

WATER ASSISTANCE (WA) NOTICE OF DENIAL

Applicant Name			Mailing Date
Address	Street and Number	DCN:	
City	State	Zip	Application Date

This is to advise that your application for benefits under the Low Income Household Water Assistance Program (LIHWAP) has been denied.

The reason for this decision is that:

(Name of Applicant)

Has already been approved for benefits on:

(Date of Approval)

In a previous application for benefits in the household of

(Case Name of Initial Applicant)

This decision is based on Water Assistance policy that an individual who has been approved for assistance in one Energy Assistance application cannot be approved in another Water Assistance application during the same program year.

If you have any questions about this decision, contact your local agency at the number indicated below.

You have the right to request a hearing concerning this decision if you do not agree with it and you request the hearing within ninety (90) days from the date of this letter. If you request a hearing, you can present information to support your belief that your application was improperly denied or you can be represented by your own attorney. Requests for hearings must be made at the agency where you made your application for assistance.

Caseworker Name

Agency Name

Telephone Number