

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

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Revised 07/01/25

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.)

NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	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				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						

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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 your 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?

HEATINGELECTRIC

YES NO YES NO

Are you currently disconnected?

YES NO YES NO

Are you on a payment arrangement?

YES NO 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. 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