

IOWA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM AND WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

PLEASE USE A BLACK OR BLUE INK PEN TO COMPLETE.

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

DATE APPLICATION RECEIVED: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ COUNTY: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (if different than street): _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL NUMBER: _____ E-MAIL ADDRESS: _____

2. HOUSEHOLD MEMBER INFORMATION (A legend for completing this section is at the bottom of the page.)

NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER <small>(circle one)</small>	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY <small>(circle one)</small>	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	MILITARY STATUS <small>(circle one)</small>	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
1 USE THIS ROW FOR PERSON LISTED ABOVE	HEAD OF HOUSEHOLD		MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
2			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
3			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
4			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
5			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
6			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
7			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
8			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		

HOW MANY HOUSEHOLD MEMBERS ARE: A U. S. Citizen _____ Homebound _____ A disconnected youth (age: 14-24) who is neither working or in school _____

<p>LEGEND FOR COMPLETING THE HOUSEHOLD MEMBER SECTION:</p>	<p><u>RELATION TO HEAD HH</u></p> <ul style="list-style-type: none"> • Head of household • Spouse • Child • Foster child • Grandchild • Sibling • Parent • Grandparent • Other relative • Not related 	<p><u>DATE OF BIRTH</u></p> <ul style="list-style-type: none"> • Date format: 99 / 99 / 99 	<p><u>SOCIAL SECURITY OR I-94 NUMBER</u></p> <ul style="list-style-type: none"> • Social Security Number format: 999-99-9999 • I-94 format: 999999999 99 (11 numbers) 	<p><u>HEALTH INSURANCE</u></p> <ul style="list-style-type: none"> • Medicaid • Medicare • State Children's Health Insurance Program • State Health Insurance for Adults • Military Health Care • Direct purchase • Employment based • None 	<p><u>RACE</u></p> <ul style="list-style-type: none"> • American Indian • Alaska Native • Asian • White • Black or African American • Native Hawaiian and Other Pacific Islander • Other • Multi-race 	<p><u>HIGHEST LEVEL OF EDUCATION</u></p> <ul style="list-style-type: none"> • 0-8th grade • 9th-12th grade/non-graduate • High School graduate • GED/equivalency diploma • 12th grade + some post-secondary school • College graduate (2 or 4 yrs) • Graduate of other post-secondary school 	<p><u>EMPLOYMENT (WORK STATUS)</u></p> <ul style="list-style-type: none"> • Employed (full-time) • Employed (part-time) • Migrant or seasonal farm worker • Unemployed (short term, 6 months or less) • Unemployed (long term, more than 6 months) • Unemployed (not in labor force) • Retired
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3. **HOUSEHOLD TYPE (check one)** SINGLE PERSON SINGLE PARENT FEMALE TWO PARENT HOUSEHOLD MULTIGENERATIONAL HOUSEHOLD
 TWO ADULTS NO CHILDREN SINGLE PARENT MALE NON-RELATED ADULTS WITH CHILDREN OTHER: _____

4. **HOUSEHOLD INCOME SOURCES (check all that apply)**

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.

<input type="checkbox"/> EMPLOYMENT INCOME (SALARY/WAGES)	<input type="checkbox"/> SSI (SUPPLEMENTAL SECURITY INCOME)	<input type="checkbox"/> PRIVATE DISABILITY INSURANCE	<input type="checkbox"/> ALIMONY OR OTHER SPOUSAL SUPPORT	<input type="checkbox"/> CHILD SUPPORT
<input type="checkbox"/> SELF-EMPLOYMENT OR FARM INCOME	<input type="checkbox"/> SSDI (SOCIAL SECURITY DISABILITY INCOME)	<input type="checkbox"/> WORKERS' COMPENSATION	<input type="checkbox"/> GENERAL RELIEF/ASSISTANCE	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> RETIREMENT INCOME FROM SOCIAL SECURITY	<input type="checkbox"/> VA SERVICE CONNECTED DISABILITY COMPENSATION	<input type="checkbox"/> UNEMPLOYMENT INSURANCE/BENEFITS	<input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> PENSION	<input type="checkbox"/> VA NON-SERVICE CONNECTED DISABILITY PENSION	<input type="checkbox"/> TANF/FIP ASSISTANCE		

Does your household have savings over \$50,000 (includes: all savings/checking accounts, CDs, and other investments)? YES NO

Did anyone in your household file a tax return and receive the EITC (Earned Income Tax Credit) benefit last year or this year? YES NO

5. **HOUSEHOLD NON-CASH BENEFITS (check all that apply)**

<input type="checkbox"/> SNAP (FOOD ASSISTANCE PROGRAM)	<input type="checkbox"/> HCV (HOUSING CHOICE VOUCHER)	<input type="checkbox"/> HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING)
<input type="checkbox"/> WIC (WOMEN, INFANTS, & CHILDREN)	<input type="checkbox"/> PUBLIC HOUSING	<input type="checkbox"/> CHILD CARE VOUCHER
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING	<input type="checkbox"/> AFFORDABLE CARE ACT SUBSIDY
		<input type="checkbox"/> OTHER: _____

6. **HOUSING STATUS (check one)** OWN RENT OTHER PERMANENT HOUSING HOMELESS (if homeless, what is your housing status?) _____ OTHER: _____

If you RENT, are your heating costs included in your rent? YES NO

If you RENT, are your electric costs included in your rent? YES NO

If you RENT, do you receive rent assistance? YES NO

If you RENT, is your rent based on a percentage of your income? YES NO

What are your mortgage or rent costs per month? \$ _____

7. **LANDLORD/COMPLEX INFORMATION**

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____

8. **HOUSING TYPE (check one)** HOUSE MOBILE HOME RENT A ROOM 2, 3, OR 4 UNIT APT. 5 OR MORE UNIT APT. OTHER: _____

9. **MAIN SOURCE OF HOME HEATING (check one)** NATURAL GAS ELECTRIC PROPANE (LP) FUEL OIL WOOD/COAL/CORN OTHER: _____

If propane or fuel oil, do you have an empty or low tank (30% or less, or in the red)? YES NO

10. HOUSEHOLD HEATING, ELECTRIC, AND WATER COMPANIES	Do you have a disconnect notice?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you currently disconnected?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you on a payment arrangement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

You must include a copy of a recent HEATING BILL and ELECTRIC BILL with this application.

CERTIFICATION STATEMENT

I certify under penalty of perjury the above information is true. I give permission to the agency processing this application to acquire additional information and to share information with other organizations for the purposes of providing services to assist my household. This sharing of information is to be conducted with maximum respect for the confidentiality of the information contained in this application.

I am hereby making application for the Low-Income Home Energy Assistance Program (LIHEAP), Low-Income Household Water Assistance Program (LIHWAP), and/or the Weatherization Assistance Program. I further certify the following: I declare that I am the only person in the household who has or will apply for this program(s). I understand that this information will be used, upon request, in determining eligibility for other agency programs or services. Any willful misrepresentation of the information on this form is subject to a penalty of law. 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 and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home. This application does not guarantee any weatherization work being done on my house.

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/water supplier about my household usage and payment history. I also give permission to the State of Iowa to release application information to my energy/water supplier and to provide details about my account and usage to the LIHEAP, LIHWAP, and Weatherization Assistance Program.

I understand this statement.

SIGNATURE

DATE