

# Low Income Household Water Assist

**Recipient Information**

FY: \_\_\_\_\_  
Recipient Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

[Click HERE](#) to read the LIHWAP Annual Report Instructions.

**Certification**

**Certification: By signing this report, I certify that it is true, complete, and accurate. Any false, fictitious, or fraudulent information may subject me to criminal or civil penalties under Title 18, Section 1001)**

a. Name of Authorized Official: \_\_\_\_\_  
\_\_\_\_\_  
b. Title of Authorized Official: \_\_\_\_\_  
\_\_\_\_\_  
c. Signature of Authorized Official: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Date Signed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Performance Program Annual Report Form

## Information

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## Declaration

I certify that the information provided is true, complete, and accurate to the best of my knowledge. I am aware that providing false information may result in criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

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# Module 1: Use of Funds Re

Reporting Requirements: All LIHWAP grantees are required to complete the LIHWAP Use of Funds funding of the given fiscal year (FY) for each type of LIHWAP assistance provided.

## SECTION I. GRANT A

Enter the following amounts as submitted on the grantee's plan:

1. Actual Grant Award:

2. Estimated Household Benefit:

3. Estimated Outreach/Eligibility:

4. Estimated Administration - Recipient:

5. Estimated Administration - Subrecipient (if applicable):

6. Actual Admin Cost Cap (15%):  
**Auto-Calculated**

## SECTION II. USES OF LIHWAP H

### A. Type of LIHWAP Assistance Funds by Priority (Items 1-3)

#### 1. Restoration of services funds

a. Specify Consolidated Appropriation Act, 2021 funds

b. Specify American Rescue Act, 2021 funds

c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING

(1) Specify--non-supplemental funds

(2) Specify--non-supplemental funds

(3) Specify--non-supplemental funds

#### 2. Prevention of Disconnection funds

a. Specify Consolidated Appropriation Act, 2021 funds

b. Specify American Rescue Act, 2021 funds

c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING
(1) Specify--non-supplemental funds
(2) Specify--non-supplemental funds
(3) Specify--non-supplemental funds

**3. Reduction of Rates Charged funds**

a. Specify Consolidated Appropriation Act, 2021 funds
b. Specify American Rescue Act, 2021 funds
c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING
(1) Specify--non-supplemental funds
(2) Specify--non-supplemental funds
(3) Specify--non-supplemental funds

**B. Type of LIHWAP Water and Wastewater Assistance Funds (Items 1-3)**

**1. Water and/or Wastewater**

a. Specify Consolidated Appropriation Act, 2021 funds
b. Specify American Rescue Act, 2021 funds
c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING
(1) Specify--non-supplemental funds
(2) Specify--non-supplemental funds
(3) Specify--non-supplemental funds

**2. Multiple Services that include water and other non-water services**

a. Specify Consolidated Appropriation Act, 2021 funds
b. Specify American Rescue Act, 2021 funds
c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING
(1) Specify--non-supplemental funds
(2) Specify--non-supplemental funds
(3) Specify--non-supplemental funds

**3. Other Water Services\***

a. Specify Consolidated Appropriation Act, 2021 funds
b. Specify American Rescue Act, 2021 funds
c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING
(1) Specify--non-supplemental funds
(2) Specify--non-supplemental funds
(3) Specify--non-supplemental funds

\*Below please specify Other Water Services funded by LIHWAP



Response:

**SECTION III. USES OF LIHWAP OUTREACH/ELIGIBILITY**

**1. Outreach/Eligibility**

- a. Specify Consolidated Appropriation Act, 2021 funds
- b. Specify American Rescue Act, 2021 funds
- c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING
  - (1) Specify--non-supplemental funds
  - (2) Specify--non-supplemental funds
  - (3) Specify--non-supplemental funds

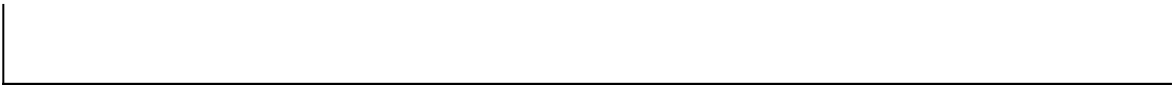
**2. Administration - Recipient**

- a. Specify Consolidated Appropriation Act, 2021 funds
- b. Specify American Rescue Act, 2021 funds
- c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING
  - (1) Specify--non-supplemental funds
  - (2) Specify--non-supplemental funds
  - (3) Specify--non-supplemental funds

**3. Administration - Subrecipients (if applicable)**

- a. Specify Consolidated Appropriation Act, 2021 funds
- b. Specify American Rescue Act, 2021 funds
- c. Other --Non-supplemental funds RESERVED FOR POSSIBLE FUTURE FUNDING
  - (1) Specify--non-supplemental funds
  - (2) Specify--non-supplemental funds
  - (3) Specify--non-supplemental funds

**Remarks:**



# Report for Fiscal Year (FY)

in providing estimates of sources and uses of funds, including obligated and expended

## WARD AMOUNTS

A. Consolidated Appropriation Act, 2021 Funding	B. American Rescue Act, 2021 Funding	C. Reserve for Possible Future Funding
\$0	\$0	\$0

## HOUSEHOLD BENEFIT FUNDS

	FY (10/1 to 9/30) Amount Rounded to the Nearest Dollar	
	Actual Funds Obligated	Actual Funds Expended
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0

	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0

	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0

	<b>FY (10/1 to 9/30)</b>	
	Amount Rounded to the Nearest Dollar	
	Actual Funds Obligated	Actual Funds Expended

	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0
	\$0	\$0

	\$0	\$0
	\$0	\$0
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	\$0	\$0
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	\$0	\$0
	\$0	\$0

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**/ DETERMINATION AND ADMINISTRATION FUNDS**

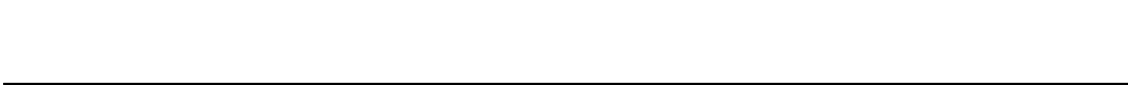
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	FY (10/1 to 9/30)		
	Amount Rounded to the Nearest Dollar		
	Estimated Funding Allocations	Funding Obligated	Funding Expended
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0

	\$0	\$0	\$0
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	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0

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## Module 2: Household Report for Fis

<b>I. Number of Households</b>	<b>A. Total Number of Households</b>
1. Total Unduplicated Household Applicants	
2. Total Unduplicated Households Assisted	
3. Total Waitlisted Households for Non-availability of Funds	

### **II. Number of Assisted Households by Assistance Type**

<b>Type of LIHWAP assistance</b>	<b>A. Total Number of Households</b>
1. Restoration of services	
2. Prevention of disconnections of services	
3. Reduction of current rates charged	

### **III. Number of Assisted Households by Poverty Interval**

<b>Type of LIHWAP assistance</b>	<b>HHS Poverty</b>	
	<b>A. Under 75% poverty</b>	<b>B. 75%-100% poverty</b>
1. Restoration of services		
2. Prevention of disconnections of services		
3. Reduction of current rates charged		

### **IV. Number of Assisted Households by Vulnerable Population**

<b>Type of LIHWAP assistance</b>	<b>At least one</b>
	<b>A. 60 years or older (elderly)</b>
1. Restoration of services	
2. Prevention of disconnections of services	
3. Reduction of current rates charged	
4. Any type of LIHWAP assistance	

### **V. Number of Assisted Household Applicants by Race and Ethnicity**

<b>A. Ethnicity</b>	<b>Number of Household Applicants</b>	
1. Hispanic, Latino, or Spanish Origins		
2. Not Hispanic, Latino, or Spanish Origins		
3. Unknown/not reported		
<b>4. TOTAL (Auto Calculated)</b>	<b>0</b>	
<b>B. Race</b>		
	<b>Number of Household Applicants</b>	
1. American Indian or Alaska Native		
2. Asian		
3. Black or African American		
4. Native Hawaiian or Other Pacific Islander		
5. White		
6. Multi-race (two or more of the above)		
7. Other		
8. Unknown/not reported		
<b>9. TOTAL (Auto Calculated)</b>	<b>0</b>	
<b>VI. Number of Assisted Household Applicants by Gender</b>		
	<b>Number of Household Applicants</b>	
1. Self Identified Male		
2. Self Identified Female		
3. Other		
4. Unknown/not reported		
<b>5. TOTAL (Auto Calculated)</b>	<b>0</b>	
<b>VII. Housing Type</b>		
	<b>Number of Assisted Households</b>	
1. Own		
2. Rent with separately billed utilities		
3. Rent with utilities included in fee		
4. Other		
5. Unknown/not reported		
<b>6. TOTAL (Auto Calculated)</b>	<b>0</b>	
<b>VIII. Assisted Household Members by Race and Ethnicity*</b>		



<b>A. Ethnicity</b>	<b>Number of Household Members</b>
1. Hispanic, Latino, or Spanish Origins	
2. Not Hispanic, Latino, or Spanish Origins	
3. Unknown/not reported	
<b>4. TOTAL (Auto Calculated)</b>	<b>0</b>

\*See Instructions

<b>B. Race*</b>	<b>Number of Household Members</b>
1. American Indian or Alaska Native	
2. Asian	
3. Black or African American	
4. Native Hawaiian or Other Pacific Islander	
5. White	
6. Multi-race (two or more of the above)	
7. Other	
8. Unknown/not reported	
<b>9. TOTAL (Auto Calculated)</b>	<b>0</b>

\*See Instructions

<b>IX. Assisted Household Members by Gender*</b>	<b>Number of Household Members</b>
1. Self Identified Male	
2. Self Identified Female	
3. Other	
4. Unknown/not reported	
<b>5. TOTAL (Auto Calculated)</b>	<b>0</b>

\*See Instructions

**X. Use of Funds to Non-Public Water Systems for Emergency Home Water Service**  
**\*This question is only applicable to recipients that were approved to use 'Non-Public Water System plan'**

<b>Type of Emergency Home Water Service</b>	<b>Number of Households</b>
1. Private Water Delivery as Supplemental Drinking Water Service	
2. Private Waste Hauling as Supplemental Wastewater Service	
3. Other Supplemental Water Services*	

\*Below please specify Other Water Services funded by LIHWAP

*Response:*

**Remarks**

Enter any explanation needed regarding the reliability and/or validity of the above-reported data:

*Response:*

**fiscal Year (FY)**



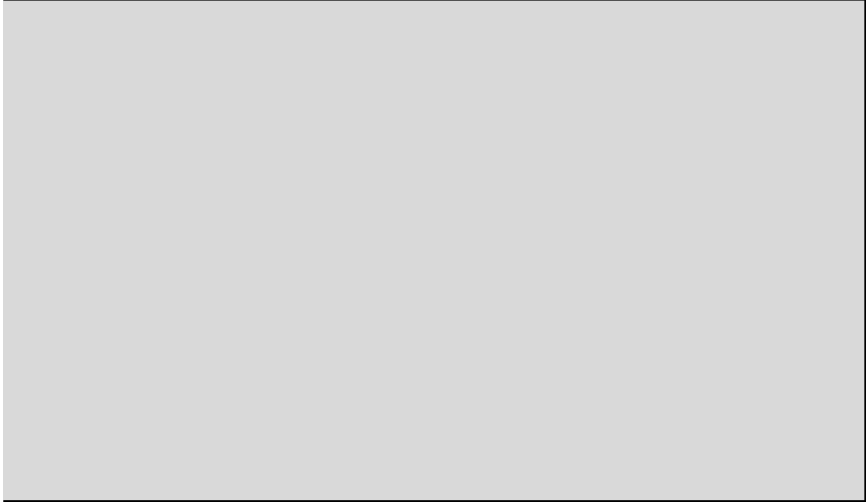
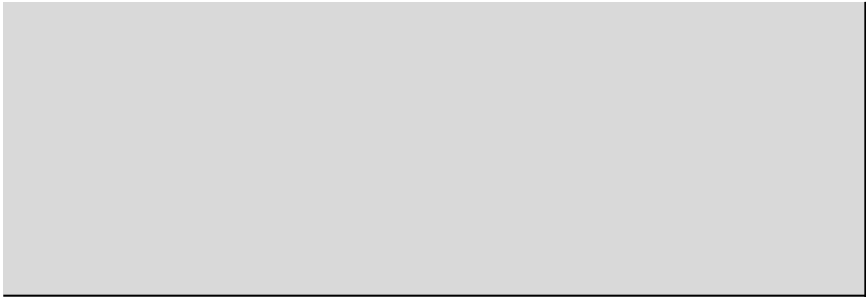
**by Guidelines for Most Recent**

<b>C. 101%-125% poverty</b>	<b>D. 126%-150% poverty</b>	<b>E. Over 150% poverty</b>	

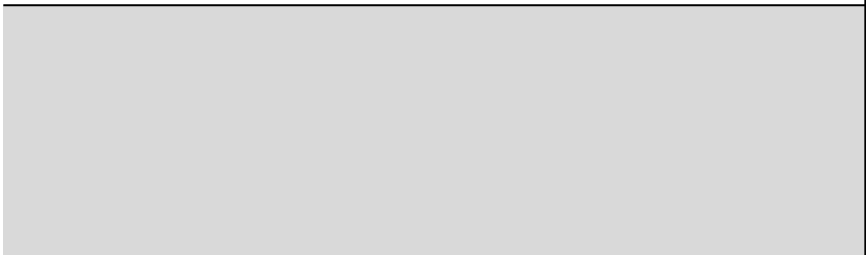
**household member is a member of one of the following target groups:**

<b>B. Disabled</b>	<b>C. Age 5 years or under (young child)</b>	<b>D. Any (elderly, disabled, or young child)</b>	



**ms for Emergency Home Water Service' funds in their LIHWAP**





# Module 3: Performance Data

## I. V

**All Households (Based on billing period covered by assistance (i.e., monthly, quarterly))**

1. Average Water Benefit Payment

2. Pre Water Burden Average

3. Post Water Burden Average

## II. RESTORATION

**Number of All LIHWAP-Assisted Households that Had:**

1. Restoration of Home Water/Wastewater Service (Unduplicated Count)

2. Restoration of Home Water/Wastewater Service (Duplicated Count)

## III. PREVENTION OF

**Number of All LIHWAP-Assisted Households that Had:**

1. Prevention of Loss of Home Water/Wastewater Service (Unduplicated Count)

2. Prevention of Loss of Home Water/Wastewater Service (Duplicated Count)

## IV. RATE REDUCTION C

**Number of All LIHWAP-Assisted Households that Had:**

1. Rate Reduction of Current Home Water/Wastewater Service (Unduplicated Count)

2. Rate Reduction of Current Home Water/Wastewater Service (Duplicated Count)

# ata Report for Fiscal Year (FY)

## WATER BURDEN TARGETING

Service Type		
Restoration of Service	Prevention of Disconnection	Reduction of Current Rates Charged
If Applicable	If Applicable	

## NON HOME Water/Wastewater SERVICE

	Service Type	
<i>All Households</i>	Water or Wastewater	Multiple Services
Auto-Calculated	0	0
Auto-Calculated	If Applicable	If Applicable

## LOSS OF HOME Water/Wastewater SERVICE

	Service Type	
<i>All Households</i>	Water or Wastewater	Multiple Services
Auto-Calculated	0	0
Auto-Calculated	If Applicable	If Applicable

## LOSS OF CURRENT HOME Water/Wastewater SERVICE

	Service Type	
<i>All Households</i>	Water or Wastewater	Multiple Services
Auto-Calculated	0	0
Auto-Calculated	If Applicable	If Applicable





