



**HACAP Locations for
Iowa's Low Income Home Energy Assistance Program (LIHEAP)**

**APPLICATIONS CAN BE COMPLETED ON-LINE AT www.hacap.org; EMAILED TO:
energy@hacap.org; MAILED; 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 8:00 am-12:00 pm
12:30pm-4:30 pm (beginning 10/1/23 to 4/30/24)

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



HACAP Housing Stabilization Application Checklist PY24

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

Program Runs: October 1, 2023 to April 30, 2024

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, Out-of-state valid Driver's License with gold star or ID (must provide SSN verbally/written), Financial Statement showing Social Security numbers, Federal Taxes include signature page; Military ID, printout from Social Security office, or I-94 card showing an USCIS number. Need verification for every member who resides in the home.
	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 residing in the house 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
		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 and complete "Zero Income" form.	If a member has had NO income from any source in the past year, mark no income and provide an Unemployment printout for year



PY24

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, STREET ADDRESS, MAILING ADDRESS, HOME PHONE NUMBER, CELL, TEXTING, CITY, STATE, ZIP CODE, COUNTY, LANGUAGE, INTERPRETER, YES/NO checkboxes

Acceptance Date Stamp

MEMBER INFO CODES, HEALTH INSURANCE, RACE, HIGHEST LEVEL OF EDUCATION, EMPLOYMENT (WORK STATUS), INCOME SOURCES, DISCONNECTED YOUTH, LUMP SUM, MILITARY STATUS, EMPLOYMENT STATUS, MEMBER INCOME SOURCE

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

Table with 12 columns: LEGAL NAME (FIRST AND LAST), RELATION TO HEAD OF HOUSEHOLD, GENDER (Circle one), DATE OF BIRTH, SOCIAL SECURITY NUMBER or I-94 NUMBER, HISPANIC/LATINO/SPANISH ORIGIN?, RACE, HEALTH INSURANCE, HIGHEST LEVEL OF EDUCATION, DISCONNECTED YOUTH, LUMP SUM, MILITARY STATUS, EMPLOYMENT STATUS, MEMBER INCOME SOURCE

HACAP HOUSING STABILIZATION PROGRAMS APPLICATION

3. HOUSEHOLD TYPE (check or 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 SOURCE
**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 federal tax return and receive the Earned Income Tax Credit (EITC)? YES NO

5. HOUSEHOLD NON-CASH BENEFITS (check all that apply)
 SNAP (FOOD ASSISTANCE PROGRAM) Housing Choice Voucher (Section 8) HUD-VASH Voucher (for veterans & their families) OTHER:
 WIC (WOMEN, INFANTS, & CHILDREN) Public Housing (subsidized) Childcare Voucher
 LIHEAP (ENERGY ASSISTANCE) Permanent Supportive Housing (PSH)

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

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

If Heat or Electric account is in name of someone else other than Head of Household, please include Utility Authorization Form

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+ APT
 - RENT A ROOM
 - OTHER:
- 9. MAIN SOURCE OF HOME HEATING (check one)
 - ELECTRIC
 - NATURAL GAS
 - WOODY/COAL/CORN
 - FUEL OIL
 - PROPANE
 If propane, do you have an empty or low tank (80% or less)? YES NO

10 LANDLORD / RENTAL INFORMATION

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

ADDRESS: _____

Phone Number: _____

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

I UNDERSTAND THE ABOVE STATEMENT.

Applicant Signature Date

Staff Signature Date



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 Vendor Name _____

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 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 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 9/30/2024.

Account Holder Signature: _____

Date: _____

HACAP STAFF USE:

Received: _____

Verified by: _____

Scanned into CIS: _____

Iowa Low-Income Home Energy Assistance & Weatherization Programs

Community Action Agency HACAP

Applicant Declaration of Zero Income Household

This form is only to be completed when the application shows no income for entire household

I, as the applicant, hereby declare that the household member(s) listed below do not receive income from any of the following common sources of income:

1. Adoption Assistance, Dependent Care
2. Alimony
3. Bitcoin, Cryptocurrency, Dividends, Gambling, Lottery Winnings
4. Income from operating a business
5. Interest of dividends from assets
6. Internship
7. Long Term Disability Insurance, VA Service – Connected Disability pension
8. Lump-Sum Insurance policy payments
9. Rental Income from real or personal property
10. Retirement Income, Railroad Retirement
11. Social Security payments (Pensions, Annuities, Retirement Funds)
12. Unemployment Compensation
13. Wages from employment, self-employment, farm income, military pay (including Sales Revenue, Tips, Commissions, Bonuses and Fees, Training Stipends etc.)

Please list below all household members age 18 and over with zero income:

HH Member 1 _____

HH Member 2 _____

HH Member 3 _____

HH Member 4 _____

HH Member 5 _____

I certify, under the penalty of perjury that the information presented in this declaration is true and accurate to the best of my knowledge. I further understand that providing false representations and/ or withholding income information is a federal offense and can result in a fine of \$10,000 and/or imprisonment for no more than five years if convicted.

Printed Name: _____

Signature: _____

Date: _____