

CRISIS 2023



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**HACAP Locations for
Iowa's Low Income Home Energy Assistance Program (LIHEAP)
and
Iowa's Crisis Low Income Household Water Assistance Program (LIHWAP)**

**APPLICATIONS CAN BE MAILED; EMAILED TO: energy@hacap.org; OR DROPPED OFF IN
DROP OFF BOXES NEXT TO THE HACAP FACILITIES**

Benton County - North Benton

202 E. 4th St, Vinton, IA 52349
319-472-4761

Hours: Mon–Fri 8 am–11:30 am; 12:30 pm–4:00 pm

Dubuque County – Outreach Office

220 West 7th Street, Dubuque, IA 52001
Phone: 563-556-5130

Hours: Mon–Fri 8–4 pm

Iowa County – Marengo Library Satellite Office

225 E. Hilton St, Marengo, IA 52301
Mail: 5560 6th St, SW, Cedar Rapids, IA 52404
Call: 319-366-7631, ext. 1502

HACAP Staff available Tues & Thur 8:30 am–12:00 pm
12:30pm–5:00 pm (beginning 10/1/22 to 4/30/23)

Johnson County – Waterfront Office

367 Southgate Ave, Iowa City, IA 52240
319-337-5765

Hours: Mon–Fri 8 am–12:00 pm; 1:00 pm–4:00 pm

Linn County – Inn Circle

5560 6th St, SW
Cedar Rapids, IA 52404
319-739-0100 or 319-366-7631

Hours: Mon-Fri 8 am–12:00 pm; 1:00 pm–4:00 pm
1:00 pm – 4:00 pm

Delaware County – Outreach Office

721 S 5th St, PO Box 443, Manchester, IA 52057
563-927-4629

Hours: Mon–Fri 8 am–12:00, 1:00 pm–4:00 pm

Jones County – Outreach Office

105 Broadway Place Suite 17, Anamosa, IA 52205
319-462-4343

Hours: Mon–Fri 9 am–12:00 pm, 1:00 pm–4:00 pm

Jackson County – Outreach Office

904 E Quarry Street, Maquoketa, IA 52060
563-652-5197

Hours: Mon-Fri 8 am–12:00 pm; 1:00 pm–4:00 pm

Linn County – Urban Office

1328 2nd Ave, SE, Cedar Rapids, IA 52403
319-739-0100 or 319-366-7632

Hours: Mon–Fri 8 am–12:00 pm; 1:00 pm–4:00 pm

Washington County – Orchard Hill Office

Physical Address: 2175 Lexington Blvd Bldg 1, East Door

Mailing Address: 2176 Lexington Blvd,
Washington, IA 52353

319-653-7275

Hours: Mon–Fri 8 am–12:00 pm; 1:00 pm–4:00 pm

FOR PROGRAM QUESTIONS

✓ Contact your local HACAP Energy office listed above

OR

✓ Call 319-739-0100 to leave a message for HACAP energy

Find out more information at www.hacap.org



CRISIS HACAP Housing Stabilization Application Checklist CRISIS

(Including Iowa's Low Income Home Energy Assistance Program and Weatherization Assistance Program)

Program Runs: October 1, 2022 to April 30, 2023

All applications may be mailed or put in a drop off box at the front door of your local HACAP site; or mailed to HACAP, PO Box 490, Hiawatha, IA 52233; or you may email it back to energy@hacap.org. Please no originals of documents.

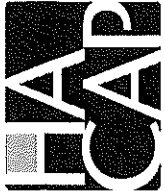
REQUIRED DOCUMENTATION

Y/N	Please include copies of these documents with your application
	Application – Thoroughly complete the first, second, and third page, sign and date it
	Identification - Social Security Card, Valid Iowa Driver's License or ID (must provide SSN verbally/written), Financial Statement showing Social Security numbers, professionally prepared Federal Taxes; Military ID, printout from Social Security office, or I-94 card showing an USCIS number. Need verification for every member in the household.
	Heating Bill – Your current natural gas, propane, electric, etc. bill. Provide a lease if heat is included in rent)
	Electric Bill - Your current electric bill (this may be the same as your heating bill)
	Utility Authorization Release – If utilities are not under your name, person who they are under needs to complete

REQUIRED INCOME DOCUMENTATION

Please check each income type your household receives **and include copies of documents**. May use past 30 days or past year (annual) for income documents, **but everyone in the household must choose the same period** (everyone uses 30 days or everyone uses past year (annual)). **Need income documentation for anyone 18 years or older.**

Yes	No	Types of Income	Past 30 days	Past Year (Annual)
		Wages, Salary	Pay check stubs for past 30 days (if paid bi-weekly, 2 most recent; if paid weekly, 4 most recent)	All W-2 forms, Federal Income Tax Return, including Schedule 1
		Self-Employment, Rental Income, or Farm Income	If you did not file taxes, request a Self-Employment form from HACAP to use past 30 days	Federal Income Tax Return, include Schedule 1, from most current year; if no tax return contact HACAP
		Social Security or SSI	Award letter or recent bank statement which shows bank name and account holders name showing direct deposit	1099 or statement from SSA showing annual amount, or most recent Federal Tax Return, include Schedule 1
		Pension, Retirement, or Veteran's Benefits	Award letter or recent bank statement which shows bank name and account holders name showing direct deposit	1099R for pension or retirement income, or most recent Federal Income Tax Return, include Schedule 1
		Child Support	Printout from Child Support Recovery or Friend of Court; court order or divorce decree stating monthly amounts, or statement from payee and copy of most recent check	Printout from Child Support Recovery or Friend of Court; court order or divorce decree stating monthly amounts, or recent payee and copy of most recent check
		Worker's Compensation	Worker's Comp letter stating benefit amount, how often paid, start/end date of benefits	Worker's Comp Letter stating benefit amount, how often paid, start/end date of benefits
		Unemployment Benefits	Printout from IWF Development with DBRO or letter stating the benefit amount, how often paid, start/end date of benefits.	Printout from IWF with DBRO or letter stating the benefit amount, how often paid, start/end date of benefits
		No Income as Individual Household Member	If a member has had NO income from any source in the 30 days, mark No Income on the Income Section of the application	If a member has had NO income from any source in the past year, mark no income and provide an Unemployment printout for year



HACAP HOUSING STABILIZATION PROGRAMS APPLICATION

including IOWA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM / WEATHERIZATION ASSISTANCE PROGRAM

(ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED)

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LEGAL LAST NAME:

FIRST NAME:

CITY:

CITY:

CITY:

ZIP CODE:

ZIP CODE:

LANGUAGE:

INTERPRETER

YES

NO

STREET ADDRESS:

MAILING ADDRESS

(if different than street address)

HOME PHONE NUMBER:

CELL:

TEXTING Y

N

E-MAIL ADDRESS:

MEMBER INFO CODES	RELATION TO HEAD HH	RACE	HEALTH INSURANCE	MARITAL STATUS	HIGHEST LEVEL OF EDUCATION	DISABILITY	EMPLOYMENT (WORK STATUS)				INCOME SOURCES							
							1= Full-time	2= Part-time	3= Seasonal	4= Short term	1= Salary/Wages	2= Self Employment/Farm	3= SSA (Retirement/Elderly)	4= Pension	5= SSI (SS Supplement)	6= SSDI (SS Disability)	7= VA SCD Compensation	8= VA NSCD Pension
0= Head of household	0= White	1= Medicare	1= Single	1= 0-8th grade	0= Yes	1= Employed Full-time	8= Contract	10= Unemployment Benefits										
1= Spouse	2= Black/African American	2= Medicaid	2= Married	2= 9th-12th grade/non-graduate	N= None	2= Employed Part-time	9= Temporary	11= TANF/FIP Assistance										
2= Child	3= Asian	3= Military	3= Separated	3= High School Grad/GED	U= Unknown	3= Migrant seasonal farm	A= 13 years or less	12= Cash Assistance Family/Friends										
3= Foster child	4= American Indian/Alaska Native	4= Direct Purchase	4= Divorced	4= 12+ some post secondary		4= Unemployed-Short term (6-months or less)	U = Unknown	13= Alimony/Spousal Support										
4= Grandchild	5= Native Hawaiian and Other Pacific Islander	5= Unknown	5= Widowed	5 = 2-4 Year College Grad		5= Unemployed-Long term (more than 6-months)		14= General Assistance										
5= Parent	6= Other	6= Hawke-/CHIP		8 = Grad of other Post Secondary School		6= Unemployed / Not in Labor Force		15= Child Support										
6= Grandparent	7= Multi-Race	7= Iowa Health & Wellness for Adults		U = Unknown/Not reported		7= Retired		16= Foster OR Adoption Subsidy										
7= Other Relation	8= Other	8= Employment Based						17= No Income										
8= Not Related	9= Unknown/not reported	9= No Health Insurance						O= Other										
9 = Sibling																		

Number of homebound individuals in household

2. HOUSEHOLD MEMBER / INCOME INFORMATION (Please use the codes above)

A disconnected youth is a member of the household age 14-25 who is neither working or in school.

MEMBER NUMBER	NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	GENDER (circle one)	DATE OF BIRTH	SOCIAL SECURITY NUMBER or I-94 NUMBER	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	HEALTH INSURANCE	MARITAL STATUS	HIGHEST LEVEL OF EDUCATION	DISCONNECTED YOUTH	DISABILITY (circle one)	MILITARY STATUS	EMPLOYMENT (WORK STATUS)	MEMBER INCOME SOURCE (Write all sources that apply)
1		Self (0)	MALE			YES					YES	VETERAN			
2			FEMALE			NO					NO	ACTIVE			
3			OTHER			YES					YES	VETERAN			
4			MALE			NO					NO	ACTIVE			
5			OTHER			YES					YES	VETERAN			
6			FEMALE			NO					NO	NONE			
7			OTHER			YES					YES	VETERAN			
8			MALE			NO					NO	ACTIVE			

HACAP HOUSING STABILIZATION PROGRAMS APPLICATION

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

For each income source listed in section 2, you must include proof of income documentation with this application. For EMPLOYMENT INCOME, provide copies of your check stubs for 30 days preceding this application, or provide a copy of your federal income tax return. For SELF-EMPLOYEMENT INCOME or FARM INCOME, provide a copy of your federal income tax return.

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 YES NO

5. HOUSEHOLD NON-CASH BENEFITS (check all that apply)

<input type="checkbox"/> SNAP (FOOD ASSISTANCE PROGRAM)	<input type="checkbox"/> HOUSING CHOICE VOUCHER (section 8)	<input type="checkbox"/> HUD-VASH (VETTRANS AFFAIRS SUPPORTIVE HOUSING)	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> WIC (WOMEN, INFANTS, & CHILDREN)	<input type="checkbox"/> PUBLIC HOUSING	<input type="checkbox"/> CHILDCARE VOUCHER	
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING	<input type="checkbox"/> AFFORDABLE CARE ACT SUBSIDY	

6. HOUSEHOLD HEATING, ELECTRIC, AND WATER COMPANIES

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

	HEATING	ELECTRIC	WATER
Do you have a disconnect notice?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently disconnected?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you on a pay arrangement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

HEAT VENDOR NAME/ACCOUNT NUMBER: _____ ACCOUNT NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____

ELECTRIC VENDOR NAME/ACCOUNT NUMBER: _____ ACCOUNT NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____

7. HOUSING STATUS (check one) OWN RENT OTHER (explain) _____
 _____ HOMELESS, if homeless, what is your housing situation? _____

IF YOU RENT, ANSWER THE FOLLOWING:

- if you Rent, are your heating costs included in your rent? YES NO
 (if yes, a copy of your lease is required to be submitted with your application)
- if you Rent, are your electric 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

HACAP HOUSING STABILIZATION PROGRAMS APPLICATION

8. HOUSING TYPE (check one) HOUSE MOBILE HOME BUILDING with 2-4 UNITS BUILDING with 5+ APTS RENT A ROOM OTHER
9. MAIN SOURCE OF HOME HEATING (check one) ELECTRIC NATURAL GAS WOOD/COAL/CORN FUEL OIL PROPANE YES NO

10 LANDLORD / RENTAL INFORMATION

NAME _____ MORTGAGE OR RENT COST PER MONTH: \$ _____

ADDRESS _____

Phone Number _____

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 purpose of providing services to assist my household. This sharing of information is to be conducted with the 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), Low-Income Household Water Assistance (LIHWAP), and/or the Weatherization 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 subject to a penalty of law. 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/water supplier about my household usage and payment history. I also give permission to the State of Iowa to release application information to my energy/water supplier and to provide details about my account and use to the LIHEAP, LIHWAP, and Weatherization Assistance Program.

I UNDERSTAND THE ABOVE STATEMENT.

Applicant Signature _____ Date _____

Staff Signature _____ Date _____



LIHEAP/LIHWAP UTILITY ACCOUNT HOLDER AUTHORIZATION

This authorization is used when an individual applies for LIHEAP, energy crisis programs or LIHWAP and has a utility account in someone's name that does not reside within the LIHEAP/LIHWAP applicant's household. Complete this form and return it with the application.

LIHEAP/LIHWAP Application Info

LIHEAP/LIHWAP Head of Household: _____

Residence Address: _____

Account / Account Holder Info

Vendor:

Alliant MidAmerican Energy Water Vendor Name _____

Other Vendor Name _____

Account Number: _____

Account Holder's Name: _____

Service provided through this account:

Natural Gas Electric Heat Electric Non-Heat Propane/Fuel Oil Water

Account Holder Contact Info (phone # or email): _____

Authorization Statement

I give permission to the agency processing the listed LIHEAP/LIHWAP application to acquire additional information and to share information within HACAP and with other organizations for the purpose of providing services to assist the applicant's household. This sharing of information is to be conducted with maximum respect of the confidentiality of the information contained within the application.

I understand that the listed Head of Household is applying for the Low-Income Home Energy Assistance Program (LIHEAP), Low-Income Household Water Assistance Program (LIHWAP), and/or Weatherization Assistance Program (WAP). I further certify the following: I understand 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 penalty of law. I assure that any LIHEAP energy or LIHWAP payments received will be used solely for home energy costs or water costs depending on the designated account. 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/water supplier about the listed account's energy/water usage and payment history. I give permission to the State of Iowa to release information to my energy supplier and to provide details about my account and energy use to the LIHEAP, LIHWAP and WAP.

By signing, I authorize HACAP to obtain additional information from the listed energy or water vendor about my account for the purpose of assisting the listed LIHEAP/LIHWAP applicant with energy or water assistance services.

This authorization is valid from date signed until 9/30/2023.

Account Holder Signature: _____

Date: _____

HACAP STAFF USE:	Received: _____
Verified by: _____	Scanned into CIS: _____