

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 and Other Pacific Islander	5 - 12th grade + some post-secondary school	5 - Unemployed (long term, more than 6 months)
	6 - Sibling			6 - Direct purchase	7 - Other	6 - College graduate (2 or 4 yrs)	6 - Unemployed (not in labor force)
	7 - Parent			7 - Employment based	8 - Multi-race	7 - Graduate of other post-secondary school	7 - Retired
	8 - Grandparent			8 - None			
	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
 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 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
 2, 3, OR 4 UNIT APT.
 5 OR MORE UNIT APT.
 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?
 HEATING: YES NO
 ELECTRIC: YES NO
 WATER: YES NO
 Are you currently disconnected?
 HEATING: YES NO
 ELECTRIC: YES NO
 WATER: YES NO
 Are you on a payment arrangement?
 HEATING: YES NO
 ELECTRIC: YES NO
 WATER: 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), Low-Income Household Water Assistance Program (LIHWAP), 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, LIHWAP, 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



Utility Bill Assistance Application Checklist

Print Your Name Here: _____

Required Income Documents				
Please check each income type your household receives and include copies of the documents. You may use the past 30 days or the past year for income documents, but everyone in the household must choose the same measurement period (everyone uses 30 days or everyone uses past year).				
Yes	No	Types of Income	Past 30 Days	Past Year
		Wages, Salary	Paycheck stubs for the past 30 days (if paid every-other-week, most recent 2)	All W-2 forms, or your last Federal Income Tax Return
		Self-Employment, Rental Income, or Farm Income	Not applicable. You must use the past year as your measurement period	Last completed Federal Income Tax Return
		Social Security (Disability or Retirement), or SSI	Check copy, award letter, or recent bank statement showing direct deposit	1099 SSA, or last completed Federal Income Tax return for SSA or SSDI. For SSI, we will need a printout from social security for all months
		Pension or Retirement Benefits	Copy of award letter, copy of check received, or recent bank statement showing direct deposit	1099 R for pension or retirement income, or most recent Federal Income Tax return
		Veteran's Administration (VA) Benefits	Letter or statement showing the amount received	Printout from the Veteran's Administration (VA) showing benefits received for all months
		Adoption Subsidy	Copy of the check or monthly statement	Monthly statements from the past year
		Child Support	Child Support printout, copy of the check, or statement from the payor	Printout for the past year, copies of checks, statement from the payor.
		Worker's Compensation	Benefit statements	Benefit statements for the past year or statement from the payor
		Dividend Benefits	Letter or statement showing the amount received	1099 DIV or the most recent Federal Income Tax Return
		Unemployment Benefits	Printout from Workforce Development	1099 G or most recent Federal Income Tax Return
Other Required Documents				
✓	Please include copies of these documents with your application.			
	Social Security Card, driver's license, passport, or state ID for everyone in the household (including children). If you provided these last year, we may have them on file already			
	Your heating bill (natural gas, propane, electric, etc.)			
	Your electric bill (this may be the same as your heating bill)			
	Fully completed paper application – both sides, signed and dated			

Feedback: Please let us know how easy or difficult it was to complete this application by circling one of the words below. **CIRCLE ONE**



Very Easy

Easy

Neutral

Difficult

Very Difficult

Are your utility bills unbearable?



We're happy to hear you are interested in utility bill assistance through the Low Income Home Energy Assistance Program (LIHEAP).

Choose How You Would Like to Apply



You can apply by filling out the application in this packet and sending it back to us with copies of the documents listed on the enclosed checklist.



You can set an appointment with us to complete the application by phone at caeiowa.org, or by calling us at 563-324-3236. You will be asked to send in copies of the documents on the checklist.



You can apply online between November 1, 2022 and April 30, 2023 at caeiowa.org. Apply online for fastest service.

Who can Apply

Anyone living in Scott, Clinton, Muscatine, or Cedar counties in Iowa can apply. To receive a benefit, you must meet the Income Guidelines. Households with someone 60+ or disabled can apply starting 10/1/2022. All other households can apply starting 11/1/2022.

Income Guidelines	
1 Person	\$27,180
2 People	\$36,620
3 People	\$46,060
4 People	\$55,500
5 People	\$64,940
6 People	\$74,380
7 People	\$83,820
8 People	\$93,260

Where Do I Send My App?

If we gave you a return envelope – use that. We will pay the postage. If you would rather drop it off, please visit our website or call us to find the location nearest you.



caeiowa.org
(563) 324-3236