



# LIHEAP ENERGY ASSISTANCE APPLICATION GUIDELINES

(Low Income Home Energy Assistance Program)

**\*You have 30 days from the date your application is received to provide all REQUIRED documentation.**

## APPLICATIONS ACCEPTED (October 1<sup>st</sup>-April 30<sup>th</sup>)

### Starting October 1<sup>st</sup>

Households with a member(s) 60 years of age or older **and/or** households with a member(s) who is disabled and households with a gas/electric disconnection notice.

### Starting November 1<sup>st</sup>

All other households.  
One application per household per LIHEAP season.  
Households may apply online at [liheap-apply.iowa.hhs.gov](http://liheap-apply.iowa.hhs.gov)

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

### VERIFICATION OF GROSS INCOME:

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

**WAGES** (most recent 30 days from date when application signed) or **FEDERAL TAX RETURN** (most recent return signed)

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

**or**

- 1040 Federal Tax Return Signed (most recent year) **and** Schedule 1 (if applicable)

### ALSO INCLUDE ALL OF THE FOLLOWING SOURCES OF GROSS INCOME IN YOUR HOUSEHOLD

#### 1. Self-Employment

#### 2. Unemployment (bank statements not allowed)

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

#### 3. Pensions, IRAs, Retirement Income and/or VA Benefits

- Copy of most recent 30 days of Bank Statement showing pension and/or veterans compensation.

#### 4. Alimony

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

#### 5. 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(s)

**\*\*If your household had NO INCOME the most recent 30 days, please request a Self-Attestation of Zero Income Form.**

### VERIFICATION OF SOCIAL SECURITY NUMBER (for all household members)

The following documents are acceptable:

- Copy of a valid Social Security Card
- 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 SS Number
- W-2 showing the Social Security Number or 1040 Federal Tax Return signed
- United States Birth Certificates
- Current Passport

### OTHER REQUIRED INFORMATION

- Signed application
- Most 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.**

**OPERATION THRESHOLD HAS 30 DAYS TO PROCESS YOUR APPLICATION FOR APPROVAL OR DENIAL. YOU WILL RECEIVE A LETTER IN THE MAIL.**

### Income Maximums

Household Size	Annual Gross Income
1	\$30,120.
2	\$40,880.
3	\$51,640.
4	\$62,400.
5	\$73,160.
6	\$83,920.
7	\$94,680.
8	\$105,440.

For households with more than eight members, add \$10,760.00 for each additional member.



**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						