



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 1st-April 30th)

Starting October 1 st	Starting November 1 st
Households with a member(s) 60 years of age or older and/or households with a member(s) who is disabled <u>and</u> households with a gas/electric disconnection notice.	All other households. One application per household per LIHEAP season. Households may apply online at 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)

- | | | |
|---|-----------|--|
| <input type="checkbox"/> If paid <u>weekly</u> , most recent 30 days of pay stubs (4 pay stubs)
<input type="checkbox"/> If paid <u>every two weeks</u> , most recent 2 pay stubs (2 pay stubs)
<input type="checkbox"/> If paid <u>twice a month</u> , most recent 2 pay stubs (2 pay stubs)
<input type="checkbox"/> If paid <u>once a month</u> , provide most recent pay stub (1 pay stub) | or | <input type="checkbox"/> 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)
<input type="checkbox"/> Benefit letter-showing frequency of pay and amount
<input type="checkbox"/> Printout/statement from Unemployment office showing pay amount and pay frequency
3. Pensions, IRAs, Retirement Income and/or VA Benefits
<input type="checkbox"/> Copy of most recent <u>30 days</u> of Bank Statement showing pension and/or veterans compensation. | 4. Alimony
<input type="checkbox"/> Court documents, written statement from person paying support or recent bank statement.
5. Social Security Benefits (SSA, SSI, SSDI, etc.)
<input type="checkbox"/> Most recent Social Security Administration Benefit Approval Letter
<input type="checkbox"/> Most recent <u>30 days</u> 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:

- | | |
|---|---|
| <input type="checkbox"/> Copy of a valid Social Security Card
<input type="checkbox"/> Valid Iowa Driver's License/I.D. or Photo ID Card or Driver's License with REAL ID from any state
<input type="checkbox"/> Military I.D./Discharge Papers showing the SS Number | <input type="checkbox"/> W-2 showing the Social Security Number or 1040 Federal Tax Return signed
<input type="checkbox"/> United States Birth Certificates
<input type="checkbox"/> 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	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	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 [] SINGLE PARENT FEMALE [] TWO PARENT HOUSEHOLD [] MULTIGENERATIONAL HOUSEHOLD
[] TWO ADULTS NO CHILDREN [] SINGLE PARENT MALE [] NON-RELATED ADULTS WITH CHILDREN [] OTHER:

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
[] 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? HEATING [] YES [] NO ELECTRIC [] YES [] NO
Are you currently disconnected? HEATING [] YES [] NO ELECTRIC [] YES [] NO
Are you on a payment arrangement? HEATING [] YES [] NO ELECTRIC [] 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.

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.

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.