



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 of SS Number: _____ Email: _____

Did you receive Energy Assistance between 10/1/23 and 4/30/24? Yes or No

If you **did not** receive Energy Assistance during these times, Operation Threshold's Basic Intake form must be completed, signed and attached to this application along with **all** 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, social security, disability, etc.).
3. Most recent heat and/or electric bill (s).

What Do You Need Help With?

- Energy Bill (MUST have a disconnect notice or a defaulted pay agreement)
 Fuel Delivery (tank must be at or below 30%).

Where Else Have You Received Assistance For This Bill?

Agency: _____ Amount: _____

Certification Statement

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 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.

Client Signature/Verbal Consent: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Operation Threshold has **30 days to process your application** and make payment upon eligibility and approval of your application. An application for assistance does not guarantee funding. Incomplete applications may result in denial.