

Low Income Home Energy Assistance Application Instructions For Heating Season 2009 – 2010

Note: If you have a disconnect notice, please contact your utility vendor immediately and let them know that you are applying for LIHEAP. Contact your local Family Service Office for further information.

Energy assistance is important to all that receive it, but more so if someone in your home is elderly, disabled or a young child under 6 years old. These persons are especially at risk for life threatening illness or death if their home is too cold in the winter or too hot in the summer.

LIHEAP is designed to aid qualifying low-income Iowa households (homeowners and renters) in the payment of a portion of their residential heating costs for the winter heating season, to encourage regular utility payments, to promote energy awareness and to encourage reduction of energy usage through energy efficiency, client education, and weatherization. All clients applying for this program will simultaneously be making an application for weatherization assistance as required by state law.

This program is NOT designed to pay a household's total energy costs. The program will provide supplemental assistance based on several factors. Those factors include total household income, household size, dwelling type, and type of heating fuel, among others.

Applications are accepted on a first come/first served basis starting October 1st for individuals 60 years of age or older, or disabled. All other individuals may apply November 2nd. You may complete an application up to and including April 30.

Both owner-occupied and renter-occupied households are eligible to apply for Energy Assistance. Households with incomes at or below 150% of the federal poverty income guidelines may be eligible for assistance under LIHEAP. The LIHEAP program in your community determines if your household's income qualifies for the program. Qualifying households may also receive financial assistance through the Energy Crisis Intervention Program (ECIP) to repair or replace furnaces.

Print, complete and sign the Low-Income Home Energy Assistance (LIHEAP) application. Information must be included for **all individuals** currently living in the house, regardless of the relationship to the person completing the application. If you have any questions, feel free to contact us at 563-382-9608.

Please use the following codes to complete the member information on the application.

Marital Status: 1 = Never Married 2 = Married 3 = Legally separated 4 = Divorced 5 = Widowed	Health Insurance: 1 = Medicare 2 = Medicaid 3 = Private 4 = None 5 = Unknown 6 = HAWK-I	Ethnic: H = Hispanic/Latino/Spanish origin N = Non- Hispanic/Latino/Spanish origin
Relation to Head of HH: 0 = Head of Household 1 = Spouse 2 = Child 3 = Foster Child 4 = Grandchild 5 = Parent 6 = Grandparent 7 = Other relation 8 = Not related 9 = Sibling	Disability: 1 = Mental 2 = Hearing 3 = deaf 4 = Speech 5 = Visual 6 = Emotional 7 = Orthopedic 8 = Other 9 = None	Education Level (highest level completed): 1 = 0 – 8 th grade 2 = 9 – 12 th grade 3 = High school graduate/GED 4 = 12+ some post secondary school 5 = 2 – 4 year graduate 6 = Non high school graduate
Veteran: Y = Yes N = No	Sex: M = Male F = Female	
You do not need to complete the column titled “HMN” or the “PROGRAMS SERVICES” section on the application.		
For assistance in completing the application, please call 563-382-9608.		

Include the following documents with your completed and *signed* application.

Utility Bills

Include a copy of your most current electric, gas and telephone bill. If your heat is included in the rent, a copy of your lease agreement or a signed statement with your landlord’s name and phone number must be included with the completed application.

Proof of income: All household income must be verified for the past 90 days or the previous calendar year. All income must be gross income, not net income.

Income includes money, wages and salaries before any deductions; net receipts from nonfarm self-employment (receipts from a person’s own unincorporated business, professional enterprise, or partnership after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers’ compensation, veterans’ payments, public assistance (including Aid to Families with Dependent Children, Supplemental Security Income, federally funded Emergency Assistance money payments (administered by Department of Human Services), non-Federally funded General Assistance or

General Relief money payments), and training stipends; alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Wages

Federal tax return, pay stubs, or printout from your employer

Alimony/Child Support

Bank Statements of support deposit, printout from Child Support Recovery, divorce decree

TANF (FIP)

Printout from Department of Human Services

Self-Employment

Federal tax return or business records.

Unemployment

Printout from Workforce Development or bank statement showing direct deposit.

Social Security/SSI

Statement from Social Security Administration, bank statement showing direct deposit or copies of monthly checks

Retirement/Pension

Statement from pension provider, bank statement showing direct deposit, end of year statement

Other Income

Signed statement/receipts disclosing in other income such as rental income receipts

No Income

If you have had no regular income in the household for the past 90 days, complete the attached form titled “Verification of Minimal Income” and return it with the completed application

STATE OF IOWA

VERIFICATION OF MINIMAL INCOME

(Applicant Name)

Have you or any member of your household had income from any of these sources during the past three (3) months? If your answer is YES, please list approximate date and amount.

	NO	YES	DATE/AMOUNT
Employment	_____	_____	_____
Social Security	_____	_____	_____
SSI	_____	_____	_____
Veterans Benefits	_____	_____	_____
Military Allotment	_____	_____	_____
Pension	_____	_____	_____
AFDC	_____	_____	_____
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Unemployment	_____	_____	_____
Strike Benefits	_____	_____	_____
Workers Compensation	_____	_____	_____
Insurance Benefits	_____	_____	_____
Rental Property	_____	_____	_____
Interest - Savings, CDs, Etc.	_____	_____	_____
Loans	_____	_____	_____
Savings	_____	_____	_____
Scholarships, Grants, Etc.	_____	_____	_____
Food Stamps	_____	_____	_____
Relief/General Assistance	_____	_____	_____
Friends or Family	_____	_____	_____
Other	_____	_____	_____

Please describe how your household has met the following basic needs during the past three (3) months.

Rent or mortgage payments: _____

Food: _____

Utility/Heating bills: _____

I certify that the information provided on this form is true and correct to the best of my knowledge. I declare that I am the only person in my household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to penalty of law. I authorize the agency processing this form to verify the information given above.

_____ Applicant Signature _____ Date

Address