

## Low Income Household Water Assistance Program (LIHWAP) Sample Landlord Agreement Template

**Grant Recipient Note:** This Sample Landlord Agreement Template is not a required document; it is a resource that can be adapted by LIHWAP grant recipients and sub recipients as they work to launch their programs. OCS strongly encourages LIHWAP grant recipients and sub recipients to work with their own legal counsel, when necessary, in adapting this sample landlord agreement template or creating their own LIHWAP landlord agreement.

### *Sample Template*



**[NAME OF AGENCY]**

### **Household Water Assistance Landlord Agreement**

**[AGENCY NAME]**

**CITY, STATE, ZIP CODE, PHONE NUMBER, EMAIL ADDRESS]**

**Grant Recipient Note:** This agency information above should generally be for the local administering agency. Any phone number or email address should if possible be staffed and have capacity to provide or connect potential household applicants to application intake assistance.)

### **What is this program?**

**[NAME OF STATE OR COMMUNITY]** Household Water Assistance Program is part of a new federally-funded [American Rescue Plan](#) program that provides assistance to help households to pay water and wastewater bills:

- **Reconnect Household Water Services** – If your household water services have been disconnected because of past due water bills, grant funds may be available up to \$\_\_\_\_\_ to pay off the balance, including fees to reconnect household water services.
- **Prevent Disconnection of Household Water Services** – If you have received a notice that your water services will be disconnected due to a past due balance and you can't afford to pay, grant funds may be available to pay all or part of your water bill.
- **Help Reduce Current Household Water Bills** – If you are unable to afford your current water bills and meet other household needs, you may qualify for temporary assistance to pay some or all of your current water bills.

### **Who is this program for?**

Households may receive assistance based on household income and current water bills. Anyone may apply for services and there are no fees associated. **[NAME OF GRANT RECIPIENT]** gives priority consideration to households with the highest water bills as a portion of their household income and also gives special consideration to households with young children, households that include a person with disabilities, or households with elderly residents.

**[Grant Recipient Note:** The description of services and priority populations above would be customized based on priority populations identified in the LIHWAP Grant Recipient Plan for the State, Territory or Tribe.]

**[STATE or LOCAL AGENCY NAME]**

## Household Water Assistance Landlord Agreement and Verification Form

Your renter is seeking water assistance through *[NAME OF ADMINISTERING AGENCY]* and has informed us that the property you own or manage also administers billing on behalf of the drinking water/wastewater utility for the units. Please verify the information below to identify the method for which the tenants at your property are responsible for drinking water/wastewater utility costs. The completion of this form is necessary for *[NAME OF ADMINISTERING AGENCY]* to process the household's application and issue the LIHWAP benefit to the water vendor.

### VERIFICATION OF TENANCY

*(Applicant /Co-applicant's Full Name)* has applied for water utility assistance through *[INSERT NAME OF ADMINISTERING AGENCY]*. If approved for assistance, the landlord will accept a rental payment that is reduced by the amount of the LIHWAP benefit

**LANDLORD/PROPERTY MANAGER:** Please verify the following information. Please complete and return this form  
*[INSERT INSTRUCTIONS HERE]*

#### A. Rental Unit(s) Information

1. Tenant's first name(s)

2. last name

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3. Tenant/Property address

Street address	Apartment/Unit	
City	State	Zip code

#### B. Landlord/Management Information

4. Landlord first name

5. Landlord last name

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6. Landlord Mailing Address

Street address	Apartment/Unit	
City	State	Zip code

### C. WATER SERVICE INFORMATION

**7. Household Drinking Water Utility Company**

Please provide a copy of your most recent bill.

**8. Household Wastewater Utility Company (if different from the company above)**

Please provide a copy of your most recent bill.

**9. Water account number(s)**

List all account numbers for your household's water.


**10. How is the water and/or wastewater billed to the tenants? (Check All that apply)**

- ☐ Billed separately from rent, Monthly Rate (if applicable) \$ \_\_\_\_\_
- ☐ Billed together with rent as an independent cost, Monthly Rate (if applicable) \$ \_\_\_\_\_
- ☐ Merged into the cost of rent as a fluctuating rate (see question #11)
- ☐ Merged into the cost of rent as a fixed rate (see question #11)

**11. For merged rent and water/wastewater costs, please provide the formula or method used to compute the cost of monthly water usage.**

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**Explanation (please add any information you need to explain the responses you have provided on this form):**

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**LANDLORD CERTIFICATION:**

I attest that the information stated above is true and accurate and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate application termination and/or could result in penalties as specified by law. I also agree to reduce the rent for the following month for the above tenant based on the amount covered by the LIHWAP benefit assistance. In addition, I agree to allow [NAME OF ADMINISTERING AGENCY] to release the above information to the water provider as necessary to process payment and verify services provided. In addition, I

agree that data from this form (not including my personal identifying information) may be used for reporting or program evaluation purposes.

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Landlord Signature      Date

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**TENANT CERTIFICATION:**

I attest that the information stated above is true and accurate and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate application termination and/or could result in penalties as specified by law. In addition, I agree to allow [NAME OF ADMINISTERING AGENCY] to release the above information to the water provider as necessary to process payment and verify services provided. In addition, I agree that data from this form (not including my personal identifying information) may be used for reporting or program evaluation purposes.

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Tenant Signature      Date

**Grant Recipient Note:** The specific language for the certification above may need to be adapted based on the policies and procedures of the State, Territory or Tribe, OCS recommends a review by the legal counsel for the state, territory or tribe if possible

*For Office Use Only*

LIHWAP Applicant Name:

LIHWAP Approval ☐ Yes   ☐ No   ☐ Waitlist

Benefit Amount Approved \$\_\_\_\_\_

LIHWAP Staff Initials\_\_\_\_\_