



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.

LIHEAP is designed to aid qualifying low-income Iowa households 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 customers 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 1, 2025 for households with members at least 60 years of age or disabled. All other households may apply November 1, 2025. Applications will be accepted through April 30, 2026. Both owner-occupied and renter-occupied households are eligible to apply for Energy Assistance. Households with incomes at or below 200% 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 or email it to liweap@neicac.org.

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.
- **The social security number of each household member, regardless of age, must be provided for that household member to be eligible. At least one household member must provide a social security number documentation for the household itself to be eligible.**
- **Proof of income** - All household income must be verified for the previous 30 days, previous calendar year, or previous 12 months. 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: Alimony, Annuities, Bitcoin, CRP, Cryptocurrency, Dependent Care, Disability Insurance, Dividends, Earned Income (gross wages and salaries), Farm Income, Gambling/Lottery, Internship, IRAs, Lump Sum payments, 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, Training Stipends, Tribal per capita payments, Trust Payment, Unemployment Insurance, Veterans Payments, Work Study, Workers' Compensation.

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

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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	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 the household file a tax return and receive the EITC (Earned Income Tax Credit) benefit last year or this year?	YES	NO
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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 <u>heating</u> costs included in your rent?			YES	NO
If you RENT, are your <u>electric</u> costs included in your rent?			YES	NO
			If you RENT, do you receive rent assistance?	YES
			If you RENT, is your rent based on a percentage of your income?	YES
			What are your mortgage or rent costs per month?	\$ _____

7. LANDLORD/COMPLEX INFORMATION

NAME: _____	ADDRESS: _____	PHONE NUMBER: _____
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8. HOUSING TYPE (check one)

HOUSE	MOBILE HOME	RENT A ROOM	BLDG HAS 2 to 4 UNITS	BLDG HAS 5 OR MORE UNITS	OTHER: _____
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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

	<u>HEATING</u>	<u>ELECTRIC</u>
Do you have a disconnect notice?	YES	NO
Are you currently disconnected?	YES	NO
Are you on a payment arrangement?	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