

## Water Assistance Application Clean Rivers Impervious Area Charge (CRIAC) Residential Relief Program, Customer Assistance Program (CAP), &

Low Income Household Water Assistance Program (LIHWAP)

The **Clean Rivers Impervious Area Charge (CRIAC)** Residential Relief Program provides financial relief to eligible renters and homeowners, significantly reducing their CRIAC costs.

The Low-Income Household Water Assistance Program (LIHWAP), eligible households will receive a one-time water assistance benefit towards their DC Water bill.

The **Customer Assistance Program (CAP)** discounts water and sewer services each month and reduces the CRIAC fee by 50 to 75%.

Please complete the information Please submit this application, a all household members, and a submit the subm	along with copies of photo				
// Application Date 1. Social	al Security #	2. Date of Birth		3. Citizenship 4	Gender
la la constantina de	j			•	
5. Applicant Last Name	6. Applicant First Name	e 7. M.I.	8. Contac	ct Number	
9. Street Address		10. Apt #	11. Zip Code	12. Ward	13. ANC
14. Is this a temporary address?	P □ Yes □ No	15. Email			
16. Type of dwelling: ( ) Single I	Family ( ) Multi-Family	17. Are you th	e homeowner? (	) Yes ( ) No	
18. Do you identify as Hispanic,	Latino, or Spanish? (Choc	ose one)			
○ Yes ○ No ○ Other _					
Yes No Other _	urself? (Choose one)	Black or African Al	merican ○Nativ	re Hawaiian or Other	Pacific Islandel
○ Yes ○ No ○ Other _	urself? (Choose one) a Native \( \) Asian \( \) B	Black or African Al	merican () Nativ	re Hawaiian or Other	Pacific Islandel
Yes No Other _  19. How would you describe you American Indian or Alask	urself? (Choose one) a Native \( \) Asian \( \) B	Black or African Al	merican () Nativ	e Hawaiian or Other	Pacific Islandel
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See back to complete application, provide signature, and for mailing address.

Version 001 | 2022-02-10 DC Water Reference #: 30941-I-0153





## Water Assistance Application CRIAC Residential Relief Program, Customer Assistance Program (CAP), Low Income Household Water Assistance Program (LIHWAP)

23e. Household member	SSN	DOB	Disabled?	Income	Citizenship
23f. Household member	SSN	DOB	Disabled?	Income	Citizenship
23g. Household member	SSN	DOB	Disabled?	Income	Citizenship
23h. Household member	SSN	DOB	Disabled?	Income	Citizenship
23i. Household member	SSN	DOB	Disabled?	Income	Citizenship
24. Primary Language:  OEnglish OAmharic OChines	e (French (Spani	sh OVietnamese	○Korean	Other	
25. I am interested in learning more a	about programs for: \( \)We	atherization OSola	ar		
25. I am interested in learning more a  Application Affirmation and Author			ar		
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For more information on how your LIHEAP benefit is calculated, visit doee.dc.gov/service/wateraffordability. If you disagree with DOEE's decision, you may appeal the decision by contacting the District's Office of Administrative Hearings (OAH) by calling 311.

Inspector General. Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477).



Mailing address: Attn: Criac 1200 First Street NE, 5th Floor Washington DC, 20002





Email: hotline.oig@dc.gov.