

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

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 address) _____ 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.)

Hard Copy : Please Only Use Blue or Black Ink to Complete

NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER Circle One	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY Circle One	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN? Circle One	RACE	MILITARY STATUS Circle One	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 _____

LEGEND FOR COMPLETING THE HOUSEHOLD MEMBER SECTION:	RELATION TO HEAD HH	DATE OF BIRTH	SOCIAL SECURITY OR I-94 NUMBER	HEALTH INSURANCE	RACE	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
	1- Head of household	• Date format: 99 / 99 / 99	• Social Security Number format: 999-99-9999	1 - Medicaid	1 - American Indian	1 - 0-8th grade	1 - Employed (full-time)
	2 - Spouse		• I-94 format: 999999999 99 (11 numbers)	2 - Medicare	2 - Alaska Native	2 - 9th-12th grade/non-graduate	2 - Employed (part-time)
	3 - Child			3 - State Children's Health Insurance Program	3 - Asian	3 - High School graduate	3 - Migrant/seasonal farm work
	4 - Foster child			4 - State Health Insurance for Adults	4 - White	4 - GED/equivalency diploma	4 - Unemployed (short term, 6 months or less)
	5 - Grandchild			5 - Military Health Care	5 - Black or African American	5 - 12th grade + some post-secondary school	5 - Unemployed (long term, more than 6 months)
	6 - Sibling			6 - Direct purchase	6 - Native Hawaiian and Other Pacific Islander	6 - College graduate (2 or 4 yrs)	6 - Unemployed (not in labor force)
	7 - Parent			7 - Employment based	7 - Other	7 - Graduate of other post-secondary school	7 - Retired
	8 - Grandparent			8 - None	8 - Multi-race		
	9 - Other relative						
	10 - Not related						

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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.*

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

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

SNAP (FOOD ASSISTANCE PROGRAM) HCV (HOUSING CHOICE VOUCHER) HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING)
 WIC (WOMEN, INFANTS, & CHILDREN) PUBLIC HOUSING CHILD CARE VOUCHER
 LIHEAP PERMANENT SUPPORTIVE HOUSING AFFORDABLE CARE ACT SUBSIDY 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, do you receive rent assistance? YES NO
 If you RENT, are your electric costs included in your rent? 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 BLDG HAS 2 to 4 UNITS BLDG HAS 5 OR MORE UNITS 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 ACCOUNT STATUS

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

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

CERTIFICATION STATEMENT

I am hereby making application for the Low-Income Home Energy Assistance Program (LIHEAP), and/or the Weatherization Assistance Program. I understand that my signature on this application or my verbal consent gives permission to the agency processing this application to use the information I have provided to determine my household's eligibility for these programs, and for other programs administered by this agency for which I have applied. Further, 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 usage and payment history. I also give permission to the State of Iowa to release application information to my energy supplier and to provide details about my account and usage to the LIHEAP and Weatherization Assistance Programs as necessary to facilitate the receipt of benefits.

My signature on this application or my verbal consent certifies, under penalty of law, the following: 1) All information and documentation associated with this application is accurate and complete to the best of my ability. 2) I declare I am the only person in the household who has or will apply for these programs. 3) I understand that any willful misrepresentation of the information provided is subject to program disqualification and penalty of law. 4) If applicable, I authorize the weatherization of my house at no cost to me or my family. This includes authorizing the agency to contact my landlord for permission to weatherize the home when applicable. I understand that signing this application does not guarantee I will receive weatherization assistance.

I understand this statement. _____

SIGNATURE **DATE**