



LIHEAP ENERGY ASSISTANCE APPLICATION CHECKLIST

(Low Income Home Energy Assistance Program)

Applications Accepted November 1-April 30.

Households with a member 60 years of age or older and/or those who are disabled and households with a gas/electric disconnect notice may begin applying October 1.

This program is not designed to pay a household's total energy costs.

Benefits are paid on a first come, first serve basis and as program funding available.

✓ Check All Required Documentation You Are Submitting With Your Application Below

1. VERIFICATION OF INCOME:

a. Wages (most recent 30 days from date when application signed)

- ☐ If paid weekly, provide most recent 30 days of pay stubs (4 pay stubs)
- ☐ If paid every two weeks, provide the most recent 2 pay stubs (2 pay stubs)
- ☐ If paid twice a month, provide most recent 2 pay stubs (2 pay stubs)
- ☐ If paid once a month, provide most recent pay stub (1 pay stub)

***Income for all household members provided must be in the same time-period: annual, monthly, weekly, etc.**

b. Federal Tax Return

- ☐ 1040 Federal Tax Return Signed (most recent year) and Schedule 1 (if applicable).
- ☐ Self-Employment Form showing wages.

c. Unemployment (bank statements not allowed)

- ☐ Benefit letter-showing frequency of pay and amount.
- ☐ Printout/statement from Unemployment office showing pay amount and pay frequency.

d. Social Security Benefits (SSA, SSI, SSDI, etc.)

- ☐ Most recent Social Security Administration Benefit Approval Letter
- ☐ Most recent 30 days of Bank Statements showing Social Security Benefit deposit.

e. Pensions, IRAs, Retirement Income and/or Veteran's Compensation

- ☐ Copy of most recent bank deposit showing pension and/or veterans compensation.

f. Alimony

- ☐ Court documents, written statement from person paying support or recent bank statement.

2. VERIFICATION OF SOCIAL SECURITY NUMBER (for all household members)

The following documents are acceptable:

- ☐ Copy of a valid Social Security Card for each household member
- ☐ Valid **Iowa** Driver's License/I.D. or Photo ID Card or Driver's License with REAL ID from any state
- ☐ Military I.D./Discharge Papers showing the Social Security Number
- ☐ W-2 showing the Social Security Number or 1040 Federal Tax Return professionally prepared
- ☐ United States Birth Certificates
- ☐ Current Passport

3. OTHER REQUIRED INFORMATION

- ☐ Signed application
- ☐ Recent gas/electric bills
- ☐ Current lease if heat and/or electric included in rent

*** I understand that my application is not complete and ready for processing until ALL the required documentation is provided to Operation Threshold.**

*** I understand I DO NOT have moratorium protection until my application is complete and approved.**

Income Maximums

Household Size	Annual Gross Income
1	\$29,160.
2	\$39,440.
3	\$49,720.
4	\$60,000.
5	\$70,280.
6	\$80,560.
7	\$90,840.
8	\$101,120.

For households with more than eight members, add \$10,280.00 for each additional member.



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

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1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LAST NAME: _____	FIRST NAME: _____	DATE APPLICATION RECEIVED: _____
STREET ADDRESS: _____	CITY: _____	MIDDLE INITIAL: _____ COUNTY: _____
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 <small>Circle One</small>	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY <small>Circle One</small>	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN? <small>Circle One</small>	RACE	MILITARY STATUS <small>Circle One</small>	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						



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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: _____

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.**

- ☐ EMPLOYMENT INCOME (SALARY/WAGES) ☐ SSI (SUPPLEMENTAL SECURITY INCOME) ☐ PRIVATE DISABILITY INSURANCE ☐ ALIMONY OR OTHER SPOUSAL SUPPORT ☐ CHILD SUPPORT
☐ SELF-EMPLOYMENT OR FARM INCOME ☐ SSDI (SOCIAL SECURITY DISABILITY INCOME) ☐ WORKERS' COMPENSATION ☐ GENERAL RELIEF/ASSISTANCE ☐ NO INCOME
☐ RETIREMENT INCOME FROM SOCIAL SECURITY ☐ VA SERVICE CONNECTED DISABILITY COMPENSATION ☐ UNEMPLOYMENT INSURANCE/BENEFITS
☐ PENSION ☐ VA NON-SERVICE CONNECTED DISABILITY PENSION ☐ TANF/FIP ASSISTANCE ☐ OTHER: _____

Does your household have savings over \$50,000 (includes: all savings/checking accounts, CDs, and other investments)? ☐ YES ☐ NO

Did anyone in the 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) ☐ HCV (HOUSING CHOICE VOUCHER) ☐ HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING)
☐ WIC (WOMEN, INFANTS, & CHILDREN) ☐ PUBLIC HOUSING ☐ CHILD CARE VOUCHER
☐ LIHEAP ☐ PERMANENT SUPPORTIVE HOUSING ☐ 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, 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 ☐ BLDG HAS 2 to 4 UNITS ☐ BLDG HAS 5 OR MORE UNITS ☐ 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 ACCOUNT STATUS

- Do you have a disconnect notice? ☐ YES ☐ NO ☐ YES ☐ NO
Are you currently disconnected? ☐ YES ☐ NO ☐ YES ☐ NO
Are you on a payment arrangement? ☐ YES ☐ NO ☐ YES ☐ NO

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), 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, and for other programs administered by this agency for which I have applied. Further, 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 supplier about my household usage and payment history. I also give permission to the State of Iowa to release application information to my energy supplier and to provide details about my account and usage to the LIHEAP and Weatherization Assistance Programs as necessary to facilitate the receipt of benefits.

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. This includes authorizing the agency to contact my landlord for permission to weatherize the home when applicable. I understand that signing this application does not guarantee I will receive weatherization assistance.

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.