OPERATION THRESHOLD

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

Revised 09/2/2026

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	SEX 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		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
2			MALE FEMALE		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
3			MALE FEMALE		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
4			MALE FEMALE		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
5			MALE FEMALE		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
6			MALE FEMALE		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
7			MALE FEMALE		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
8			MALE FEMALE		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
1- Head of household
2 - Spouse
3 - Child
4 - Foster child
5 - Grandchild
6 - Sibling
7 - Parent
8 - Grandparent
9 - Other relative
10 - Not related

DATE OF BIRTH
• Date format: 99 / 99 / 99

SOCIAL SECURITY OR I-94 NUMBER
• Social Security Number format: 999-99-9999
• I-94 format: 999999999 99 (11 numbers)

HEALTH INSURANCE
1 - Medicaid
2 - Medicare
3 - State Children's Health Insurance Program
4 - State Health Insurance for Adults
5 - Military Health Care
6 - Direct purchase
7 - Employment based
8 - None

RACE
1 - American Indian
2 - Alaska Native
3 - Asian
4 - White
5 - Black or African American
6 - Native Hawaiian and Other Pacific Islander
7 - Other
8 - Multi-race

HIGHEST LEVEL OF EDUCATION
1 - 0-8th grade
2 - 9th-12th grade/non-graduate
3 - High School graduate
4 - GED/equivalency diploma
5 - 12th grade + some post-secondary school
6 - College graduate (2 or 4 yrs)
7 - Graduate of other post-secondary school

EMPLOYMENT (WORK STATUS)
1 - Employed (full-time)
2 - Employed (part-time)
3 - Migrant/seasonal farm work
4 - Unemployed (short term, 6 months or less)
5 - Unemployed (long term, more than 6 months)
6 - Unemployed (not in labor force)
7 - Retired

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 SECURTY 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

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

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

Please proceed to page 3, read the certification statement, and then sign and date your application.

CERTIFICATION STATEMENT

I am applying for help from the Low-Income Home Energy Assistance Program (LIHEAP) and/or the Weatherization Assistance Program. By signing this application or giving verbal consent, I allow the agency to use the information I provide to see if my household qualifies for these programs or other programs I may request.

I also give permission for the State of Iowa, the U.S. Department of Energy, the U.S. Department of Health and Human Services, and the agency reviewing my application to get information from my energy company about my past energy use and payment history. I allow the State of Iowa to share my application information with my energy company when needed to provide benefits.

By signing this application - giving verbal consent, I certify the following:

1. The information and documents I am giving are true and complete, as best as I know.

2. I am the only person in my household who has applied or will apply for these programs.

3. I understand that knowingly giving false, incomplete, or misleading information, including using someone else's identity, changing documents, or leaving out important information, is considered fraud. I understand that fraud can lead to being denied benefits, having to pay back benefits, and possible legal action under state and federal law.

4. If applicable, I give permission for weatherization work to be done on my home at no cost to me. I understand the agency may need to contact my landlord for approval if I rent my home. I also understand that signing this form does not guarantee that I will receive weatherization services.

I understand this statement

SIGNATURE _____ DATE _____