



# Low-Income Home Energy Assistance Program (LIHEAP)

**Black Hawk County Office**  
1535 Lafayette St, Box 4120  
Waterloo, IA 50704  
(319) 291-2065

**Buchanan County Office**  
1827 1<sup>st</sup> St. W., Ste. D  
Independence, IA 50644  
(319) 334-6081

**Grundy Center Office**  
1606 G Avenue  
Grundy Center, IA 50638  
(319) 824-3460

## APPLICATION PERIOD: November 1st through April 30<sup>th</sup>.

\*Household members 60 years of age and older and those who are disabled can begin applying October 1st.

These are agency guidelines for filling out the LIHEAP application. Applicant information is confidential and used only for evaluation of application. ***\*Your signature on the application verifies that the information is factual.***

1. Your application will be processed within 30 days of applying provided **ALL** required documentation and information is submitted with the application. Approval or denial of your application is sent to you in the mail.
2. Only one application **per household.**
3. Even after you apply for Energy Assistance continue to pay your heating bill so you are not disconnected or run out of fuel.
4. If you **move or your account number changes with the utility company, you MUST contact Operation Threshold within 45 days!**
5. **WHAT TO PROVIDE:**
  - a) **Proof/documentation of income for ALL Household members for the most recent 30 days.**
    - Check stubs from the previous 30 days, Social Security Benefit Award letter, 2019 Federal Tax return (professionally completed and signed), Social Security Retirement Income, current DHS Notice of Decision for FIP, Self-Employment or Farm Income pay, Unemployment pay, Veterans Assistance, Pensions, Child Support and Alimony.
    - Income must be from the same time frame for all household members (Federal Tax Return, most recent 30 days)
  - b) **Social Security Cards for ALL Household Members**
  - c) **Most recent Heat Bill**
  - d) **Most recent Electric Bill**
6. Eligible households **are at or below 175%** of the current year Federal Poverty Level Guidelines.

Household Size	Annual Gross Income
1	\$ 22,330
2	\$ 30,170
3	\$ 38,010
4	\$ 45,850
5	\$ 53,690
6	\$ 61,370
7	\$ 69,370
8	\$ 77,210

\* For households with more than 8 members, add \$ 7,840 annually for each additional member.

\* All income will be annualize. Income will be collected for a 30-day period-counting back 30 calendar days from the day before the date of application.

### **Did You Remember To?**

1. Fill out all required information clearly and completely?
2. Provide Social Security numbers for **ALL** household members? (if you applied in 2019 you do not need to provide)
3. Send proof of immigration status if you are a non-citizen?
4. If your rent includes heat, include a copy of your lease?
5. List additional members in the household on your app?
6. Provide proof of all household income for past 30 days?
7. Sign and date your application?



# BASIC INTAKE FORM

HEAD OF HOUSEHOLD CONTACT INFORMATION							
LAST NAME		FIRST NAME		MIDDLE INITIAL		COUNTY	
STREET ADDRESS		CITY		STATE		ZIP CODE	
MAILING ADDRESS		CITY		STATE		ZIP CODE	
HOME PHONE NUMBER		CELL NUMBER		EMAIL ADDRESS			

**HOUSEHOLD MEMBER INFORMATION** (A legend for completing this section is at the bottom of the page)

NAME (FIRST AND LAST)  USE ROW 1 FOR PERSON LISTED ABOVE	RELATION TO HEAD OF HOUSEHOLD	Marital Status	DATE OF BIRTH	GENDER (circle one)	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY (circle one)	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	MILITARY STATUS (circle one)	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (work status)	INCOME PERIOD
1	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 HH	DOB	MARITAL STATUS	SS NUMBER OR I-94 NUMBER	HEALTH INSURANCE	RACE	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
<ul style="list-style-type: none"> <li>Head of Household</li> <li>Spouse</li> <li>Child</li> <li>Foster Child</li> <li>Grandchild</li> <li>Sibling</li> <li>Parent</li> <li>Grandparent</li> <li>Other Relative</li> <li>Not Related</li> </ul>	<ul style="list-style-type: none"> <li>Date Format 99/99/99</li> </ul>	<ul style="list-style-type: none"> <li>Married</li> <li>Single</li> <li>Divorced</li> <li>Widowed</li> </ul>	<ul style="list-style-type: none"> <li>Social Security Number Format: 999-99-9999</li> <li>I-94 Format (11 numbers) 999999999 99</li> </ul> <p><b>INCOME PERIOD</b></p> <ul style="list-style-type: none"> <li>Weekly</li> <li>Bi-Weekly</li> <li>Semi-Monthly</li> <li>Monthly</li> <li>Quarterly</li> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid</li> <li>Medicare</li> <li>State Children's Health Insurance Program</li> <li>State Health Insurance for Adults</li> <li>Military Health Care</li> <li>Direct Purchase</li> <li>Employment Based</li> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>American Indian</li> <li>Alaska Native</li> <li>Asian</li> <li>White</li> <li>Black or African American</li> <li>Native Hawaiian and Other Pacific Islander</li> <li>Other</li> <li>Multi-Race</li> </ul>	<ul style="list-style-type: none"> <li>0-8<sup>th</sup> Grade</li> <li>9<sup>th</sup>-12<sup>th</sup> Grade/non-graduate</li> <li>High School Graduate (or equivalency diploma)</li> <li>12<sup>th</sup> Grade + some post-secondary school</li> <li>College Graduate (2 or 4 year)</li> <li>Graduate of other post-secondary school</li> </ul>	<ul style="list-style-type: none"> <li>Employed (Full-Time-FT)</li> <li>Employed (Part-Time-PT)</li> <li>Migrant Seasonal Farm Worker</li> <li>Unemployed (short-term, 6 months or less)</li> <li>Unemployed (long-term, more than 6 months)</li> <li>Unemployed (not in labor force)</li> <li>Retired</li> </ul>

**3. HOUSEHOLD TYPE (check one)**

<input type="checkbox"/> Single Person	<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Two Parent Household
<input type="checkbox"/> Two Adults No Children	<input type="checkbox"/> Multi-Generational Household	<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"/> SSDI (Social Security Disability Income)
<input type="checkbox"/> Self-Employment or Farm Income	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Social Security Retirement Income
<input type="checkbox"/> VA Service Connected Disability Compensation	<input type="checkbox"/> Child Support	<input type="checkbox"/> General Relief/Assistance	<input type="checkbox"/> Unemployment Insurance/Benefits
<input type="checkbox"/> VA Non-Service Connected Disability Compensation	<input type="checkbox"/> Pension	<input type="checkbox"/> TANF/FIP Assistance	<input type="checkbox"/> No Income
<input type="checkbox"/> Other:			

**Does your household have savings over \$50,000 (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

**HOUSEHOLD NON Cash Benefits (Check all that apply)**

<input type="checkbox"/> WIC (Women, Infants & Children)	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> SNAP (Food Stamps)
<input type="checkbox"/> Housing Choice Voucher (HCV)	<input type="checkbox"/> HUD-VASH Veteran's Affairs Supportive Housing	<input type="checkbox"/> Child Care Voucher	<input type="checkbox"/> Other _____		

**HOUSING STATUS (check one)**  OWN  RENT  OTHER PERMANENT HOUSING  HOMELESS (if homeless, what is your housing status?)  OTHER **What are your Mortgage or Rent costs per month?** \$

• 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, if your rent based on a percentage of your income?  Yes  No

**HOUSING TYPE**

House  Mobile Home  Rent a Room  2, 3, or 4 Unit Apt.  5 or more Unit Apt.  Other

**IF YOUR HEAT IS INCLUDED IN YOUR RENT, YOU MUST INCLUDE A COPY OF YOUR LEASE.**

**LANDLORD/COMPLEX INFORMATION**

NAME	ADDRESS	PHONE
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**MAIN SOURCE OF HOME HEATING** You must include copies of your most recent Heating Bill and Electric Bill.

Natural Gas  Electric  Propane (LP)  Fuel Oil  Wood/Coal/Corn  Other

\* If propane or fuel oil, do you have an empty tank (20% or less or in the red)?  Yes  No

**DO YOU HAVE A DISCONNECT NOTICE?**  YES  NO  
**ARE YOU CURRENTLY DISCONNECTED?**  YES  NO

**\* Please provide copy of disconnect notice with application.**

**HOUSEHOLD HEATING AND ELECTRIC COMPANIES**

Heating Vendor	Electric Vendor
Account Name	Account Name
Account Number	Account Number

## 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 assistance to Operation Threshold for any of the following programs: LIHEAP, CSBG, CDBG, HOME, EFSP. **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 payments received will be used solely for the needs stated on my application and verified by Operation Threshold Staff. I understand that by signing (either in written form or electronically) this application, I am authorizing the assistance to be provided and vendor to be paid.

I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development and the agency processing this application to obtain additional information as relevant to completing and verifying my application for assistance. This includes 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.**

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APPLICANT SIGNATURE

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DATE