

## 2021 - 2023 Utility Provider's LIHWAP Certification Agreement

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Company's Name – Please print clearly \_\_\_\_\_

Address (please print) \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Company's Primary Email: \_\_\_\_\_

Utility Providers participate voluntarily in the Low-Income Household Water Assistance Program (LIHWAP aka the Water Assistance Program). Only certified providers may participate in the LIHWAP Program. Participation is certified by the Department for Children and Families Office of Fuel & Utility Assistance.

**For all Providers:**

Utility Providers must sign this Agreement in order to participate in the LIHWAP Program.

The Utility Provider agrees to the terms of the Utility Provider's LIHWAP Certification Agreement and acknowledges that this Federally funded program is set as a 2-year program.

The Utility Provider's LIHWAP Certification Agreement may be cancelled by either the Utility Provider or the Deputy Commissioner or her or his designee with 30 days written notice. The Commissioner or her or his designee may decide to cancel the Utility Provider's LIHWAP Certification Agreement if a Provider violates one or more terms of the Utility Provider's LIHWAP Certification Agreement.

Utility Providers who are certified and wish to decertify from the LIHWAP Program, must provide the Fuel and Utility Office with 30 days written notice of their intent to decertify from the LIHWAP

The decertified Utility Provider will work with the Office of Fuel & Utility Assistance to reconcile all LIHWAP assistance customer accounts.

By signing the Agreement, I attest that I am duly authorized to represent and execute this "Utility Provider's LIHWAP Certification Agreement" on behalf of the company named. In return for receiving payments from the Office of Fuel & Utility Assistance Utility Program recipients (Title 33 V.S.A. Chapter 26 as amended), I agree to abide by the Certification Terms and Conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual's Name – Please Print Clearly

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**INSTRUCTIONS:      Make and Keep a Copy for Your Files**

Please note, **ONLY** a PDF file **OR** a scan of the completed forms sent from the Utility Provider's email account,

**OR** signed originals mailed to the Fuel & Utility Assistance Office will be accepted. Faxed forms will not be accepted.

**E-Mail Completed Forms to:**

[AHS.DCFESDLIHWAP@vermont.gov](mailto:AHS.DCFESDLIHWAP@vermont.gov)

**Mail Completed Forms to:**

DCF-Economic Services Division  
Office of Fuel & Utility Assistance  
280 State Drive, HC 1 South  
Waterbury, VT 05671-1020