



OPERATION THRESHOLD

# 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.

### **\*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.

**\*\*Applications may be denied if all required documentation for all household members is not provided with your application.**

2. Only one application **per household.**

3. Even after you apply for Energy Assistance, continue to pay on your heating bill so you do not get 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, **2021** 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 AND Electric Bills**

6. Eligible households are at or below **200%** of the current year Federal Poverty Level Guidelines.

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

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

\* All income will be annualized. 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?
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 the past 30 days?
7. Sign and date your application?



**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	5 - 12th grade + some post-secondary school	5 - Unemployed (long term, more than 6 months)
	6 - Sibling			6 - Direct purchase	6 - Native Hawaiian and Other Pacific Islander	6 - College graduate (2 or 4 yrs)	6 - Unemployed (not in labor force)
	7 - Parent			7 - Employment based	7 - Other	7 - Graduate of other post-secondary school	7 - Retired
	8 - Grandparent			8 - None	8 - Multi-race		
	9 - Other relative						
	10 - Not related						



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

- 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:

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.

- 4. HOUSEHOLD INCOME SOURCES (check all that apply)
EMPLOYMENT INCOME (SALARY/WAGES), SELF-EMPLOYMENT OR FARM INCOME, RETIREMENT INCOME FROM SOCIAL SECURITY, PENSION, SSI (SUPPLEMENTAL SECURITY INCOME), SSDI (SOCIAL SECURITY DISABILITY INCOME), VA SERVICE CONNECTED DISABILITY COMPENSATION, VA NON-SERVICE CONNECTED DISABILITY PENSION, PRIVATE DISABILITY INSURANCE, WORKERS' COMPENSATION, UNEMPLOYMENT INSURANCE/BENEFITS, TANF/FIP ASSISTANCE, ALIMONY OR OTHER SPOUSAL SUPPORT, GENERAL RELIEF/ASSISTANCE, OTHER: CHILD SUPPORT, NO INCOME

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), WIC (WOMEN, INFANTS, & CHILDREN), LIHEAP, HCV (HOUSING CHOICE VOUCHER), PUBLIC HOUSING, PERMANENT SUPPORTIVE HOUSING, HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING), CHILD CARE VOUCHER, 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 ELECTRIC WATER
Are you currently disconnected?
Are you on a payment arrangement?

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...

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.

I understand this statement.

SIGNATURE DATE



# OPERATION THRESHOLD

Low Income Home Energy Assistance Program  
(LIHEAP)

## IMPORTANT!

- **YOU MUST CONTINUE MAKING PAYMENTS ON YOUR HEATING BILLS!**
- If you **Move Or Your Account Number Changes** with the utility company, you must contact the Operation Threshold office in your county **WITHIN 45 DAYS!**
- An **Approval** for the LIHEAP program allows you winter moratorium protections from disconnection **but does not Guarantee Payment.**
- If your application is approved. LIHEAP may provide assistance in paying **a one-time payment** towards your heating bill.
- LIHEAP funds will be paid on a **first come-first served basis.**
- The LIHEAP payment will be based on factors such as total household income, household size, dwelling type and type of heating.

All provisions of the Low Income Home Energy Assistance Program **including payments** are subject to the availability of Federal Funds.

## Operation Threshold Weatherization Facts

**Question: How do I apply for Weatherization?**

When you apply for energy assistance you are also applying for weatherization. You can apply for weatherization without applying for energy assistance, if you prefer, but you must tell your worker that you only wish to apply for weatherization. If you are approved for energy assistance you are also eligible to be considered for weatherization. **Your home will not be considered for weatherization unless you receive a letter from the Weatherization department stating that your priority number has been reached.**

**Question: Who decides where I am on the Weatherization list?**

After your application is approved under the income guidelines we will send for heating fuel usage information from your gas, oil, or electric company. This usage information is entered into the computer and a priority number is assigned based on that. Other factors that determine the priority number are: where there is a household member who is disabled, 60 years of age or older, or age 3 and under, and the type of fuel used.

**Question: How long is the Weatherization waiting list?**

The Weatherization list undergoes revisions throughout the energy assistance season. A Household's position on the Weatherization list is always relative to other households approved for energy assistance and is updated yearly with new usage information, at which time a new priority number is assigned. There is NOT upward movement on the Weatherization list based on the number of years you have been waiting. **Your address will not show on a Weatherization list until 6 months to 1 year after you have been approved for energy assistance.**

**Question: I'm elderly and disabled. Don't I get to go to the top of the Weatherization List?**

There is consideration given to household with elderly (age 60+) or disabled residents. The priority numbers assigned are increased by 5% for elderly residents, and 5% for disabled.

**Question: Are there reasons why my home may not be weatherized?**

If you rent, your landlord may not allow Operation Threshold to do the work. If the address you currently live in has previously been weatherized by Operation Threshold after September 30, 1994, or if your home is for sale, or if the roof on your home is in need of repair, or if you have moved between the time you applied and the time we schedule work on your home, Operation Threshold may not weatherize your home. Operation Threshold has a list of all addresses that have been weatherized since 1979.

**Question: What kind of work will you do on my home? Are windows or doors replaced?**

The Weatherization Program does mostly insulation work, caulking, and weather-stripping to reduce air leakage. An evaluator will come to your home and take measurements and check for existing insulation. He will then enter the information he has gathered into a computer program designed for weatherization activities. This program will show what work can be done to make the home more energy efficient. The program will very rarely call for replacement of windows or doors.

**Question: I was approved for Weatherization, but I moved. Can my new house be weatherized?**

Possibly. You **MUST** notify Operation threshold within 30 days of change of the new address. You also need to provide heating fuel usage information for the new address by contacting your company that supplies your fuel, and then a new priority number will be calculated based on that. Heating fuel usage is the amount of fuel used, **NOT** the dollar amount. If it is high enough, and the home has never been weatherized before, you may qualify for weatherization at the new address.

If you have any question about weatherization, please call 291-2065, Monday through Thursday.