



Iowa Disaster Assistance File Reminder

These are the things you need to include with your Disaster Application:

1. Follow the instructions and complete the Disaster Assistance Application
2. Proof of Income Eligibility:
 - Proof of Income: Current Pay Stub, W2 or 1040
 - You must meet the 200% of the Total Household Income Requirement
3. Current Government Photo ID for everyone over the age of 18 living in the household
4. Insurance information
5. If your vehicle is Damaged:
 - a. Current Vehicle Registration
 - b. Current Liability Insurance
6. Proof of Residency:
 - a. Lease if you are a renter
 - b. Print out form from the City Assessor Website

Any questions, please call (319) 739-0056.

Mailing address:

HACAP
Disaster Assistance
1515 Hawkeye Dr.
Hiawatha, IA 52233

Iowa Individual Disaster Assistance Grant Program (IIAGP) Application

1. Applicant Information (personal information)

Include a copy of government-issued identification for all adults living in the household.

a. First and Last Name	
b. Social Security Number	c. Phone Number Cell Number
d. Email Address	
e. Address Affected by Disaster	
f. County	g. City, State, Zip Code
h. Current Address if Different from Above	
i. County	j. City, State, Zip Code
k. Insurance Company Name	Insurance Company Phone Number
l. Alternate Contact Information (name and phone number)	
m. Total Number of Adults in Household	Total Number of Children in Household
n. Total Annual Household Income \$	Note: Household annual income must be 200 percent or less of the federal poverty level for a household of that size.
For questions call 1-877-347-5678	

2. Loss Information

Include receipts for replaced items. If no receipts, request voucher program.

Date of Disaster	Disaster type: <input type="checkbox"/> Tornado <input type="checkbox"/> Flood <input type="checkbox"/> Other:	
Temporary housing: \$	SNAP: \$	Receipts provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal property: \$	Home repair: \$	Request voucher program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total requested: \$0	<i>The title of the property must be in the name of the applicant.</i>	

3. Brief Description of Damage Caused by the Disaster and List Damaged Items

4. Attestation

I attest that the information provided on this form is true and accurate. I am providing this information to the Iowa Department of Human Services ("Department") for expenses under the Iowa Individual Assistance Disaster Grant Program ("Program"). I authorize the Department to release this information to other aid organizations and persons for purposes of administering the Program. I attest that persons receiving assistance in the household are legal residents of the United States. I understand that if I am not eligible for benefits under the Program, if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items, I hereby agree to repay to the Department any funds acquired through the Program within 60 days.

5. Reconsiderations

You, or the person helping you, may request reconsideration if you do not agree with any action taken on your application.

Your request for reconsideration must be completed within 15 days from the date on the denial letter.

You may submit your written request for reconsideration by submitting a detailed request to:

Iowa Department of Human Services
Attn: Division of Field Operations – Emergency Assistance
5th Floor, 1305 E Walnut Street
Des Moines, IA 50319-0114

If you need assistance filing a request for reconsideration, ask your disaster case manager.

6. Discrimination

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability or veteran status; hereafter referred to as protected category.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services
Attn: Hoover Building, 5th Floor – Bureau of Policy Coordination
1305 E Walnut Street
Des Moines, IA 50319-0114

or via email contactdhs@dhs.state.ia.us

The Iowa Department of Human Services is an equal opportunity provider.

Applicant Signature	Date
---------------------	------

Please submit all application materials to your local Community Action Agency.
www.iowacommunityaction.org

Instructions for Completion of the IIAGP Application

Section 1. Applicant information.

- a. Your first and last name
- b. Your Social Security number
- c. Your main phone number and cellphone number
- d. Your email address
- e. The address that was affected by the disaster
- f. County of the address that was affected by the disaster
- g. City, state, and zip code of the address that was affected by the disaster
- h. If you are residing at a different address than the one listed above
- i. County
- j. City, state, and zip code
- k. Your insurance company name and phone number
- l. Alternate contact information – name and phone number
- m. Total number of adults in the household and total number of children in the household
- n. The total annual income for all household members

Please be prepared to supply the following documentation when requested:

- Photo ID
- Proof of residence
- Proof of income (pay stubs, W-2, tax return, public benefit letter of decision, social security letter, etc.)
- Insurance coverage and filings (if applicable)
- Receipts (if requesting reimbursement for a disaster-related expense)
- Photos of damage (if applicable)

NOTE: Household annual income must be 200% or less of the federal poverty level for a household of that size.

2022 National Poverty Guidelines

Family Size	1	2	3	4	5	6	7	8	Per person additional
200% of Federal Poverty Level (annual income)	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$4,720

Section 2. Loss information.

Each household **MAY** receive up to \$5,000 for a qualifying household and items that qualify under one of the four categories listed below. Please check with your local Community Action Agency (www.iowacommunityaction.org). Receipts **MUST** be in applicant's name.

Temporary Housing – Receipts **MUST** be in applicant's name. IIAGP will cover up to \$65 per day for 30 days of lodging at a licensed establishment such as a hotel or motel, if the household's home is destroyed, uninhabitable, inaccessible, or unavailable to the household.

SNAP – Replacement of spoiled or destroyed food, up to a maximum of \$50 for one person; \$25 for each additional person in the household. Fast food receipts will not be accepted.

Personal Property – Some examples are: Kitchen items, personal hygiene, clothing, bedroom furnishings, etc. Please check with your local Community Action Agency (www.iowacommunityaction.org).

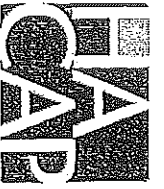
Home Repair – Some examples are: Repair of structural components, repair of floors, wall, ceilings, doors, windows, and carpeting. Please check with your local Community Action Agency (www.iowacommunityaction.org).

Assistance will be denied for the following: Preexisting conditions are the cause of the damage; landlord owned property; and if the title of the property is not in the applicant's name.

Section 3. Brief description of the damage caused by the disaster.

Section 4. – Section 6. Read these sections carefully.

Your original signature is required on the application, along with the date the application was signed.



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)

Page 1 of 3
 Acceptance Date Stamp

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

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

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

MAILING ADDRESS (if different than street address): _____ CITY: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL: _____ TEXTING Y N ADDRESS: _____

LANGUAGE: _____ (STAFF ONLY) INTERPRETER YES NO

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

Number of household individuals in household _____

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

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

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

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

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

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.

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

7. HOUSING STATUS (check one)

OWN RENT OTHER (explain) _____

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: _____

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 you Rent, are your electric costs included in your rent? YES NO
- 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 OTHER _____ If propane, do you have an empty or low tank (30% or less)? 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 (LHWAP), 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, LHWAP, and Weatherization Assistance Program.

I UNDERSTAND THE ABOVE STATEMENT.

Applicant Signature _____

Date _____

Staff Signature _____

Date _____



Iowa Disaster Assistance
Self-Declaration of Insurance Coverage

Household Members Name: _____

Household Address: _____

Date of Application: _____

I currently carry HOMEOWNERS RENTERS insurance coverage at the address above (attach copy of policy)

The policy I carry DOES NOT include flood coverage (attach documentation)

The policy I carry DOES include flood coverage (attach documentation)

I have submitted a claim to my insurance provider

I have not submitted a claim to my insurance provider

I plan to submit a claim to my insurance provider

I do not plan to submit to my insurance provider

I am a HOMEOWNER without insurance coverage (attach address verification)

I am a RENTER without insurance coverage (attach address verification & rental lease)

Signature: _____ Date: _____