



# CRISIS ASSISTANCE APPLICATION

**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

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

Did you receive Energy Assistance between October 1, 2022 and April 30, 2023  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)
- Fuel Delivery**
- Water/Sewer Bill** (Must have late payment or currently disconnected)
- 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.

**I understand this statement.**

**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\***