

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

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

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.)

| 1 | 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 | | | | MALE FEMALE OTHER | | PHYSICAL MENTAL BOTH NONE | | YES NO | | VETERAN ACTIVE NONE | | |
| 2 | | | | MALE FEMALE OTHER | | PHYSICAL MENTAL BOTH NONE | | YES NO | | VETERAN ACTIVE NONE | | |
| 3 | | | | MALE FEMALE OTHER | | PHYSICAL MENTAL BOTH NONE | | YES NO | | VETERAN ACTIVE NONE | | |
| 4 | | | | MALE FEMALE OTHER | | PHYSICAL MENTAL BOTH NONE | | YES NO | | VETERAN ACTIVE NONE | | |
| 5 | | | | MALE FEMALE OTHER | | PHYSICAL MENTAL BOTH NONE | | YES NO | | VETERAN ACTIVE NONE | | |
| 6 | | | | MALE FEMALE OTHER | | PHYSICAL MENTAL BOTH NONE | | YES NO | | VETERAN ACTIVE NONE | | |
| 7 | | | | MALE FEMALE OTHER | | PHYSICAL MENTAL BOTH NONE | | YES NO | | VETERAN ACTIVE NONE | | |
| 8 | | | | MALE FEMALE OTHER | | PHYSICAL MENTAL BOTH NONE | | YES NO | | VETERAN ACTIVE NONE | | |

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 | GENDER | SOCIAL SECURITY OR I-94 NUMBER | DISABILITY | HEALTH INSURANCE | RACE | MILITARY STATUS | HIGHEST LEVEL OF EDUCATION | EMPLOYMENT (WORK STATUS) |
|---|---------------------|--------------------------------|-------------------------------|--|--|---|--|--|---|--|
| | • Head of household | • Date format: 99 / 99 / 99 | • Male • Female • Other | • SSN format: 999-99-9999 • I-94 format: 999999999 99 (11 numbers) | • Physical • Mental • Both (physical and mental) • None | • Medicaid • Medicare • State Children's Health Insurance Program • State Health Insurance for Adults • Military Health Care • Direct purchase • Employment based • None | • American Indian • Alaska Native • Asian • White • Black or African American • Native Hawaiian and Other Pacific Islander • Other • Multi-race (2 or more of above) | • Veteran • Active military • None | • 0-8th grade • 9th-12th grade/non-graduate • High School graduate (or equivalency diploma) • 12th grade + some post-secondary school • College graduate (2 or 4 yrs) • Graduate of other post-secondary school | • Employed (full-time) • Employed (part-time) • Migrant 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)**

| | | | |
|---|---|---|--|
| <input type="checkbox"/> SINGLE PERSON | <input type="checkbox"/> SINGLE PARENT FEMALE | <input type="checkbox"/> TWO PARENT HOUSEHOLD | <input type="checkbox"/> MULTIGENERATIONAL HOUSEHOLD |
| <input type="checkbox"/> TWO ADULTS NO CHILDREN | <input type="checkbox"/> SINGLE PARENT MALE | <input type="checkbox"/> NON-RELATED ADULTS WITH CHILDREN | <input type="checkbox"/> 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"/> CASH CONTRIBUTIONS FROM FAMILY OR FRIENDS |
| <input type="checkbox"/> SELF-EMPLOYMENT OR FARM INCOME | <input type="checkbox"/> SSDI (SOCIAL SECURITY DISABILITY INCOME) | <input type="checkbox"/> WORKERS' COMPENSATION | <input type="checkbox"/> ALIMONY OR OTHER SPOUSAL SUPPORT |
| <input type="checkbox"/> SOCIAL SECURITY RETIREMENT INCOME | <input type="checkbox"/> VA SERVICE CONNECTED DISABILITY COMPENSATION | <input type="checkbox"/> UNEMPLOYMENT INSURANCE/BENEFITS | <input type="checkbox"/> GENERAL RELIEF/ASSISTANCE |
| <input type="checkbox"/> PENSION | <input type="checkbox"/> VA NON-SERVICE CONNECTED DISABILITY PENSION | <input type="checkbox"/> TANF/FIP ASSISTANCE | <input type="checkbox"/> CHILD SUPPORT |

Does your household have savings over \$15,000 (include: all savings and 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

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DOCUMENTED HOUSEHOLD INCOME (ANNUAL) \$ _____

SELF-DECLARED HOUSEHOLD INCOME (ANNUAL) \$ _____

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"/> OTHER: _____ |
| <input type="checkbox"/> WIC (WOMEN, INFANTS, & CHILDREN) | <input type="checkbox"/> PUBLIC HOUSING | <input type="checkbox"/> CHILDCARE VOUCHER | |
| <input type="checkbox"/> LIHEAP | <input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING | <input type="checkbox"/> AFFORDABLE CARE ACT SUBSIDY | |

6. **HOUSEHOLD HEATING AND ELECTRIC COMPANIES**

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 NO

Are you currently disconnected? YES NO

7. **HOUSING STATUS (check one)**

OWN RENT OTHER 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 (check one)**

ELECTRIC PROPANE WOOD/COAL/CORN NATURAL GAS FUEL OIL OTHER: _____

If propane, do you have an empty or low tank (20% or less)? YES NO

10. **LANDLORD, PROJECT, COMPLEX INFORMATION**

NAME _____

ADDRESS _____

PHONE NUMBER _____

MORTGAGE OR RENT COSTS PER MONTH: \$ _____

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) 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 assure that any LIHEAP energy payments received will be used solely for home energy costs. 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.

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 give permission to the State of Iowa to release application information to my energy supplier and to provide details about my account and energy use to the LIHEAP and Weatherization Assistance Program.

I understand this statement.

IF YOU RENT, ANSWER THE FOLLOWING:

- Are your heating costs included in your rent? YES NO
- Do you receive rent assistance? YES NO

(Is your rent based on a percentage of your income?)

SIGNATURE

DATE