HACAP Housing Stabilization Application Guidelines
(including Iowa’s Low Income Home Energy Assistance Program & Weatherization Assistance Program)

Program Runs: October 1, 2020 to April 30, 2021

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 mail it back to energy@hacap.org;

Please copy required documents (no originals) and send with the application. If you do not have access to a copier, please call your local HACAP site or 319-739-0100 to make accommodations

STEP 1: THOROUGHLY COMPLETE ALL INFORMATION ON THE APPLICATION.

STEP 2: Gather the required documents for application verification. This includes household member verification (social security, state ID or immigration numbers), utilities’ info, and all sources of income for every person currently living in the household, as outlined below.

Social Security Number, State ID or Immigration Number Verification for every Member of the Household:
Please provide ONE of the following for each person in the household:
- Social Security Card
- Financial statement showing the Social Security number
- Payroll stub showing the Social Security number
- Military ID card showing the Social Security number
- Printout from the Social Security Admin received for a new card application, or to replace a lost or stolen card. This print out must show your social security number on it.
- I-94 card showing an USCIS number
- Valid Iowa Driver’s License or ID (must provide SSN verbally/or write it on the DL copy)

Utility Bills: Include a copy of your most current heating and electric bill(s) or any other documents showing your energy supplier and account number. Please provide the following:
- Heating bill □ Rental agreement (if heat is included in your rent)
- Electric bill □ Landlord’s name, address, and phone number
If your utility bill is not in your name, the person that the utilities are under needs to complete the Utility Authorization Release to be sent back with you’re application.

Income Verification: Use this checklist to determine what type of documentation you will need to provide with your application for each member of your household. All sources of income must be verified for the same time frame, whether using the 1-month or 12-month option.

- Wages/Salary (gross income)
  - Federal tax return, including Schedule 1; 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 in the past 30 days from the date of the application
  - 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 most recent tax year, including Schedule 1
  - If no tax return was completed, contact your local HACAP office for guidance
❖ **Social Security or SSI Benefits** (one of the following)
  - Award letter stating your monthly amount
  - 1099 or statement from SSA showing your annual amount
  - Copy of your monthly check
  - Bank Statement (if direct deposit) showing monthly amount, must show bank name and account holder’s name

❖ **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, must show bank name and account holder’s name

❖ **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/](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 and end date of benefits

❖ **Unemployment Benefits** (one of the following)
  - Printout from Iowa Works/Workforce Development’s unemployment services
  - Letter stating the benefit amount, how often paid, start/end date of benefits

❖ **No Income as an Individual Household Member** –
  - Members who have become unemployed within the past 30 days are required to provide proof of when their employment ended. Providing a statement from the most recent employer disclosing the last day of employment is acceptable. All check stubs received within the past 30 days are required to be submitted for income verification.
  - Members who have not worked for more than 30 days and receive no other income are required to provide a printout from Iowa Workforce Center showing past employment history.
  - If the household has had NO income from any source listed on the application in the past 30 days, mark No Income on the Income Section of the application.
**1. HEAD OF HOUSEHOLD CONTACT INFORMATION**

**LEGAL LAST NAME:**
**NAME:**
**FIRST NAME:**
**MIDDLE INITIAL:**
**COUNTY:**

**STREET ADDRESS:**
**ZIP CODE:**
**MAILING ADDRESS**
(if different than street address)
**CITY:**
**ZIP CODE:**
**LANGUAGE:**
**INTERPRETER**

**PRIMARY CONTACT NUMBER:**
**SECONDARY PHONE NUMBER:**

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<th>CITY:</th>
<th>NO</th>
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<tr>
<td>PRIMARY CONTACT NUMBER:</td>
<td>SECONDARY PHONE NUMBER:</td>
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<th>ROOM NUMBER</th>
<th>CODE</th>
<th>DESCRIPTION</th>
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<td>Head of household</td>
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<tr>
<td>1</td>
<td>Spouse</td>
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<td>2</td>
<td>Child</td>
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<td>3</td>
<td>Foster child</td>
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<td>4</td>
<td>Grandchild</td>
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<td>5</td>
<td>Parent</td>
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<td>6</td>
<td>Grandparent</td>
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<td>7</td>
<td>Other Relation</td>
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<td>8</td>
<td>Not Related</td>
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<tr>
<td>9</td>
<td>Sibling</td>
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<th>RELATION TO HEAD HH</th>
<th>RACE</th>
<th>HEALTH INSURANCE</th>
<th>MARITAL STATUS</th>
<th>HIGHEST LEVEL OF EDUCATION</th>
<th>DISABILITY</th>
<th>EMPLOYMENT (WORK STATUS)</th>
<th>INCOME SOURCES</th>
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| NUMBER OF HOMEBOUND INDIVIDUALS IN HOUSEHOLD | | | |

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<thead>
<tr>
<th>NAME (FIRST AND LAST)</th>
<th>RELATION TO HEAD OF HOUSEHOLD</th>
<th>GENDER</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER or I-94 NUMBER</th>
<th>RACE</th>
<th>HEALTH INSURANCE</th>
<th>MARITAL STATUS</th>
<th>HIGHEST LEVEL OF EDUCATION</th>
<th>DISCONNECTED YOUTH</th>
<th>DISABILITY</th>
<th>MILITARY STATUS</th>
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A disconnected youth is a member of the household age 14-25 who is neither working or in school.
3. HOUSEHOLD TYPE (check one)
   - SINGLE PERSON
   - SINGLE PARENT FEMALE
   - TWO PARENT HOUSEHOLD
   - 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-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 (FOOD ASSISTANCE PROGRAM)
   - HOUSING CHOICE VOUCHER (section 8)
   - LIHEAP
   - HOUSING CHOICE VOUCHER (section 8)
   - Hud-vash (Veterans Affairs Supportive Housing)
   - Other

6. 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 SERVICE BILL and ELECTRIC SERVICE BILL with this application.

   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?

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 (20% or less)?
   - YES
   - NO

10. LANDLORD / RENTAL INFORMATION
    NAME
    ADDRESS
    CONTACT NUMBER

    IF YOU RENT, ANSWER THE FOLLOWING:
    - Are your heating costs included in rent?
      - YES
      - NO
      (If yes, a copy of your lease is required to be submitted with your application)
    - Do you receive rent assistance?
      - YES
      - NO
      (Is your rent based on a percentage of your income?)

    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 within HACAP and with other organizations for the purpose of providing services to assist my household. This sharing of information is to be conducted with maximum respect of 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 Weatherization Assistance Program (WAP). 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 the 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 payments received will be used solely for home energy costs. I understand by signing (either in written or electronic form) this application, I am authorizing the weatherization of my house at no cost to me or my family. 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's energy usage and payment history. I 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 WAP.

    I UNDERSTAND THE ABOVE STATEMENT.

    Applicant Signature
    Date

    Intake Staff Signature
    Date

Last updated 10-01-2020
LIHEAP UTILITY ACCOUNT HOLDER AUTHORIZATION

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

LIHEAP Application Info

LIHEAP Head of Household: ________________________________

Residence Address: ______________________________________

Account / Account Holder Info

Vendor:
☐ Alliant ☐ MidAmerican Energy ☐ Other _______________________

Account Number: _________________________________________

Account Holder’s Name: _________________________________

Service provided through this account:
☐ Natural Gas ☐ Electric Heat ☐ Electric Non-Heat ☐ Propane/Fuel Oil

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

Authorization Statement

I give permission to the agency processing the listed LIHEAP 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) 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 payments received will be used solely for home energy costs. 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 the listed account’s energy 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 and WAP.

By signing, I authorize HACAP to obtain additional information from the listed energy vendor about my account for the purpose of assisting the listed LIHEAP applicant with energy assistance services. This authorization is valid from date signed until 9/30/2021.

Account Holder Signature: ____________________________ Date: ______________

HACAP STAFF USE:

Received: ____________

Verified by: _______________ Scanned into CIS: _______________

9/12/2020 SG
HACAP Locations for
Iowa’s Low Income Home Energy Assistance Program (LIHEAP)
Applications Intake Begins October 1, 2020 and Ends April 30, 2021

APPLICATIONS CAN BE MAILED OR DROPPED OFF IN DROP OFF BOXES NEXT TO THE HACAP FACILITIES; NO WALK-INS

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 am–4 pm

Iowa County – No local representative available
Call: 319-366-7631, ext. 1502
Mail: 5560 6th St, SW, Cedar Rapids, IA  52404
HACAP Staff available Mon – Fri 8 am–12:00 pm 1:00 pm–4:00 pm

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
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