

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

PLEASE USE A BLACK OR BLUE INK PEN IF FILLING OUT BY HAND

**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<br>(FIRST AND LAST)               | RELATION TO<br>HEAD OF<br>HOUSEHOLD | DATE OF BIRTH | GENDER<br>Male<br>Female<br>Other<br>(select one) | SOCIAL SECURITY<br>NUMBER OR I-94<br>NUMBER | DISABILITY<br>(select one) | HEALTH<br>INSURANCE | HISPANIC,<br>LATINO,<br>OR OF<br>SPANISH<br>ORIGIN? | RACE | MILITARY<br>STATUS<br>Veteran<br>Active<br>Unsure<br>(select one) | HIGHEST LEVEL OF<br>EDUCATION | EMPLOYMENT<br>(WORK STATUS) |
|----------------------------------------|-------------------------------------|---------------|---------------------------------------------------|---------------------------------------------|----------------------------|---------------------|-----------------------------------------------------|------|-------------------------------------------------------------------|-------------------------------|-----------------------------|
| 1 USE THIS ROW FOR PERSON LISTED ABOVE | HEAD OF HOUSEHOLD                   |               |                                                   |                                             |                            |                     |                                                     |      |                                                                   |                               |                             |
| 2                                      |                                     |               |                                                   |                                             |                            |                     |                                                     |      |                                                                   |                               |                             |
| 3                                      |                                     |               |                                                   |                                             |                            |                     |                                                     |      |                                                                   |                               |                             |
| 4                                      |                                     |               |                                                   |                                             |                            |                     |                                                     |      |                                                                   |                               |                             |
| 5                                      |                                     |               |                                                   |                                             |                            |                     |                                                     |      |                                                                   |                               |                             |
| 6                                      |                                     |               |                                                   |                                             |                            |                     |                                                     |      |                                                                   |                               |                             |
| 7                                      |                                     |               |                                                   |                                             |                            |                     |                                                     |      |                                                                   |                               |                             |
| 8                                      |                                     |               |                                                   |                                             |                            |                     |                                                     |      |                                                                   |                               |                             |

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

|                                                            |                                                                                                                                                                                           |                                                        |                                                                                                                                            |                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LEGEND FOR COMPLETING THE HOUSEHOLD MEMBER SECTION:</b> | <b>RELATION TO HEAD HH</b><br>• Head of household<br>• Spouse<br>• Child<br>• Foster child<br>• Grandchild<br>• Sibling<br>• Parent<br>• Grandparent<br>• Other relative<br>• Not related | <b>DATE OF BIRTH</b><br>• Date format:<br>99 / 99 / 99 | <b>SOCIAL SECURITY OR I-94 NUMBER</b><br>• Social Security Number format:<br>999-99-9999<br>• I-94 format:<br>999999999 99<br>(11 numbers) | <b>HEALTH INSURANCE</b><br>• Medicaid<br>• Medicare<br>• State Children's Health Insurance Program<br>• State Health Insurance for Adults<br>• Military Health Care<br>• Direct purchase<br>• Employment based<br>• None | <b>RACE</b><br>• American Indian<br>• Alaska Native<br>• Asian<br>• White<br>• Black or African American<br>• Native Hawaiian and Other Pacific Islander<br>• Other<br>• Multi-race | <b>HIGHEST LEVEL OF EDUCATION</b><br>• 0-8th grade<br>• 9th-12th grade/non-graduate<br>• High School graduate<br>• GED/equivalency diploma<br>• 12th grade + some post-secondary school<br>• College graduate (2 or 4 yrs)<br>• Graduate of other post-secondary school | <b>EMPLOYMENT (WORK STATUS)</b><br>• Employed (full-time)<br>• Employed (part-time)<br>• Migrant or seasonal farm worker<br>• Unemployed (short term, 6 months or less)<br>• Unemployed (long term, more than 6 months)<br>• Unemployed (not in labor force)<br>• Retired |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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**3. HOUSEHOLD TYPE (select one)**

If selecting Other, please explain below:

**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.*

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

Does your household have savings over \$50,000 (includes: all savings/checking accounts, CDs, and other investments)?

Did anyone in your household file a tax return and receive the EITC (Earned Income Tax Credit) benefit last year or this year?

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

|                                  |                              |                             |              |
|----------------------------------|------------------------------|-----------------------------|--------------|
| SNAP (FOOD ASSISTANCE PROGRAM)   | HCV (HOUSING CHOICE VOUCHER) | HUD-VASH (VETERANS AFFAIRS) |              |
| WIC (WOMEN, INFANTS, & CHILDREN) | PUBLIC HOUSING               | SUPP CHILD CARE VOUCHER     |              |
| LIHEAP                           | PERMANENT SUPPORTIVE HOUSING | AFFORDABLE CARE ACT SUBSIDY | OTHER: _____ |

**6. HOUSING STATUS**

HOMELESS (if homeless, what is your housing status?) \_\_\_\_\_

If you RENT, are your heating costs included in your rent?

If you RENT, do you receive rent assistance?

What are your mortgage or

If you RENT, are your electric costs included in your rent?

If you RENT, is your rent based on a percentage of your income?

rent costs per month? \$ \_\_\_\_\_

**7. LANDLORD/COMPLEX INFORMATION**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**8. HOUSING TYPE**

OTHER: \_\_\_\_\_

If using propane or fuel oil, do you have an empty or low tank (30% or less, or in the red)?

**9. MAIN SOURCE OF HOME HEATING**

OTHER: \_\_\_\_\_

**10. HOUSEHOLD HEATING, ELECTRIC, AND WATER COMPANIES**

|                                   |     | <u>HEATING</u> |     | <u>ELECTRIC</u> |     | <u>WATER</u> |  |
|-----------------------------------|-----|----------------|-----|-----------------|-----|--------------|--|
| Do you have a disconnect notice?  | YES | NO             | YES | NO              | YES | NO           |  |
| Are you currently disconnected?   | YES | NO             | YES | NO              | YES | NO           |  |
| Are you on a payment arrangement? | YES | NO             | YES | NO              | YES | NO           |  |

**Please submit a copy of a recent HEATING BILL and ELECTRIC BILL or WATER 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