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**

(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

<table>
<thead>
<tr>
<th>Y/N</th>
<th>Please include copies of these documents with your application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Application – Thoroughly complete the first, second, and third page, sign and date it</td>
</tr>
<tr>
<td></td>
<td>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. <strong>Need verification for every member in the household.</strong></td>
</tr>
<tr>
<td></td>
<td>Heating Bill – Your current natural gas, propane, electric, etc. bill. <strong>Provide a lease if heat is included in rent</strong></td>
</tr>
<tr>
<td></td>
<td>Electric Bill - Your current electric bill (this may be the same as your heating bill)</td>
</tr>
<tr>
<td></td>
<td>Utility Authorization Release – If utilities are not under your name, person who they are under needs to complete</td>
</tr>
</tbody>
</table>

### 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.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Income</td>
<td>Past 30 days</td>
</tr>
<tr>
<td>Wages, Salary</td>
<td>Pay check stubs for past 30 days (if paid bi-weekly, 2 most recent; if paid weekly, 4 most recent)</td>
</tr>
<tr>
<td>Self-Employment, Rental Income, or Farm Income</td>
<td>If you did not file taxes, request a Self-Employment form from HACAP to use past 30 days</td>
</tr>
<tr>
<td>Social Security or SSI</td>
<td>Award letter or recent bank statement which shows bank name and account holders name showing direct deposit</td>
</tr>
<tr>
<td>Pension, Retirement, or Veteran’s Benefits</td>
<td>Award letter or recent bank statement which shows bank name and account holders name showing direct deposit</td>
</tr>
<tr>
<td>Child Support</td>
<td>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</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>Worker’s Comp letter stating benefit amount, how often paid, start/end date of benefits</td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td>Printout from IWF Development with DBRO or letter stating the benefit amount, how often paid, start/end date of benefits.</td>
</tr>
<tr>
<td>No Income as Individual Household Member</td>
<td>If a member has had NO income from any source in the 30 days, mark No Income on the Income Section of the application</td>
</tr>
</tbody>
</table>
1. HEAD OF HOUSEHOLD CONTACT INFORMATION

**LEGAL/LAST NAME:**

**FIRST NAME:**

**MIDDLE INITIAL:**

**CITY:**

**ZIP CODE:**

**STREET ADDRESS:**

**MAILING ADDRESS**

(If different than street address)

**HOME PHONE NUMBER:**

**CELL:**

**TEXTING:**

**E-MAIL ADDRESS:**

**ZIP CODE:**

**INTERPRETER:**

**YES**

**NO**

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### HOUSEHOLD MEMBER / INCOME INFORMATION

**NAME**

**RELATION TO HEAD OF HOUSEHOLD**

**GENDER**

**DATE OF BIRTH**

**SOCIAL SECURITY NUMBER or 9-14 NUMBER**

**RACE**

**ETHNIC OR SPANISH ORIGIN**

**MARITAL STATUS**

**HIGHEST LEVEL OF EDUCATION**

**DISABILITY**

**EMPLOYMENT (WORK STATUS)**

**INCOME SOURCES**

**OCCUPATIONAL**

**STATUS**

**OVERALL EMPLOYMENT (WORK STATUS)**

**MEMBER INCOME SOURCE**

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**Notes:**
- A disconnected youth is a member of the household age 14-25 who is neither working or in school.
- Number of homebound individuals in household.
HACAP HOUSING STABILIZATION PROGRAMS APPLICATION

3. HOUSEHOLD TYPE (check one)
   - SINGLE PERSON
   - SINGLE PARENT FEMALE
   - TWO PARENT HOUSEHOLD
   - NON-RELATED ADULTS WITH CHILDREN
   - MULTIGENERATIONAL HOUSEHOLD
   - 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-EMPLOYMENT 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 year? □ YES □ NO

5. HOUSEHOLD NON-CASH BENEFITS
   (check all that apply)
   □ SNAP (FOOD ASSISTANCE PROGRAM)
   □ WIC (WOMEN, INFANTS, & CHILDREN)
   □ LIHEAP
   □ HOUSING CHOICE VOUCHER (section 8)
   □ PUBLIC HOUSING
   □ PERMANENT SUPPORTIVE HOUSING
   □ HUD-VASH (VETTRANS AFFAIRS SUPPORTIVE HOUSING)
   □ CHILD CARE VOUCHER
   □ AFFORDABLE CARE ACT SUBSIDY
   □ OTHER

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
   - Do you have a disconnect notice? □ YES □ NO
   - Are you currently disconnected? □ YES □ NO
   - Are you on a pay arrangement? □ YES □ NO

   ELECTRIC
   - Do you have a disconnect notice? □ YES □ NO
   - Are you currently disconnected? □ YES □ NO
   - Are you on a pay arrangement? □ YES □ NO

   WATER
   - Are you disconnected? □ YES □ NO
   - Are you on a pay arrangement? □ YES □ NO

   HEAT VENDOR NAME/ACCOUNT NUMBER: ____________________________
   ELECTRIC VENDOR NAME/ACCOUNT NUMBER: _______________________
   ACCOUNT NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD: __________________________
   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+ APARTMENTS [ ] RENT A ROOM [ ] OTHER

9. MAIN SOURCE OF HOME HEATING (check one)
   [ ] ELECTRIC [ ] NATURAL GAS [ ] WOOD/COAL/CORN [ ] FUEL OIL [ ] PROPANE
   If propane, do you have an empty or low tank (30% or less)? [ ] YES [ ] NO

10. LANDLORD / RENTAL INFORMATION
    NAME________________________________________
    ADDRESS_____________________________________
    Phone Number_________________________________
    MORTGAGE OR RENT COST PER MONTH: $______________

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: ________________