

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

PLEASE USE A BLACK OR BLUE INK PEN TO COMPLETE.

**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): \_\_\_\_\_ 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.)**

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?	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)
	• Head of household	• Date format: 99 / 99 / 99	• Social Security Number format: 999-99-9999	• Medicaid	• American Indian	• 0-8th grade	• Employed (full-time)
	• Spouse		• I-94 format: 999999999 99 (11 numbers)	• Medicare	• Alaska Native	• 9th-12th grade/non-graduate	• Employed (part-time)
	• Child			• State Children's Health Insurance Program	• Asian	• High School graduate	• Migrant or seasonal farm worker
	• Foster child			• State Health Insurance for Adults	• White	• GED/equivalency diploma	• Unemployed (short term, 6 months or less)
	• Grandchild			• Military Health Care	• Black or African American	• 12th grade + some post-secondary school	• Unemployed (long term, more than 6 months)
	• Sibling			• Direct purchase	• Native Hawaiian and Other Pacific Islander	• College graduate (2 or 4 yrs)	• Unemployed (not in labor force)
	• Parent			• Employment based	• Other	• Graduate of other post-secondary school	
	• Grandparent			• None	• Multi-race		• Retired
	• Other relative						
	• Not related						

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

<input type="checkbox"/> SINGLE PERSON	<input type="checkbox"/> SINGLE PARENT FEMALE	<input type="checkbox"/> TWO PARENT HOUSEHOLD	<input type="checkbox"/> MULTIGENERATIONAL HOUSEHOLD
<input type="checkbox"/> TWO ADULTS NO CHILDREN	<input type="checkbox"/> SINGLE PARENT MALE	<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"/> 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"/> OTHER: _____	
<input type="checkbox"/> PENSION	<input type="checkbox"/> VA NON-SERVICE CONNECTED DISABILITY PENSION	<input type="checkbox"/> TANF/FIP ASSISTANCE		

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)**

<input type="checkbox"/> SNAP (FOOD ASSISTANCE PROGRAM)	<input type="checkbox"/> HCV (HOUSING CHOICE VOUCHER)	<input type="checkbox"/> HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING)
<input type="checkbox"/> WIC (WOMEN, INFANTS, & CHILDREN)	<input type="checkbox"/> PUBLIC HOUSING	<input type="checkbox"/> CHILD CARE VOUCHER
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING	<input type="checkbox"/> AFFORDABLE CARE ACT SUBSIDY
		<input type="checkbox"/> 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, are your electric costs included in your rent?  YES  NO

If you RENT, do you receive rent assistance?  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?	<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 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
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

**You must include a copy of a recent HEATING BILL and ELECTRIC BILL with this application.**

**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 the Low-Income Home Energy Assistance Program (LIHEAP), Low-Income Household Water Assistance Program (LIHWAP), and/or the Weatherization Assistance Program. 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 understand that by signing (either in written form or electronically) this application, I am authorizing the weatherization of my house at no cost to me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home. This application does not guarantee any weatherization 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/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.

I understand this statement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



# Low-Income Home Energy Assistance Program (LIHEAP) Low-Income Home Water Assistance Program (LIHWAP)

**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

1. **LIHEAP (ENERGY)** applications are processed within 30 days, provided **ALL** required documentation is submitted. Approval or denial is sent to you by mail or email within 30 days of a **received & complete** application.
2. **LIHWAP (WATER)** applications must have a current disconnect, disconnect notice or defaulted pay agreement. You must provide a copy of your bill. If you are already approved for LIHEAP, as of October 1, 2021, you only need to complete the Crisis Application and send it with a copy of your Water Bill and Disconnect Notice.
3. Only one application **per household** may be submitted.
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 WITH YOUR APPLICATION:**

**a) Proof/documentation of income for ALL Household members for the most recent 30 days**

Applications may be denied if all required documentation for all household members is not provided with your application. *Examples of income:*

- Check stubs from the previous 30 days, Social Security Award letter, **2020** Federal Tax return (**professionally completed and signed**), Social Security Retirement Income, Self-Employment or Farm Income pay, Unemployment, Veterans Assistance, Pensions, Child Support and Alimony.
- Income must be from the same time frame for all household members (Federal Tax Return or most recent 30 days). \* All income will be annualized.

**b) Social Security Cards for ALL Household Members**

**c) Most recent Heat AND Electric Bills**

**d) Water Bill (MUST HAVE DISCONNECT / OR DEFAULTED PAY AGREEMENT)**

6. Household income must be at or below **200%** of the current year Federal Poverty Level Guidelines. (See table.)

<b>200% FEDERAL POVERTY LEVEL</b>	
<b>Household Size</b>	<b>Annual Gross Income</b>
1	\$ 25,760
2	\$ 34,840
3	\$ 43,920
4	\$ 53,000
5	\$ 62,080
6	\$ 71,160
7	\$ 80,240
8	\$ 89,320

\* For households with more than 8 members, add \$9,080 annually for each additional member.

**Did You Remember To?**

1. Fill out all required information clearly and completely.
2. Provide Social Security cards for **ALL** household members./ Proof of immigration status if you are a non-citizen.
3. **If your rent includes heat, include a copy of your lease.**
4. Include a copy of your Heat and Electric Bill or Water Bill if applying for Water Crisis
5. Provide proof of ALL income for ALL household members for the past 30 days.
6. Sign and date your application? Your signature means your application is **FACTUAL**.

# Resource CONSERVATION

## Where's the **WATER** GOING?

As much as 50% of the water we use outdoors is wasted from inefficient watering methods & systems

### BATHROOM

- Turn off water while brushing teeth or washing hands
- Take shorter showers
- Use a leak-free high efficiency toilet

10 DRIPS/MIN



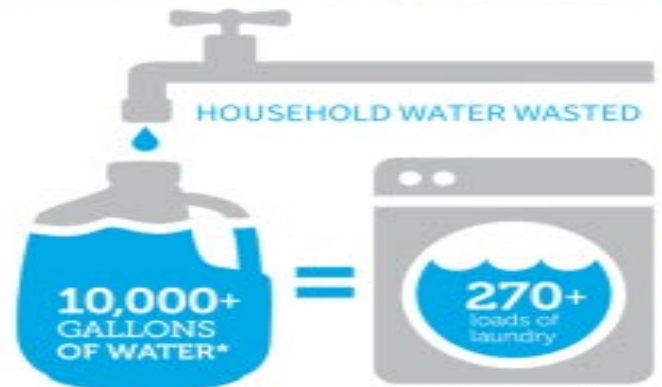
500 GALLONS PER YEAR...

OF WATER WASTED



### LEAKS

- You can significantly reduce water use by simply repairing leaks in and outside of the home
- Check fixtures, pipes, and toilets for leaks
- A leaky toilet can waste 200 gallons per day



### KITCHEN

- Wash only full loads of dishes
- Compost food waste instead of using a garbage disposal
- Scrape rather than rinse
- Keep drinking water in the refrigerator instead of running faucet until water is cool

### LAUNDRY

- Wash only full loads using correct water levels
- Consider purchasing high efficiency appliances
- High efficiency washers can save over 50% in laundry water and energy use