



Water Assistance Application

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 below. Incomplete or missing information may result in denial or delay of your application. Please submit this application, **along with copies of photo identification, household proof of income, social security cards for all household members, and a recent water bill.**

/ /					
Application Date	1. Social Security #	2. Date of Birth	3. Citizenship	4. Gender	
5. Applicant Last Name		6. Applicant First Name	7. M.I.	8. Contact Number	
9. Street Address		10. Apt #	11. Zip Code	12. Ward	13. ANC
14. Is this a temporary address? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Email _____			
16. Type of dwelling: () Single Family () Multi-Family		17. Are you the homeowner? () Yes () No			
18. Do you identify as Hispanic, Latino, or Spanish? (Choose one)					
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other _____					
19. How would you describe yourself? (Choose one)					
<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander					
<input type="radio"/> White <input type="radio"/> Other _____					

20. DC Water Account Number: _____

21. Total Household Size: _____ 22. Total Household Income: _____

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-Monthly ☐ Annually

23a. Household member	SSN	DOB	Disabled?	Income	Citizenship
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23b. Household member	SSN	DOB	Disabled?	Income	Citizenship
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23c. Household member	SSN	DOB	Disabled?	Income	Citizenship
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See back to include additional household members.

See back to complete application, provide signature, and for mailing address.



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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

(Optional)

24. Primary Language:

☐ English ☐ Amharic ☐ Chinese ☐ French ☐ Spanish ☐ Vietnamese ☐ Korean ☐ Other _____

25. I am interested in learning more about programs for: ☐ Weatherization ☐ Solar

Application Affirmation and Authorization to Verify Income:

26. I swear or affirm that all information on this application, and all information I submitted or will submit in support of this application, is true, correct and complete to the best of my knowledge, ability and belief. I understand that I can be penalized by fine and/or imprisonment for making false statements. My signature on this application grants DOEE permission to contact any parties necessary to verify the information that I have provided.
27. I understand that I will be notified in the event that water assistance assistance funding is no longer available or if this application is denied.
28. I hereby authorize the utility companies to release my account number and account information. This includes arrearage information for the purpose of allowing DOEE and entities acting on behalf of DOEE to assess the effectiveness of services provided to consumers by DOEE.
29. I hereby grant permission to DOEE to provide information in my file to DC Water for the Customer Assistance Program (CAP) only, to other agencies and organizations from whom I may seek financial assistance, and for purposes of verification, research, evaluation and analysis.
30. I hereby grant permission to DOEE to provide me with information about programs for which I may also be eligible. I understand that I am obligated to pay my water bill, regardless of approval or disapproval of this application.

Signature

Date

Report Fraud, Waste, Abuse, and Mismanagement to the District of Columbia Office of the Inspector General. Confidential Toll Free Hotline: 1-800-521-1639 or 202-724-TIPS (8477).
Email: hotline.oig@dc.gov.

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.



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

