



Low-Income Home Energy Assistance Program (LIHEAP)

You will need the following documents to apply for LIHEAP this year*:

1. Social Security Cards for all household members.

- We can also accept: Birth Certificates, Unexpired Iowa Driver's License/Real IDs, Passports, Federal Tax Returns, or I94 plus a verbal of your social number.

2. Income Documentation for all household members 18+ from either...

- The most recent 30 days
 - Paystubs, 2024 SSI/SSDI Letter, Unemployment Insurance, Pension/Retirement/VA Benefits, etc.
 - If your household has had no income in the last 30 days, a form will be provided to you to sign

OR

- Annual Income
 - 2023 or 2024 W2's or Federal Tax Returns

Note: the **time from must be the same** for all household members

3. Most Recent Utility Bills for Heat AND Electric Vendors

- Must have the correct address, account number, and date visible
- Note: these may be the same vendor

*** DUE TO A STATE WIDE CHANGE, IMPACT DOES NOT HAVE ACCESS TO DOCUMENTS FROM PREVIOUS YEARS***

Please mail the completed application and copies of ALL required documents to:

**IMPACT Community Action Partnership
Attn: Energy Team
3226 University Ave
Des Moines, IA 50311**

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	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	MILITARY STATUS	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
1. USE THIS ROW FOR PERSON LISTED ABOVE	HEAD OF HOUSEHOLD		Circle One MALE FEMALE OTHER		Circle One YES NO UNKNOWN		Circle One YES NO		Circle One 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	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	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 - Child			3 - State Children's Health Insurance Program for Adults	3 - Asian	3 - High School graduate	3 - Migrant/seasonal farm work
4 - Foster child	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 - 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 - 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 - Parent			7 - Employment based	7 - Other	7 - Graduate of other post-secondary school	7 - Retired
8 - Grandparent	8 - Grandparent			8 - None	8 - Multi-race		
9 - Other relative	9 - Other relative						
10 - Not related	10 - Not related						

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

3. HOUSEHOLD TYPE (check one)
- SINGLE PERSON
 - TWO PARENT FEMALE
 - TWO PARENT HOUSEHOLD
 - TWO ADULTS NO CHILDREN
 - SINGLE PARENT MALE
 - NON-RELATED ADULTS WITH CHILDREN
 - OTHER: _____
 - MULTIGENERATIONAL HOUSEHOLD

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.

4. HOUSEHOLD INCOME SOURCES (check all that apply)
- 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
 - 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, do you receive rent assistance? YES NO

If 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
- 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 NO

Are you currently disconnected? YES NO NO

Are you on a payment arrangement? YES NO NO

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 _____

You must include a copy of a recent HEATING BILL and ELECTRIC BILL with this application