1. HEAD OF HOUSEHOLD CON	TACT INFORMATI	ON									
LAST NAME:	FIRST NAME:								DLE IAL:	COUNTY:	
STREET ADDRESS:								STA	re. 	71P C	DDE:
MAILING ADDRESS										ZIP Co	JDL
(if different than street address	5)				CITY:			STA <sup>-</sup>	ΓE:	ZIP C	ODE:
HOME PHONE NUMBER:				CELL NU	CELL NUMBER:			E-MAIL ADDRESS:			
2. HOUSEHOLD MEMBER INFO	ORMATION (A leg	end for completing	this section	n is at the bottom of	the page.)						
NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER or I-94 NUMBER	Olsability (circle one)	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	MILITARY STATUS (circle one)	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
1			MALE		PHYSICAL MENTAL		YES		VETERAN		
			FEMALE OTHER		BOTH NONE		NO		ACTIVE NONE		
2			MALE FEMALE		PHYSICAL MENTAL		YES		VETERAN ACTIVE		
			OTHER		BOTH NONE		NO		NONE		
3			MALE FEMALE		PHYSICAL MENTAL BOTH		YES		VETERAN ACTIVE		
			OTHER		NONE		NO		NONE		
4			MALE FEMALE		PHYSICAL MENTAL		YES		VETERAN ACTIVE		
			OTHER		BOTH NONE		NO		NONE		
5			MALE		PHYSICAL		YES		VETERAN		
			FEMALE		MENTAL BOTH		NO		ACTIVE		
6			OTHER		NONE PHYSICAL		NO		NONE		
6			MALE FEMALE		MENTAL		YES		VETERAN ACTIVE		
			OTHER		BOTH NONE		NO		NONE		
7			MALE		PHYSICAL		YES		VETERAN		
			FEMALE		MENTAL BOTH		NO		ACTIVE		
0			OTHER		NONE PHYSICAL		NO		NONE		
8			MALE FEMALE		MENTAL		YES		VETERAN ACTIVE		
			OTHER		BOTH NONE		NO		NONE		
HOW MANY HOUSEHOLD M	EMBERS ARE:	A U. S. Citizen		Homebound		A disconnected yout	h (age: 14-24) w	ho is neither	working o	r in school	
LEGEND FOR COMPLETING	RELATION TO HEAI	O HH DATE OF BIRTH	GENDER	SOCIAL SECURITY	DISABILITY	HEALTH INSURANCE	RACE	MILITAR'	/ STATUS	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
THE HOUSEHOLD	Head of househo		• Male	OR I-94 NUMBER	<ul><li>Physical</li></ul>	Medicaid	American Ind			• 0-8th grade	• Employed (full-time)
MEMBER SECTION:	• Spouse	99 / 99 / 99	Female     Other	• SSN format:	Mental     Roth	Medicare     State Children's Health	Alaska Native     Asian		military	9th-12th grade/non-graduate     High School graduate	Employed (part-time)     Migrant seasonal form worker
	Child     Foster child		Other	999-99-9999  • I-94 format:	Both     (physical	<ul> <li>State Children's Health Insurance Program</li> </ul>	<ul><li>Asian</li><li>White</li></ul>	None		High School graduate     (or equivalency diploma)	<ul> <li>Migrant seasonal farm worker</li> <li>Unemployed (short term,</li> </ul>
	Grandchild			999999999999	and mental)	State Health Insurance	Black or Afric	an American		• 12th grade + some	6-months or less)
	• Sibling				• None	for Adults		Native Hawaiian and		post-secondary school	<ul> <li>Unemployed (long term,</li> </ul>
	• Parent					Military Health Care	Other Pacific	c Islander		College graduate (2 or 4 yrs)	more than 6-months)
	<ul><li>Grandparent</li><li>Other relative</li></ul>					<ul><li>Direct purchase</li><li>Employment based</li></ul>	Other    Multi-race (2)	or more of abo	(e)	Graduate of other     post-secondary school	<ul> <li>Unemployed (not in labor force)</li> </ul>
	Not related					None	- Widiti-Tace (2	or more or abo		post-secondary scriour	• Retired

IOWA LOW-INCOME HOME ENERG	GY ASSISTANCE PROGRAM AND WEATHERIZATION ASSISTA	ANCE PROGRAM APPLICATION Page 2 of 2							
3. HOUSEHOLD TYPE (check one)  SINGLE PERSON  TWO ADULTS NO CHILDREN	SINGLE PARENT FEMALE TWO PARENT HOUSEHOLD SINGLE PARENT MALE NON-RELATED ADULTS WITH CHILDREN	MULTIGENERATIONAL HOUSEHOLD OTHER:							
For each household income source you check, you must include proof of income documentation with this application.  For EMPLOYMENT INCOME, provide copies of your check stubs for the 30 days preceding this application, or provide a copy of your federal income tax return.  For SELF-EMPLOYMENT INCOME or FARM INCOME, provide a copy of your federal income tax return.									
$\vdash$	DISABILITY INCOME)  DISABILITY COMPENSATION  ECTED DISABILITY PENSION  TANF/FIP ASSISTANCE  workers' Compensation  UNEMPLOYMENT INSURANCE/BENEFITS  TANF/FIP ASSISTANCE  wing accounts, CDs, and other investments)?  YES  NO  Did anyone in	CASH CONTRIBUTIONS FROM FAMILY OR FRIENDS  ALIMONY OR OTHER SPOUSAL SUPPORT  GENERAL RELIEF/ASSISTANCE  CHILD SUPPORT  O your household file a tax return and receive the Income Tax Credit) benefit last year or this year?							
THIS BOX IS FOR AGENCY USE ONLY DOCUMENTED HOUSEH		ED HOUSEHOLD INCOME (ANNUAL) \$							
5. HOUSEHOLD NON-CASH BENEFITS (check all that apply)  SNAP (FOOD ASSISTANCE PROGR WIC (WOMEN, INFANTS, & CHILE LIHEAP		FFAIRS SUPPORTIVE HOUSING) OTHER:							
6. HOUSEHOLD HEATING AND ELECTRIC COMPANIES  You must include a copy of a red	You must include a copy of a recent HEATING SERVICE BILL and ELECTRIC SERVICE BILL with this application.  Do you have a disconnect notice?  YES  Are you currently disconnected?  YES								
7. HOUSING STATUS (check one) OWN RENT OTHE	R PERMANENT HOUSING HOMELESS If homeless, what is your housing situation?	OTHER:							
8. HOUSING TYPE (check one) HOUSE MOBILE HOME	2, 3, OR 4 UNIT APT. 5 OR MORE UNIT APT. RENT A ROOM	OTHER:							
9. MAIN SOURCE OF HOME HEATING ELECTRIC PROPANE (check one) If propane, do you have an empty or	WOOD/COAL/CORN NATURAL GAS FUEL OIL low tank (20% or less)? YES NO	OTHER:							
10. LANDLORD, PROJECT, COMPLEX INFORMATION  NAME	CERTIFICATION STATEMENT  I certify under penalty of perjury the above information is true. I give perm information and to share information with other organizations for the purpos information is to be conducted with maximum respect for the confidentiality	ses of providing services to assist my household. This sharing of							
ADDRESS	I am hereby making application for the Low-Income Home Energy Assistant further certify the following: I declare that I am the only person in the house information will be used, upon request, in determining eligibility for other age information on this form is subject to a penalty of law. I assure that any LIHE	hold who has or will apply for this program(s). I understand that this ency programs or services. Any willful misrepresentation of the							
PHONE NUMBER	I understand that by signing (either in written form or electronically) this application, I am authorizing the weatherization of my house at no cost to me or my family. This application does not guarantee any weatherization work being done on my house.								
MORTGAGE OR RENT COSTS PER MONTH: \$	, ,	I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services, and the agency processing this application to obtain additional information from my energy supplier about my household energy usage and payment history. I also							
IF YOU RENT, ANSWER THE FOLLOWING:	give permission to the State of Iowa to release application information to my								
Are your heating costs included in your rent?  YES NO	use to the LIHEAP and Weatherization Assistance Program.  I understand this statement.								
Do you receive rent assistance?  (Is your rent based on a percentage of your income?)  NO	SIGNATURE	DATE							