

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

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Revised 07/01/25

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 | SEX 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 | | YES NO UNKNOWN | | YES NO | | VETERAN ACTIVE NONE UNSURE | | |
| 2 | | | MALE FEMALE | | YES NO UNKNOWN | | YES NO | | VETERAN ACTIVE NONE UNSURE | | |
| 3 | | | MALE FEMALE | | YES NO UNKNOWN | | YES NO | | VETERAN ACTIVE NONE UNSURE | | |
| 4 | | | MALE FEMALE | | YES NO UNKNOWN | | YES NO | | VETERAN ACTIVE NONE UNSURE | | |
| 5 | | | MALE FEMALE | | YES NO UNKNOWN | | YES NO | | VETERAN ACTIVE NONE UNSURE | | |
| 6 | | | MALE FEMALE | | YES NO UNKNOWN | | YES NO | | VETERAN ACTIVE NONE UNSURE | | |
| 7 | | | MALE FEMALE | | YES NO UNKNOWN | | YES NO | | VETERAN ACTIVE NONE UNSURE | | |
| 8 | | | MALE FEMALE | | 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 SECURTY 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 | VA SERVICE CONNECTED DISABILITY COMPENSATION | UNEMPLOYMENT INSURANCE/BENEFITS | | |
| PENSION | 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 <u>heating</u> costs included in your rent? | | | YES | NO |
| If you RENT, are your <u>electric</u> costs included in your rent? | | | YES | NO |
| | | | If you RENT, do you receive rent assistance? | YES |
| | | | If you RENT, is your rent based on a percentage of your income? | YES |
| | | | 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 |
| Are you currently disconnected? | YES | NO |
| Are you on a payment arrangement? | 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