

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

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Revised 09/01/23

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

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

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

HOME PHONE NUMBER: _____

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

CITY: _____ STATE: _____ ZIP CODE: _____
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 Circle One	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY Circle One	HEALTH INSURANCE Circle One	HISPANIC, LATINO, OR SPANISH ORIGIN? Circle One	RACE Circle One	MILITARY STATUS Circle One	HIGHEST LEVEL OF EDUCATION Circle One	EMPLOYMENT (WORK STATUS)
1. USE THIS ROW FOR PERSON LISTED ABOVE	HEAD OF HOUSEHOLD		MALE FEMALE OTHER		YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN	NO	VETERAN ACTIVE NONE UNSURE		
2			MALE FEMALE OTHER		YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN	NO	VETERAN ACTIVE NONE UNSURE		
3			MALE FEMALE OTHER		YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN	NO	VETERAN ACTIVE NONE UNSURE		
4			MALE FEMALE OTHER		YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN	NO	VETERAN ACTIVE NONE UNSURE		
5			MALE FEMALE OTHER		YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN	NO	VETERAN ACTIVE NONE UNSURE		
6			MALE FEMALE OTHER		YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN	NO	VETERAN ACTIVE NONE UNSURE		
7			MALE FEMALE OTHER		YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN	NO	VETERAN ACTIVE NONE UNSURE		
8			MALE FEMALE OTHER		YES NO UNKNOWN	YES NO UNKNOWN	YES NO UNKNOWN	NO	VETERAN ACTIVE NONE UNSURE		

HOW MANY HOUSEHOLD MEMBERS ARE:

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 OR I-94 NUMBER	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			1 - Medicaid	1 - American Indian	1 - 0-8th grade	1 - Employed (full-time)
2 - Spouse	• Social Security Number format: 99-99-9999			2 - Medicare	2 - Alaska Native	2 - 9th-12th grade/non-graduate	2 - Employed (part-time)
3 - Child				3 - State Children's Health	3 - Asian	3 - High School graduate	3 - Migrant/seasonal farm work
4 - Foster child	• I-94 format: 9999999999			4 - Insurance Program	4 - White	4 - GED/equivalency diploma	4 - Unemployed (short term,
5 - Grandchild				4 - State Health Insurance for Adults	5 - Black or African American	5 - 12th grade + some post-secondary school	5 - months or less)
6 - Sibling				6 - Native Hawaiian and Other Pacific Islander	6 - post-secondary school	5 - Unemployed (long term, more than 6 months)	5 - Unemployed (not in labor force)
7 - Parent				7 - Other	7 - Graduate of other post-secondary school	6 - College Graduate (2 or 4 yrs)	7 - Retired
8 - Grandparent				8 - Direct purchase	8 - Multi-race	6 - Unemployed	
9 - Other relative				8 - None		8 -	
10 - Not related							

