

Town of Iowa

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Council Members

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Assistance to Low-income Households

Mayor Watkins has announced that the Town of Iowa is continuing the program of assistance to low-income households for payment of water and sewer charged by the town.

Determination of eligibility for this assistance program will be in accordance with Department of Social Service guidelines established by the Federal Government and the State of Louisiana.

THE MAXIMUM INCOME TO DETERMINE ELIGIBILITY IS AS FOLLOWS:

HOUSEHOLD SIZE	MONTHLY GROSS INCOME
1	\$2,608.33
2	\$3,525.00
3	\$4,441.67
4	\$5,358.33
5	\$6,275.00
6	\$7,191.67
7	\$8,108.33
8	\$9025.00
Families of 8+	Add \$917 per month per family member.

This program is open to all persons of race, color, age, religion, sex, or national original.

Eligibility will also be determined by the number of qualified applicants and the appropriation of funds for this purpose.

For the purpose of this program, a household means parents, their minor children and/or grandparents (it shall not apply to grandchildren) who reside in a housing unit and for whom utilities are customarily purchased in common, or who make payments for utilities included in the rent; income means all non-exempt income received into a household on a regular or predictable basis during three calendar months or all annualized non-exempt income received by members of a household on an irregular or fluctuating basis or monies received into a home occupied by a household from any whatsoever; housing unit means a house, a stationary mobile home, an apartment or any unit used for billing purposes.

For purposes of this program, minor means any individual under the age of eighteen (18) years of age.

NOTE: All property owners and renters shall be treated equitably.

Recertification of eligibility will be necessary at least once a year. All changes in status affecting eligibility must be reported promptly. Certification and recertification will be the responsibility of the Office of the Mayor. Confidentiality of all information provided to determine eligibility will be maintained.

People applying must bring a copy of any and all income for all members of the household.

The contribution of the assistance program will be determined annually with the adoption of the operating budget of the Town of Iowa by the Town Council. Administration of the program will be the responsibility of the Mayor, through the Town Clerk.

For more information contact City Hall at (337) 582-3535.

Town of Iowa

Douglas Neal Watkins, Mayor

APPLICATION/DECLARTORY STATEMENT OF ELGIBILITY UTILITY ASSISTANCE PROGRAM

Name (Head of Household) _____

Address _____ Social Security No. _____

Telephone No. (including area code) _____

1. I certify that I am a resident inside Iowa City Limits at the address listed above.
2. I certify that there are _____ persons in my household and that my household is eligible because (check all that apply):
 - a. ___ The combined gross income of all persons in my household is _____ per (week, month or year)
 - b. ___ My household is composed solely of food stamp recipients.
 - c. ___ I receive Supplemental Security Income (SS# _____)
 - d. ___ My household received AFDC or General Assistance.
3. I understand that I may be prosecuted under current laws for accepting assistance for which I am not eligible.
4. I am aware that my application may be selected on a sample basis for verification. Should my application be selected, I will cooperate fully in the verification.
5. I certify that I will contact the Iowa City Hall should the gross income or family size of my household change in such a manner that would affect the eligibility of my household.
6. I certify that the above information is true and correct.

Signature of Person filing application Relationship if not head of household Date

FOR OFFICE USE ONLY: All pre-registering households must complete an Application/Declaratory statement of Eligibility. An application must be approved and on file for the household to receive assistance. The application must re-certify each year to continue receiving assistance.

Application APPROVED for the period _____

Application DENIED because _____

Date _____ Town Clerk _____

NAME	Relationship	Race	Sex	DOB	Age	SSN#	Gross monthly income	Employer Name
	Head of Household							

1. Does any adult in household receive AFDC ___ SSI ___ Food Stamps ___ Veterans/Survivors Benefits ___?

2. Who is responsible for payment of utility bill? _____

Name on account _____

3. Does household? (1) own (buying) home _____ or (2) Rent _____?

4. Does vulnerable party pay utilities as part of total rent payment? ___ Yes ___ No

If paid as part of rent, to whom are payments made?

Name _____ Address _____

5. What portion of rent goes toward the cost of providing water, sewer and trash collection for the resident? _____ (attach documentation)