



CRISIS ASSISTANCE APPLICATION

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

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

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

Applicant Name: _____ Today's Date: _____
Address: _____ City: _____ Zip Code: _____
Phone: _____ Last 4 digits of SS #: _____ Email: _____

Did you receive Energy Assistance between October 1, 2021 and April 30, 2022? ☐ Yes or ☐ No

If you DID NOT receive LIHEAP Energy Assistance during these times, Operation Threshold's Basic Intake Form must be completed, signed and attached to this application along with all the required documentation listed below.

1. Social Security Card Copies for all household members
2. Most recent 30 days of all income for all household members (wages, child support, disability, etc.)
3. Most recent heat, electric and water/sewer bills.

WHAT DO YOU NEED HELP WITH?

- ☐ **Energy Bill** (Must have disconnect notice, late payment or defaulted pay agreement) **Disconnect Date:** _____
- ☐ **Fuel Delivery**
- ☐ **Water/Sewer Bill** (Must have disconnect or late payment) **Disconnect Date:** _____
- ☐ **Other:** please explain: _____

WHERE ELSE HAVE YOU RECEIVED ASSISTANCE ON THE BILL?

Agency : _____ Amount: \$ _____

CERTIFICATION

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.

CLIENT SIGNATURE: _____ **DATE:** _____

STAFF SIGNATURE: _____ **DATE:** _____

Operation Threshold has 30 days to process your application and make payment upon approval.
An application for assistance does not guarantee funding.

INCOMPLETE APPLICATIONS MAY RESULT IN DENIAL OF ASSISTANCE



FY22 Intake Form

PLEASE USE A BLACK OR BLUE INK PEN TO COMPLETE.

Revised 5/4/22

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

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.)

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	• Retired
	• Grandparent			• None	• Multi-race		
	• Other relative						
	• Not related						

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

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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"/> PENSION	<input type="checkbox"/> VA NON-SERVICE CONNECTED DISABILITY PENSION	<input type="checkbox"/> TANF/FIP ASSISTANCE	<input type="checkbox"/> 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 ☐ NO5. 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, do you receive rent assistance?

☐ YES ☐ NOIf 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 ☐ NO10. HOUSEHOLD HEATING, ELECTRIC,
AND WATER COMPANIES

Do you have a disconnect notice?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

Are you currently disconnected?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

Are you on a payment arrangement?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO**You must include a copy of a recent HEATING BILL and ELECTRIC BILL with this application.**

CERTIFICATION STATEMENT

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I understand this statement.

SIGNATURE

DATE