



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.

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

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

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.)

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 <u>heating</u> costs included in your rent?			YES NO	If you RENT, do you receive rent assistance? YES NO
If you RENT, are your <u>electric</u> 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: _____
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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	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



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