

2009-2010 LIHEAP Application

*This packet contains the energy assistance application materials you requested. Please use the attached information to complete your application and **return to Operation Threshold by April 30, 2010.***

1. **Please complete the white application.** You must **sign** the application at the bottom! (The instructions to complete this application are on the *pink* pages.)
2. **Send verification of all income** that you or any household member has received in the last 90 days. (Information about income verification needed is on the *yellow* pages.)
3. **Send a copy of your most recent heating and electric bills.** If utilities are included in your rent, we will obtain the necessary verification from your landlord.
4. **Send a copy of your telephone bill** if you wish to apply for the **Low Income Telephone Assistance Program.** (Please refer to the *blue* page for information/application.)

It may take up to 30 days to process your application. You will be notified BY MAIL when your application has been approved or denied.

****Please do not call before then to check on your application unless you receive a disconnect notice or need an emergency fuel delivery.***

You MUST continue making payments on your heating/electric bills!

For Homeowners Only: Assistance may be available for furnace repair or replacement. Contact our office for more information.

If you have questions or need assistance, please contact the Operation Threshold office in your county:

Black Hawk County	(319) 291-2065
Buchanan County	(319) 334-6081
Grundy County	(319) 824-3460

**IOWA DEPARTMENT OF HUMAN RIGHTS
DIVISION OF COMMUNITY ACTION AGENCIES - INTAKE FORM**

AGENCY FILE # _____

CERTIFIED _____

DATE _____ TIME _____

Last Name _____ First Name _____ Middle _____

Street Address _____ Mailing Address (if different) _____

City _____ State _____ Zip _____

Approval Date _____
Poverty Level _____ %
LIHEAP Amt. _____
ECIP Amt. _____ Other _____

Telephone Co. _____

(_____) Phone Number/Name on acct. _____ VA Number _____ Medicaid Number _____ Aid Type _____

HMN	NAME	DATE OF BIRTH	Relation to Head of HH	Sex	SOCIAL SECURITY NUMBER	Ethnic	Disability	Health Insurance	Education Level	Marital Status	Veteran

TOTAL HOUSEHOLD MEMBERS

HMN	INCOME SOURCES (Please list all and identify by HMN)	RATE OF PAY	INCOME <input type="checkbox"/> 3 MONTH <input type="checkbox"/> 12 MONTH

TOTAL INCOME _____

HMN	PROGRESSIVE REVIEW		

FAMILY TYPE:

- Single female with children Single male with children Single person
 Two parents with children Two adults without children Other

HOUSING STATUS: (check one)

- Rent Own Buy Homeless Other _____

If homeless, indicate housing situation _____

ARE YOU OR ANY HOUSEHOLD MEMBER:

- A farmer A migrant farm worker A seasonal farm worker
 Receiving Food Stamps Receiving General Assistance

HOW MANY HOUSEHOLD MEMBERS ARE:

- _____ A U.S. citizen _____ A Native American _____ 60 or older
_____ 3 or younger _____ Homebound _____ Disabled

ARE YOU OR ANY FAMILY MEMBER RECEIVING:

- Unemployment Benefits Social Security SSI FIP
 Veterans Assistance Child Support

HEATING SERVICE: (bill or copy of bill)

Company _____

Account _____

Name on account _____

ELECTRIC SERVICE:

Company _____

Account # _____

Name on account _____

MAIN SOURCE OF HEATING: (check one)

- Electric Propane Wood / Coal / Corn Natural Gas

- Fuel Oil Other _____

HOUSING TYPE: (check one)

- House Mobile Home 2, 3, or 4 unit apt. 5 or more unit apt.
 Rent a room Other _____

LANDLORD, PROJECT OR COMPLEX:

Name _____

Address _____

Phone _____

Mortgage or Rent costs per month: \$ _____

If you rent, are your heating costs included? Yes No

Do you receive rent assistance? Yes No
(Is your rent based on a percentage of your income?)

Do you have savings over \$15,000? Yes No
(Include savings, CD's and other investments)

Are you receiving Lifeline Telephone Assistance? Yes No

Do you wish to apply for Lifeline Telephone Assistance? Yes No

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.

If I am hereby making application for Low Income Home Energy Assistance. I further certify the following: I declare that I am the only person in the household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to a penalty of law. I assure that any energy payments received under this program will be used solely for home energy costs. I understand that by signing this application I am authorizing the Weatherization of my house at no cost to my family, or me but this application does not guarantee any 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 telephone service provider, and for my heating and electric company to provide details about my account and energy use to the energy assistance and weatherization programs.

I understand completion of this application also represents application for the Telephone Lifeline Assistance Program. I agree to notify my telecommunications provider if I cease to be eligible for the program. I understand this statement.

Signature _____

Date _____

LIHEAP APPLICATION INSTRUCTIONS

Low Income Home Energy Assistance & Weatherization Program

Follow these steps to complete the application:

Please use a black or blue ball point pen. Print clearly. Press hard.

2. Print the Last Name, the First Name and the Middle initial of the **head of the household**.
The head of the household is the adult who has the most income.
3. Print your Mailing Address.
*If your **street address** is different from your **mailing address** print your street address on the same line as your phone number.*
4. Write the Phone Number where you can be reached during the day.
Is this a home phone, cell phone, message phone or work phone? Please write that beside it.
5. Print the following information for every person currently living in the house:
Ignore the first column with the heading HMN.
 - a. Name (*first and last name*)—begin with the **head of household** named at the top of the application.
 - b. Date of Birth (*month/day/year*)
 - c. Relationship to Head of Household:

<i>0 – Yourself</i>	<i>5 – Parent</i>
<i>1 – Spouse</i>	<i>6 – Grandparent</i>
<i>2 – Child</i>	<i>7 – Related: Other</i>
<i>3 – Foster Child</i>	<i>8 – Not Related</i>
<i>4 – Grandchild</i>	
 - d. Sex (*M for male or F for female*)
 - e. Social Security Number
 - f. Ethnic Background or Race (optional)

<i>B – Black</i>
<i>H – Hispanic</i>
<i>I – American Indian</i>
<i>A – Asian/Pacific Islander</i>
<i>C – Caucasian</i>
 - g. Disability (*yes or no*)
 - h. Health Insurance – indicate Medicare, Medicaid, Hawk-I, Iowa Care or private insurance
 - i. Education Level (*last grade completed*)
 - j. Marital Status:

<i>1 – Never Married</i>
<i>2 – Married</i>
<i>3 – Separated</i>
<i>4 – Divorced</i>
<i>5 – Widowed</i>
 - k. Veteran (*yes or no*)

If there are more than 5 people living in the house, enclose a separate piece of paper with their information.

6. TOTAL HOUSEHOLD MEMBERS: Print the total number of people living in the house.
7. Go to the second box on the application.
Leave the first column marked HMN blank.
 - a. List all of the INCOME SOURCES for household members.
For example write “wages”, “FIP”, “Child Support”, “SSI”, etc.
 - b. Write the RATE OF PAY for each source of income.
For example write “weekly” or “monthly” or “2 weeks”.

SEE NEXT PAGE FOR MORE DIRECTIONS

- c. Check the box in the INCOME column for the time period you want to use: *3 or 12 month?*
- d. Write the GROSS income (before taxes or any deductions) for the time period selected.
DO NOT TOTAL THE INCOME. The office staff will do this when your application is processed.

BE SURE TO SEND PROOF OF ALL INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS!

8. The last box on the page is PROGRAM SERVICES. PLEASE LEAVE THIS BLANK!
9. Under FAMILY TYPE: check the correct box describing your family.
10. Under HOUSING STATUS: check the correct box.
11. Under ARE YOU OR ANY HOUSEHOLD MEMBER: (a farmer, migrant worker, etc...) check all that apply.
12. In the shaded area HOW MANY HOUSEHOLD MEMBERS ARE: (U.S. citizens, Native American, etc...) list the number of family members that fit in each area listed.
13. Also in the shaded area ARE YOU OR ANY FAMILY MEMBER RECEIVING: (unemployment, Social Security, etc...) check all that apply.

GO TO THE SHADED AREA ON THE RIGHT HAND SIDE OF THE APPLICATION.

14. Under HEATING SERVICE: write the name of your heating company. Write the account number and the name the account is in.
15. Under ELECTRIC SERVICE: write the name of your electric company. Write the account number if there is one and the name the account is in. (*If it's the same as your heating service, write "same"*)

BE SURE TO SEND A COPY OF YOUR MOST RECENT HEAT AND ELECTRIC BILLS!

16. Under MAIN SOURCE OF HEATING: check **one box only** showing your main source of heating fuel.
If you check "Other" explain that source on the line next to it.
17. Under HOUSING TYPE check the appropriate choice.
If you check "Other" please explain on the line next to it.
18. Under LANDLORD, PROJECT OR COMPLEX PRINT the name, address and phone number of your landlord.
If you own or are buying print "own" or "buying" in this space.
19. Under HOUSING COSTS list how much you pay for **rent, lot rent, or house payment** each month.
Do not include the amount that is paid for you if your rent is subsidized.
20. If you rent, are your heating costs included? (in your rent) Check Yes or No.
21. Do you receive rent assistance? (**Section 8 or subsidized housing**) Check Yes or No.
22. Do you have savings over \$15,000? Check Yes or No.
23. Review the form and read the final statement carefully then **SIGN AND DATE** it at the bottom of the page.

USE THE FOLLOWING LIST FOR PROOF OF INCOME NEEDED

You must provide verification of gross income for all household members.

You may choose to verify your income for the last 90 days, last 12 months, or last calendar year.
All income must be verified for the same time period.

If you choose to verify your income for the last calendar year, please provide your **federal tax return or W-2 forms** for the most recent calendar year. Be sure to verify any other sources of income received during the same year that may not be reported for tax purposes, such as FIP, child support, Social Security, and SSI benefits.

Verification should include:

- the name of the person receiving the income;
- the date received; *and*
- the source of the payment.

Following are examples of acceptable income verification.

1. **WORK/EMPLOYMENT**

Paid monthly	3 most recent pay stubs showing gross wages
Paid 2 times a month:	6 most recent pay stubs showing gross wages
Paid every 2 weeks	7 most recent pay stubs showing gross wages
Paid weekly	13 most recent pay stubs showing gross wages
Paid daily	Pay stubs showing gross wages paid each day for 90 days

If all required pay stubs are not available we can verify using at least 2 pay stubs from the 90 day verification period, or you may get a printout from your employer.

- | | |
|---------------------------|--|
| 2. FIP | copy of the most recent medical card
copy of the most recent check
most recent award letter |
| 3. SOCIAL SECURITY | copy of most recent check
most recent award letter
most recent bank statement showing direct deposit
printout from Social Security Office |
| 4. SSI | copy of most recent check
copy of most recent medical card
most recent award letter
most recent bank statement showing direct deposit
printout from Social Security Office |

SEE NEXT PAGE FOR MORE OPTIONS.

5. **PENSIONS**
(Includes V.A.) copy of most recent check
most recent award letter
most recent bank statement showing direct deposit
6. **UNEMPLOYMENT** printout from Workforce Development Center
most recent award letter
copy of most recent check
7. **SELF-EMPLOYED/
FARM INCOME** copy of most recent year's Federal tax return
bookkeeping records for past 90 days of income/expenses
8. **CHILD SUPPORT** print-out from Child Support Recovery.
copy of all checks for period (from the source)
9. **RENTAL INCOME** copy of most recent Federal tax return
bookkeeping records for past 90 days of income/expenses
10. **FOSTER CARE** not counted as income
11. **SCHOOL LOANS
& GRANTS** not counted as income
12. **GENERAL ASSISTANCE** statement from agencies showing payments made on your
behalf for rent, utilities, etc.
13. **SUB PAY** pay stubs with clock #
14. **STRIKE BENEFITS** statement from Union
15. **ZERO INCOME** If the household has had NO income in the past 90 days
contact your local Operation Threshold office for a **Minimal
Income Form** and instructions.
16. **FAMILY, FRIENDS,
MILITARY
ALLOTMENT** copy of the checks for the period
signed statement from the person(s) providing regular
financial support

LOW-INCOME TELEPHONE ASSISTANCE PROGRAM

If you are eligible for energy assistance you may automatically qualify for the Low-Income Telephone Assistance Program (Lifeline). This is a plan that assists qualified low-income Iowans by providing a **monthly credit on your telephone bill**. This credit varies by your service provider and can range up to \$10 per month.

Once you have enrolled in Lifeline, you may continue to receive the credit on your phone bill until you notify your phone company that you no longer qualify for assistance. If you are currently receiving this credit on your bill, you do not need to reapply.

If you are not already enrolled in Lifeline and would like to apply:
complete this form, return it with your energy assistance application
you must provide a copy of your most recent phone bill

Your name

Address

(_____)_____
Telephone number Telephone company

The name on your phone bill

Is the account name a resident of the household or a deceased spouse?
(If not, you will not be eligible for this program.)
_____ Yes _____ No

DON'T FORGET TO PROVIDE A COPY OF YOUR PHONE BILL. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT IT.