

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

## 1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LAST NAME:	FIRST NAME:	DATE APPLICATION RECEIVED:
STREET ADDRESS:	CITY:	MIDDLE INITIAL:
MAILING ADDRESS (if different than street address)	CITY:	COUNTY:
HOME PHONE NUMBER:	CELL NUMBER:	STATE:
		ZIP CODE:
		STATE:
		E-MAIL ADDRESS:
		ZIP CODE:

## 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 <small>Circle One</small>	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY <small>Circle One</small>	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN? <small>Circle One</small>	RACE	MILITARY STATUS <small>Circle One</small>	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: Homebound

A disconnected youth (age: 14-24) who is neither working or in school

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

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

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

Does your household have savings over \$50,000 (includes: all savings/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

## 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, AND WATER COMPANIES

- |                                   |  |         |  |          |  |       |  |
|-----------------------------------|--|---------|--|----------|--|-------|--|
| Do you have a disconnect notice?  | <input type="checkbox"/> YES <input type="checkbox"/> NO | HEATING | <input type="checkbox"/> YES <input type="checkbox"/> NO | ELECTRIC | <input type="checkbox"/> YES <input type="checkbox"/> NO | WATER | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you currently disconnected?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |         | <input type="checkbox"/> YES <input type="checkbox"/> NO |          | <input type="checkbox"/> YES <input type="checkbox"/> NO |       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you on a payment arrangement? | <input type="checkbox"/> YES <input type="checkbox"/> NO |         | <input type="checkbox"/> YES <input type="checkbox"/> NO |          | <input type="checkbox"/> YES <input type="checkbox"/> NO |       | <input type="checkbox"/> YES <input type="checkbox"/> 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), Low-Income Household Water Assistance Program (LHWAP), 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/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, LHWAP, and Weatherization Assistance Program 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