

Low Income Home Energy Assistance Application Instructions For Heating Season 2020 - 2021

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

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 1, 2020 for individuals 60 years of age or older, or disabled. All other individuals may apply November 1, 2020. Applications will be accepted through the last working day of April 30, 2021.

Both owner-occupied and renter-occupied households are eligible to apply for Energy Assistance. Households with incomes at or below 175% of the federal poverty income guidelines may be eligible for assistance under LIHEAP.

HOW TO APPLY:

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 contact us at 563-382-9608. Once you have completed the application, mail the application and supporting documents (proof of income and copies of utility bills) to NEICAC, PO Box 487, Decorah, IA 52101.

Intake form definitions are included in this document .

Include the following documents with your completed and signed application.

- **Utility Bills** - Include a copy of your most current heating and electric 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.
- **Social Security or Immigration Number Verification for every Member of the Household.**
- **Proof of income - All household income must be verified for the past 30 days or the previous calendar year. All income must be gross income, not net income (unless otherwise indicated) and for the same time frame (1 month or annual income).**
Income includes but not limited to: Adoption Assistance, Alimony, Annuities, Cash receipts (Regular), Child Support, Dividends, Earned Income (wages and salaries before any deductions), Foster Care, Gambling/Lottery, General Relief/Assistance, Lump Sum (Non-recurring), Lump-sum SSA, Military Pay (active duty), Pensions, Railroad Retirement, Rental Income, Retirement, Royalties, Self-Employment, Income, Social Security, Benefits (SS, SSD, SSI), Strike Benefits, Temporary Assistance For Needy Families (TANF/FIP), Training Stipends, Tribal per capita payments, Trust Payment (qtrly/mo/annual), Unemployment Insurance, Veterans Payments, Work Study, Workers' Compensation, 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); public assistance (including Aid to Families with Dependent Children, federally funded Emergency Assistance money payments administered by Department of Human Services), non-Federally funded General Assistance or General Relief money payments, 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/Salary

- Federal tax return or W-2 forms from previous year.
- Paid monthly: **1** pay stubs back from the date of application
- Paid twice a month: **2** pay stubs back from the date of application
- Paid every two weeks: **2** pay stubs back from the date of application
- Paid weekly: **4** pay stubs back from the date of application
- Paid daily: pay stubs for **every day** worked 4 weeks back from the date of application
- If you do not have your tax return or pay stubs, you may provide a **printout from your employer, on company letterhead** showing your **gross wages** (before taxes and deductions) received during the 30 days back from the date of application.

Self-Employment/Farm Income/Rental Income

- Federal tax return from previous year

Social Security or SSI Benefits (one of the following)

- Copy of your monthly check
- Award letter stating your monthly amount
- 1099 or statement from SSA showing your annual amount
- Bank statement (if direct deposit) showing the monthly amount

Pension or Veteran Benefits (one of the following)

- Copy of your monthly check
- Award letter stating your monthly amount
- Bank statement (if direct deposit) showing the monthly amount

Child Support/Alimony (one of the following)

- Printout from Child Support Recovery or Friend of the Court. You can get a printout from the Child Support Recovery website: <https://secureapp.dhs.state.ia.us/CustomerWeb/>
- Court order or divorce decree stating monthly payment amounts
- Statement from payee and copy of most recent check

FIP (one of the following)

- Award letter from DHS
- Copy of your monthly check
- Bank statement (if direct deposit) showing the monthly amount

Workers Compensation

- Letter stating the benefit amount, how often paid, start/end date of benefits

Unemployment Benefits (one of the following)

- Printout from Workforce Development/Unemployment Services
- Letter stating the benefit amount, how often paid, start/end date of benefits
- **Members of the households who have become unemployed within the past 90 days are required to provide proof of when their employment ceased. A print out from the Iowa Work Force Center showing the past employment history, or a statement from the most recent employer disclosing the last day of employment are acceptable. All check stubs received while employed within the past 30 days are required to be submitted for income verification.**

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PLEASE USE A BLACK OR BLUE INK PEN TO COMPLETE.

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	GENDER (circle one)	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY (circle one)	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	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 • Head of household • Spouse • Child • Foster child • Grandchild • Sibling • Parent • Grandparent • Other relative • 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 • Medicaid • Medicare • State Children's Health Insurance Program • State Health Insurance for Adults • Military Health Care • Direct purchase • Employment based • None	RACE • American Indian • Alaska Native • Asian • White • Black or African American • Native Hawaiian and Other Pacific Islander • Other • Multi-race	HIGHEST LEVEL OF EDUCATION • 0-8th grade • 9th-12th grade/non-graduate • High School graduate • GED/equivalency diploma • 12th grade + some post-secondary school • College graduate (2 or 4 yrs) • Graduate of other post-secondary school	EMPLOYMENT (WORK STATUS) • Employed (full-time) • Employed (part-time) • Migrant seasonal farm worker • Unemployed (short term, 6 months or less) • Unemployed (long term, more than 6 months) • Unemployed (not in labor force) • Retired
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3. HOUSEHOLD TYPE (check one)

<input type="checkbox"/> SINGLE PERSON	<input type="checkbox"/> SINGLE PARENT FEMALE	<input type="checkbox"/> TWO PARENT HOUSEHOLD	<input type="checkbox"/> MULTIGENERATIONAL HOUSEHOLD
<input type="checkbox"/> TWO ADULTS NO CHILDREN	<input type="checkbox"/> SINGLE PARENT MALE	<input type="checkbox"/> NON-RELATED ADULTS WITH CHILDREN	<input type="checkbox"/> 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.

<input type="checkbox"/> EMPLOYMENT INCOME (SALARY/WAGES)	<input type="checkbox"/> SSI (SUPPLEMENTAL SECURITY INCOME)	<input type="checkbox"/> PRIVATE DISABILITY INSURANCE	<input type="checkbox"/> ALIMONY OR OTHER SPOUSAL SUPPORT	<input type="checkbox"/> CHILD SUPPORT
<input type="checkbox"/> SELF-EMPLOYMENT OR FARM INCOME	<input type="checkbox"/> SSDI (SOCIAL SECURITY DISABILITY INCOME)	<input type="checkbox"/> WORKERS' COMPENSATION	<input type="checkbox"/> GENERAL RELIEF/ASSISTANCE	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> RETIREMENT INCOME FROM SOCIAL SECURITY	<input type="checkbox"/> VA SERVICE CONNECTED DISABILITY COMPENSATION	<input type="checkbox"/> UNEMPLOYMENT INSURANCE/BENEFITS		
<input type="checkbox"/> PENSION	<input type="checkbox"/> VA NON-SERVICE CONNECTED DISABILITY PENSION	<input type="checkbox"/> TANF/FIP ASSISTANCE	<input type="checkbox"/> OTHER: _____	

Does your household have savings over \$50,000 (include: all savings and 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)

<input type="checkbox"/> SNAP (FOOD ASSISTANCE PROGRAM)	<input type="checkbox"/> HCV (HOUSING CHOICE VOUCHER)	<input type="checkbox"/> HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING)
<input type="checkbox"/> WIC (WOMEN, INFANTS, & CHILDREN)	<input type="checkbox"/> PUBLIC HOUSING	<input type="checkbox"/> CHILD CARE VOUCHER
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING	<input type="checkbox"/> AFFORDABLE CARE ACT SUBSIDY
<input type="checkbox"/> OTHER: _____		

6. HOUSING STATUS (check one)

☐ OWN ☐ RENT ☐ OTHER PERMANENT HOUSING ☐ HOMELESS (if homeless, what is your housing status?) _____ ☐ OTHER: _____

If you RENT, are you heating 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 ☐ 2, 3, OR 4 UNIT APT. ☐ 5 OR MORE UNIT APT. ☐ 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 (20% or less, or in the red)? ☐ YES ☐ NO

10. HOUSEHOLD HEATING AND ELECTRIC COMPANIES

Do you have a disconnect notice? ☐ YES ☐ NO

Are you currently disconnected? ☐ YES ☐ NO

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

CERTIFICATION STATEMENT

I certify under penalty of perjury the above information is true. I give permission to the agency processing this application to acquire additional information and to share information with other organizations for the purposes of providing services to assist my household. This sharing of information is to be conducted with maximum respect for the confidentiality of the information contained in this application.

I am hereby making application for the Low-Income Home Energy Assistance Program (LIHEAP) and/or the Weatherization Assistance Program. I further certify the following: I declare that I am the only person in the household who has or will apply for this program(s). I understand that this information will be used, upon request, in determining eligibility for other agency programs or services. Any willful misrepresentation of the information on this form is subject to a penalty of law. I assure that any LIHEAP energy payments received will be used solely for home energy costs. I understand that by signing (either in written form or electronically) this application, I am authorizing the weatherization of my house at no cost to me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home. This application does not guarantee any weatherization work being done on my house.

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 energy 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 energy use to the LIHEAP and Weatherization Assistance Program.

I understand this statement.

SIGNATURE

DATE



Statement of Confidentiality

As a customer of Northeast Iowa Community Action Corporation (NEICAC) you have the right to expect that we will protect any private, personal information you share with us for the purpose of receiving services. We have the responsibility to preserve information about you and your family and disclose information only for your benefit. Information we share about you and your family will be kept to a minimum – only that which is necessary to provide you with individualized services will be shared. No information about you and your family will be divulged to anyone other than the persons who are authorized to receive such information.

NEICAC provides a variety of services through various departments, including but not limited to: Head Start, Early Head Start, FaDSS (Family Development and Self-Sufficiency Program), Child and Adult Care Food Program (CACFP), EARL Public Transit, Low-Income Home Energy Assistance (LIHEAP), Housing Program, Weatherization Assistance Program (WAP), and a variety of crisis assistance programs. In order to provide services to you, we may share information with appropriate staff within our agency.

All communications with individuals or organizations outside of the agency regarding specific information about you or your family is strictly forbidden unless we have obtained **prior** written consent from you to release such information. Written releases are required prior to all in-person, telephone, written, faxed, electronic or any other means of communication. Written consent must be specific for the individual or organization outside the agency. An **exception** to this practice occurs when a program funder requires information about the program individuals or families being served. Only information required by the funder for program monitoring, management or data collection will be shared.

The only other time your confidential information will be shared without your permission is in the case of imminent harm or danger to you or a member of your family; or in the case of suspected child abuse. NEICAC staff are mandatory reporters of child abuse.

I have read and understand this confidentiality statement and understand it will expire in one year from date signed below.

Signature

Date

Printed name

NEICAC Staff Signature

Date



Northeast Iowa Community Action Corporation
305 Montgomery, PO Box 487
Decorah, IA 52101

Landlord/Manager's Statement

THIS FORM MUST BE COMPLETED BY YOUR LANDLORD OR RESIDENCE MANAGER

1. Name of Tenant: _____ Date: _____
2. Are you related to the tenant? Yes _____ No _____
3. Do the tenant and landlord reside at the same address? Yes _____ No _____
4. Address of rental property _____
Street City Zip Code
5. This dwelling is a (check one):
House _____ Duplex _____ Apt (3/4 units) _____ Apt (5+ units) _____ Mobile Home _____
6. This rental unit is heated by (check one only):
Gas _____ Electric _____ Propane _____ Fuel Oil _____ Wood _____ Corn _____
7. Monthly rent the tenant is responsible for: \$_____ Is the rent subsidized? Yes _____ No _____
8. Does the tenant work for part of the rent? Yes _____ If yes, how much? _____ No _____

LANDLORD MUST SIGN A OR B:

- A. I certify that the above named tenant's **utilities are included in the rent** and that I use a portion of that rent to cover the costs of the utilities.

Please check which utility that is included in the rent: _____ heating AND/OR _____ electric

Landlord/Manager Signature Landlord/Manager Printed Name Landlord/Manager phone number

OR

- B. I certify that the following utilities are in my name, but that the tenant is responsible to pay those utility bills by paying directly to me or otherwise negotiated:

Heating Company: _____ Electric Company: _____

Landlord/Manager Signature Landlord/Manager Printed Name Landlord/Manager phone number

Your signature will grant NEICAC permission to contact your landlord regarding this LIHEAP application. _____

Client Signature

Date



_____ (FS Initials/Date)

IOWA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM AND
WEATHERIZATION ASSISTANCE PROGRAM APPLICATION
(INTAKE FORM)

DEFINITIONS (August 28, 2020)

1. **HEAD OF HOUSEHOLD CONTACT INFORMATION**

2. **HOUSEHOLD MEMBER INFORMATION**

GENDER

Other: Includes people identifying as trans female (transitioning from male to female), people identifying as trans male (transitioning from female to male), and gender non-conforming people (not exclusively male or female).

I-94 NUMBER

An I-94 form is needed by all people except U.S. citizens, returning resident aliens, aliens with immigrant visas, and most Canadian citizens visiting the U.S. or in transit. Air and sea travelers are issued I-94s during the admission process at the port of entry. If someone requests U.S. admission information, the I-94 form is what a person would provide.

DISABILITY

A disabling condition is a physical or mental impairment that substantially limits one or more major life activities.

Physical Disability: Conditions that substantially limit one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.

Mental Disability: Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty learning, remembering or concentrating.

HEALTH INSURANCE

Medicaid: A federally funded and state administered program that provides health insurance to individuals and families with low incomes.

Iowa's Medicaid programs are:

- IA Health Link (which includes: Iowa Health and Wellness Plan)
- Medicaid Fee-for-Service (FFS)

Most Iowa Medicaid members are enrolled in the IA Health Link managed care program. Members get health coverage from a Managed Care Organization (MCO) they get to choose. Some members receive Medicaid coverage through the Medicaid Fee-for Service (FFS) programs.

IA Health Link includes the Iowa Health and Wellness Plan (IHAWP). The IHAWP provides comprehensive health benefits at low or no cost to members. Members have access to doctors and hospitals in local communities and throughout the state of Iowa. Benefits include doctor visits, prescription drugs, dental care, preventative health services, mental health services, hospitalizations, emergency care, and more.

Medicare: A single payer national social insurance program administered by the U.S. federal government.

State Children's Health Insurance Program (SCHIP or CHIP): A program administered by the U.S. Department of Health and Human Services that provides matching funds to states for health insurance to families with children who have low incomes.

Iowa's SCHIP is Healthy and Well Kids in Iowa (*hawk-i*). Iowa offers *hawk-i* health coverage for uninsured children of working families.

State Health Insurance for Adults: A state funded and administered health insurance program.

Iowa does not offer a state funded and administered health insurance program for adults.

Military Health Care: A program administered by the U.S. Department of Defense that provides health insurance to active and retired military and their family.

Direct Purchase: A private health insurance plan purchased by a person from an insurer or through an exchange. Exchange plans include coverage purchased through the federal Health Insurance Marketplace (under the Affordable Care Act) as well as other state based marketplaces and include both subsidized and unsubsidized plans.

Employment Based: Insurance provided by an employer.

HISPANIC, LATINO, OR OF SPANISH ORIGIN

Hispanic, Latino, or Spanish Origins: People who identify with the terms "Hispanic" or "Latino" are those who classify themselves in one of the specific Hispanic or Latino categories "Mexican," "Puerto Rican," "South or Central American," or "Cuban" as well as those who indicate that they "are other Spanish culture or origin regardless of race." Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Spanish, Hispanic, or Latino may be of any race.

RACE

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicated their race as "American Indian or Alaska Native," or they indicated their enrolled or principal tribe as Navajo, Blackfeet, Inupiat, Yup'ik, or other Central or South American Indian group.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This category includes people who indicated their race as "Asian," or they indicated they are Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, or other Asian.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. This category includes people who indicated their race as “White,” or they indicated they are Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

Black or African American: A person having origins in any of the Black racial groups of Africa. This category includes people who indicated their race as “Black, African American, or Negro,” or they indicated they are Kenyan, Nigerian, or Haitian.

Native Hawaiian and Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. This category includes people who indicated their race as “Native Hawaiian or Pacific Islander,” or they indicated they are Guamanian, Chamorro, Samoan, or other Pacific Islander.

Other: This category includes all other responses not included in the American Indian or Alaska Native, Asian, White, Black or African American, Native Hawaiian or Other Pacific Islander race categories.

Multi-race: Two or more of the above races.

MILITARY STATUS (Individuals aged 18 and older)

Veteran: A person who served on active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, or in the U.S. Merchant Marine during World War II, and who was discharged or released under conditions other than dishonorable. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4 to 6 months for initial training or yearly summer camps.

Active Military: A person who is in the military full time. They work for the military, may live on a military base, and can be deployed at any time. People in the National Guard or Reserves are not full-time active duty military personnel, although they can be deployed at any time, should the need arise.

HIGHEST LEVEL OF EDUCATION (Individuals aged 14 and older)

College Graduate (2 or 4 years): Includes graduation from a 4-year college, university, community college (public 2-year college), or junior college.

Graduate of other Post-Secondary School: Includes graduating or receiving a license, certificate, or associates degree from a career school, technical school, vocational school, or trade school.

EMPLOYMENT (Individuals aged 18 and older)

Employed (full-time): A person working at least 30 hours each week. This could include multiple employers.

Employed (part-time): A person working less than 30 hours each week. This could include multiple employers.

Migrant or Seasonal Farm Worker: A person working seasonally on a farm.

Unemployed (short term, 6 months or less): A person who has no substantial work for 6 months or less and is actively seeking work. Substantial work is regular and at least part-time.

Unemployed (long term, more than 6 months): A person who has no substantial work for more than 6 months and is actively looking for work. Substantial work is regular and at least part-time.

Unemployed (not in labor force): A person not working for any period of time. This category consists mainly of students, homemakers, seasonal workers interviewed in an off season who were not looking for work, institutionalized persons, and people doing only incidental unpaid family work (less than 15 hours during the reference week).

Retired: An individual who has concluded their working career. Typically someone who currently has income from their former employer, Social Security, or both.

HOW MANY HOUSEHOLD MEMBERS ARE

Homebound: A person who due to a physical or mental impairment or lack of transportation is unable to apply for an agency program or service outside their home.

Disconnected Youth: A youth (age 14 through 24) who is neither working or in school.

3. HOUSEHOLD TYPE

Single Person: A single individual living alone.

Two Adults, No Children: The head of household is an adult (age 18 or older) and another household member (non-head of household) is also an adult. This category includes childless couples and two non-related adults living together.

Single Parent Female: The head of household is a female and has no spouse or partner but has at least one child (age 17 and under) in the household.

Single Parent Male: The head of household is a male and has no spouse or partner but has at least one child (age 17 and under) in the household.

Two-Parent Household: The head of household has a spouse or partner and there is at least one child (age 17 and under) in the household.

Domestic partnerships: When two people live together and are involved in an interpersonal relationship sharing domestic life as if married, however, they are not legally married. A domestic partnership involves being in a committed relationship. Domestic partners can be the same or opposite sex.

Non-related Adults with Children: Two adults (aged 18 or older) who are not married. One or both adults may have a children (aged 17 and under) in the household who may or may not be related.

Multigenerational Household: A household consisting of three or more generations. Three types of multigenerational households:

- 1) A householder, a parent or parent in-law of the householder, and a child of the householder.
- 2) A householder, a child of the householder, and a grandchild of the householder.
- 3) A householder, a parent or parent in-law of the householder, a child of the householder, and a grandchild of the householder.

Also include households consisting of a grandparent (or grandparents) raising a grandchild (or grandchildren).

For multigenerational households, children and grandchildren have no age limits (i.e. children and grandchildren can be adults).

Other: Any situation that does not fit within one of the household type categories. Include single parents with at least one adult child (age 18 and older) in the household.

4. HOUSEHOLD INCOME SOURCES

Employment Income: Money received from an employer (e.g. wages, salary, fees, commission, bonus, tips, vacation pay, overtime pay, sick leave, profit sharing, severance pay).

Self-Employment Income or Farm Income: An individual works for himself or herself instead of working for an employer that pays a salary or wage. A self-employed individual earns income through conducting profitable operations from a trade or business that the individual operates directly. Farm income refers to profits and losses incurred through the operation of a farm.

Retirement Income from Social Security: Social Security that is being received by a former worker who earned enough work credits to receive a monthly payment.

Pension: Any type of income earned from private pensions (e.g. company retirement, IRA income, 401(k)).

SSI (Supplemental Security Income): Federal assistance under the Social Security program designed to help aged, blind, and disabled people who have little or no income. SSI is awarded to individuals who have no work or too few work credits to qualify for SSDI.

SSDI (Social Security Disability Income): Federal assistance under the Social Security program designed to help aged, blind, and disabled people who have little or no income. People in this program have enough work credits to qualify for assistance.

VA Service Connected Disability Compensation: A benefit paid to veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service.

Service connected disability compensation is a monetary benefit paid to Veterans who are determined by VA to be disabled by an injury or illness that was incurred or aggravated during active military service. These disabilities are considered to be service connected. To be eligible for compensation, the Veteran must have been separated or discharged under conditions other than dishonorable.

VA Non-Service-Connected Disability Pension: A needs-based benefit paid to wartime veterans who meet certain age or non-service connected disability requirements.

Non-service connected disability pension is a needs-based benefit paid to wartime Veterans who meet a certain age or non-service connected disability requirements.

A Veteran may be eligible if he or she:

- was discharged from service under other than dishonorable conditions, AND
- served 90 days or more of active duty with at least 1 day during a period of war time*, AND
- has countable income that is below the maximum annual pension rate (MAPR), AND
- meets the net worth limitations, AND
- is age 65 or older, OR, has a permanent and total non-service connected disability, OR, is a patient in a nursing home, OR, is receiving Social Security disability benefits.

*A Veteran who entered active duty after September 7, 1980, must also serve at least 24 months of active duty service. If the total length of service is less than 24 months, the Veteran must have completed their entire tour of active duty.

Private Disability Insurance: A disability payment paid out of a private insurance claim.

Workers' Compensation: Supplemental income paid to a worker who had been hurt on the job.

Unemployment Insurance/Benefits: Income received from an unemployment insurance fund by a worker whose job was terminated for any reason other than wrong doing.

TANF/FIP Assistance: Temporary Assistance for Needy Families (TANF) program.

Iowa's TANF is the Family Investment Program (FIP). FIP provides cash assistance to needy families as they become self-supporting so that children may be cared for in their own homes or in the homes of relatives.

Alimony or Other Spousal Support: Income paid by one spouse typically as an agreement in a divorce to assist in supporting the other individual's basic needs.

General Relief/Assistance: General Relief provides temporary assistance with basic and special needs. Individuals and families who are at risk due to a temporary crisis and/or a mental or physical incapacity and who meet income guidelines may be assisted. General Relief is not intended to provide on-going long term aid to any individual or family.

Child Support: Income paid by one parent of a child or children to another to assist in supporting the basic needs of the child or children.

No Income: The household has no source of income.

Savings over \$50,000: Interest and dividend bearing accounts (this includes bank accounts, cash on hand, CDs, and other investments that can be assessed without penalty to the household).

EITC (Earned Income Tax Credit): A refundable federal tax credit to help workers with low incomes to meet their basic needs.

Other: Any other income source that does not fit within one of the household income sources categories.

5. HOUSEHOLD NON-CASH BENEFITS

SNAP (Food Assistance Program): SNAP (Supplemental Nutrition Assistance Program) provides nutrition assistance to families. SNAP was formerly known as food stamps.

Iowa's SNAP is the Food Assistance Program.

WIC (Women, Infants, and Children): WIC (Special Supplemental Nutrition Program for Women Infants and Children) provides nutrition assistance to expectant and new mothers.

LIHEAP: LIHEAP (Low-Income Home Energy Assistance Program) provides energy assistance to households.

HVC (Housing Choice Voucher): A HUD subsidized housing voucher program (formerly known as Section 8) that gives households a choice in where they live.

TBRA is NOT part of the Housing Choice Voucher program (see last paragraph)

The Housing Choice Voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.

The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.

Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from HUD to administer the voucher program.

A family that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. This unit may include the family's present residence. Rental units must meet minimum standards of health and safety, as determined by the PHA. A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. Under certain circumstances, if authorized by the PHA, a family may use its voucher to purchase a modest home.

Federal HOME tenant-based rental assistance (TBRA) program: The HOME program, a federally funded housing program that is NOT part of the Housing Choice Voucher program, provides funding directly to states, cities, and towns for a variety of housing purposes, including TBRA.

Public Housing: A HUD subsidized housing program. Public housing is site-based in locations predetermined by the local Housing Authority.

Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single family houses to high rise apartments for elderly families. The U.S. Department of Housing and Urban Development (HUD) administers federal aid to local public housing agencies (PHAs) that manage the housing for low-income residents at rents they can afford. HUD furnishes technical and professional assistance in planning, developing and managing these developments.

PUBLIC HOUSING: Housing assisted under the provisions of the U.S. Housing Act of 1937 or under a state or local program having the same general purposes as the federal program. Distinguished from privately financed housing, regardless of whether federal subsidies or mortgage insurance are features of such housing development.

PUBLIC HOUSING AGENCY (PHA): Any state, county, municipality, or other governmental entity or public body, or agency or instrumentality of these entities that is authorized to engage or assist in the development or operation of low-income housing under the U.S. Housing Act of 1937.

Permanent Supportive Housing: A HUD program that uses a model that combines low-barrier affordable housing, health care, and supportive services to help individuals and families lead more stable lives. This type of housing is typically used to house formerly homeless individuals and families.

Permanent housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Under PH, a program participant must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a minimum term of one month. The C of C Program funds two types of permanent housing: permanent supportive housing (PSH) for persons with disabilities and rapid re-housing. Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. Rapid re-housing (RRH) emphasizes housing search and relocation services and short-term and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

HUD-VASH (Veterans Affairs Supportive Housing): A partnership between HUD and the VA that combines the Housing Choice Voucher and VA funding to provide housing assistance to homeless veterans.

HUD-VASH is a collaborative program between HUD and VA that combines HUD housing vouchers with VA supportive services to help Veterans who are homeless and their families find and sustain permanent housing.

Through public housing authorities, HUD provides rental assistance vouchers for privately owned housing to Veterans who are eligible for VA health care services and are experiencing homelessness.

Child Care Voucher: State or federally subsidized child care that allows families access to quality child care.

Child Care Assistance (CCA) is available to the children of income-eligible parents who are absent for a portion of the day due to employment or participation in academic or vocational training or PROMISE JOBS activities. Assistance may also be available for a limited period of time to the children of a parent looking for employment.

Child care services are provided to people participating in activities approved under the PROMISE JOBS program and people who receive Family Investment Program (FIP) assistance without regard to Child Care Assistance eligibility requirements if there is a need for child care services. PROMISE JOBS staff administer Child Care Assistance for child care needed to participate in PROMISE JOBS activities.

Child care services for a child with protective needs are provided without regard to income. To receive protective child care services, the family must meet specific requirements, and child care must be identified in the child's case permanency plan as a necessary service.

Affordable Care Act Subsidy: A subsidy a family receives through the federal Affordable Care Act to assist with paying health insurance premiums.

Other: Any non-cash benefit that does not fit within one of the household non-cash benefits categories.

6. HOUSING STATUS

Own: A household owns its home. This can include a single family home, mobile home, apartment, condominium, or any other dwelling that is considered owned.

Rent: A household makes regular payments to a landlord for the use of property or land.

Other Permanent Housing: A household resides in a HUD supported unit or other program that provides permanent housing that the household does not rent or own. This can also include living situations where a participant lives with a family member and does not rent or own the property.

Homeless: Please refer to following HUD definition of homeless:

People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (previously 30 days), and were in a shelter or a place not meant for human habitation immediately prior to entering that institution.

People who are losing their primary nighttime residence, which may include a motel, hotel, or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing. (HUD had previously allowed people who were being displaced within 7 days to be considered homeless.)

Families with children or unaccompanied youth who are unstably housed and likely to remain in that state. This new category of homelessness applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days or more, have moved two or more times within the last 60 days, and who are likely to continue to be unstably housed because of disability or other barriers to employment.

People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

See HUD's Hearth Act rule for more information.

Other: Any situation that does not fit within one of the housing status categories.

7. LANDLORD/COMPLEX INFORMATION

8. HOUSING TYPE

Rent a Room: An individual or family pays someone to use one or more rooms, bathrooms, and have kitchen access in their private home or on their property.

The living space must:

- 1) be separately metered,
- 2) have a separate entrance,
- 3) have its own kitchen, and
- 4) have its own bath facilities.

The agency must verify the property or the property must be registered/listed as a multi-family dwelling.

An Individual or family renting a single room only (SRO) should be included in "Other".

9. MAIN SOURCE OF HOME HEATING

10. HOUSEHOLD HEATING AND ELECTRIC COMPANIES

CERTIFICATION STATEMENT