información necesaria para determinar elegibilidad o beneficios.

C. NOTA ESPECIAL:

1. Si usted está solicitando servicios del Programa de Asistencia para Servicios de Energía o Programa de Asistencia para Servicios de Agua y Alcantarilla, puede recibir ayuda con sus costos de servicios públicos. **PERO RECUERDE, DEBE SEGUIR PAGANDO SUS CUENTAS PARA LA FECHA DE VENCIMIENTO.** Si no las paga, la compañía puede cobrarle más por pagar con retraso. La compañía de servicios públicos puede descontinuar los servicios y obligarlo a pagar un depósito antes de volver a proveer servicios. ***Si no puede pagar su cuenta, póngase en contacto con la compañía de servicios públicos e intente hacer un arreglo de pago.***
2. Personas encontradas culpables de una violación intencional de las reglas del programa serán inelegibles para participar en el programa por un (1) año por la primera violación, dos (2) años por la segunda violación, y permanentemente por la tercera violación.

Mi firma a continuación indica que entiendo los Derechos y Obligaciones como solicitante del Programa de Asistencia para Servicios de Energía y/o del Programa de Asistencia para Servicios de Agua y Alcantarilla.

Nombre con letra de molde del solicitante _____

Firma del solicitante: _____ Fecha: _____

Nombre con letra de molde del 2° adulto:

Firma del 2° adulto: _____ Fecha: _____

**SI USTED NO ESTA REGISTRADO A VOTAR EN DONDE USTED VIVE AHORA,
¿DESEA REGISTRARSE A VOTAR AQUÍ HOY?**

(Por favor marque una de las casillas)

SÍ NO

Si usted no marca ninguna casilla, se considerará que usted decidió no registrarse a votar en este momento.

La Ley Nacional de Registro de Votantes le provee a usted la oportunidad de registrarse a votar en este local. Si usted necesita ayuda para llenar la solicitud para registrarse a votar, nosotros le ayudaremos. La decisión de buscar o aceptar ayuda es suya. Usted puede llenar la solicitud en privado.

AVISO IMPORTANTE: El hecho de registrarse o negarse a registrar para votar **NO AFECTARÁ** la cantidad de asistencia que se le proporcionará por esta agencia.

Firma

Fecha

CONFIDENCIALIDAD: Decida o no registrarse a votar, su decisión se mantiene confidencial.

SI USTED CREE QUE ALGUIEN HA INTERFERIDO con su derecho a registrarse o su decisión de no registrarse a votar, o su derecho de escoger su partido político o su preferencia política, usted puede poner una queja con la oficina del Secretary of State, Capitol Complex, Carson City, Nevada 89710.

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and
Human Services

Low Income Household Water Assistance Program

Division of Welfare and Supportive Services

Maria Wortman-Meshberger



8/11/2021

Helping people. It's who we are and what we do.



Agenda

1. LIHWAP Background
2. Proposed Program Overview
3. Agreements
4. Next Steps
5. LIHWAP FAQ
6. Questions



Low Income Household Water Assistance Program (LIHWAP) Background

- The Federal Government established LIHWAP to provide funds to assist low-income households with water and wastewater bills through the:
 - Consolidated Appropriations Act of 2021
 - American Rescue Plan Act
- LIHWAP does not have a permanent or ongoing statutory authorization or appropriation beyond the current funding.



Low Income Household Water Assistance Program (LIHWAP) Background Continued

- The overseeing Federal Agency is the Administration for Children and Families (ACF) Office of Community Services.
- The Division of Welfare and Supportive Services is the State agency administering the program.



Low Income Household Water Assistance Program (LIHWAP) Background Continued

- The Federal Government has asked states to mirror the Low-Income Home Energy Assistance Program (LIHEAP) as close as possible.
- The Division has named the LIHWAP program at the state level the Water and Sewer Assistance Program (WSAP).



Program Priorities

1. Restoration of services to households that have had drinking water and/or wastewater services disconnected due to arrearages,
2. Prevention of disconnection for households at risk of disconnection due to arrearages, and
3. Households seeking help with current water bills.

Proposed Application Processing

- Apply via the Energy Assistance Program (EAP) application (the application will be updated to include the water program).
- EAP will accept and process applications for WSAP at the Las Vegas and Carson City offices.
- Applications can also be dropped off at one of our 40+ Intake Site locations found on our website at dwss.nv.gov.
- During application processing, the EAP staff will contact water providers for usage and bill information.

Proposed Payments

- Legislation requires payments go directly to public water vendors.
- Priority 1: Eligible households with a disconnection will be processed first and the total amount owed will be paid in full.
- Priority 2: Eligible households with a pending disconnection the second priority and the total amount owed will be paid in full.
- Priority 3: Eligible households needing assistance paying current water bill will be paid based on income, household size, and energy burden.
- Payments are issued weekly.

Utility Vendor Agreements

- For vendors to receive payments on behalf of customers for water/wastewater services an agreement with the Division of Welfare and Supportive Services will have to be signed by both parties.
- Vendors have to be signed up with the State Controller's office before agreements can be sent out.
- The payments will come from the State Controller's office usually through an Electronic Funds Transfer (EFT).
- The Division will provide detailed files containing customer and award amounts.



Proposed Agreement Content

- Purpose
- Company Responsibilities
- Agency Responsibilities
- Mutual Agreement



Purpose

- Funds will be provided to owners or operators of public water systems or treatment works to reduce arrearages of and rates charged to such households for such services.
- The Federal Government requires certain assurances be satisfied before assistance payments are made, on behalf of eligible individuals, to suppliers of drinking water and wastewater.
- This agreement defines the conditions that the Vendor must agree to so that the Division can make assistance payments to the Vendor on behalf of eligible households.

General Company Responsibilities

- Implement policies and procedures established by the WSAP for the payment, refund, and reconciliation of benefits.
- Provide customer account information necessary to determine household eligibility and benefits.
- Accept payment from the WSAP on behalf of eligible households and credit the accounts specified in the transmittal documents.
- Accept promises to pay from WSAP.
- If an account has been closed return unused funds to the WSAP within 30 days of account closure.
- Treat WSAP customers the same as any other customer.

General Agency Responsibilities

- Review and process all WSAP applications.
- Notify the customer in writing, if the household is either: 1) eligible and the amount of the payment(s), to whom the payment(s) will be made and the approximate payment date; or, 2) ineligible and the reason why.
- Process benefit payment to the Company for credit to the eligible accounts.
- Accept and process refunds from the Company.
- Maintain a record of the amounts awarded.
- Supply applications and informational material.
- Notify the Company of policies and procedures regarding the payment, refund, and reconciliation of benefits.

Basic Mutual Responsibilities

- Dates the agreement is in effect.
- Information provided to the WSAP by the Company shall remain confidential.
- Information provided to the Company shall remain confidential.
- To permit authorized state and federal personnel to monitor an/or audit the activities, procedures, cases, accounting records, etc.
- No person shall be unlawfully denied service on the grounds of age, race, creed, color, sex, national origin, or handicap.

Next Steps

- Conduct a Public Hearing on August 20th
- Submit the State Plan to ACF for approval
- Establish Vendor Agreements
- Complete System Modifications



LIHWAP FAQ

Q: Can LIHWAP pay water deposits or reconnection fees?

A: Yes

Q: Can LIHWAP help pay expenses for private wells and septic systems?

A: No. LIHWAP funds can make payments to public water suppliers for eligible households' water and wastewater bills.

Q: Does LIHWAP have to pay the water supplier? Or can payments go directly to households?

A: LIHWAP must pay the water supplier. LIHWAP cannot make payments directly to households.

Q: Can LIHWAP pay for plumbing, piping, water heaters, or other infrastructure?

A: No. LIHWAP funds are limited to water and wastewater bills.





Questions?



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