



HACAP HOUSING STABILIZATION PROGRAMS APPLICATION
including IOWA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM / WEATHERIZATION ASSISTANCE PROGRAM

Acceptance Date Stamp

(ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED)

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

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

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____ LANGUAGE: _____

MAILING ADDRESS (if different than street address) _____ CITY: _____ ZIP CODE: _____ INTERPRETER YES NO

PRIMARY CONTACT NUMBER: _____ SECONDARY PHONE NUMBER: _____ 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
0= Head of household	C= White	1=Medicare	1= Single	1= 0-8th grade	O= Yes	1= Employed Full-time	1= Salary/Wages	10: Unemployment Benefits
1= Spouse	B= Black/African American	2=Medicaid	2=Married	2= 9th-12th grade/non-graduate	N= None	2= Employed Part-time	2= Self Employment/Farm	11: TANF/FIP Assistance
2= Child	AS= Asian	3=Military	3=Separated	3= High School Grad/GED	U= Unknown	3= Migrant seasonal farm	3= SSA (Retirement/Elderly)	12: Cash Assistance Family/Friends
3= Foster child	I= American Indian/Alaska Nat	4=Direct Purchase	4=Divorced	4= 12+ some post secondary		4= Unemployed-Short term (6-months or less)	4= Pension	13: Alimony/Spousal Support
4=Grandchild	N= Native Hawaiian and Other Pacific Islander	5= Unknown	5=Widowed	5 = 2-4 Year College Grad		5= Unemployed -Long term (more than 6-months)	5= SSI (SS Supplement)	14: General Assistance
5= Parent	MR = Multi-racial	6= Hawk-I/CHIP		8 = Grad of other Post Secondary School		6= Unemployed / Not in Labor Force	6= SSDI (SS Disability)	15: Child Support
6= Grandparent	O= Other	7=Iowa Health & Wellness for Adults		U = Unknown/Not reported		7= Retired	7= VA SCD Compensation	16: Foster OR Adoption Subsidy
7= Other Relation	U= Unknown/not reported	8=Employment Based					8= VA NSCD Pension	17: No Income
8= Not Related		9=No Health Insurance					9= Private Disability/ Worker Compensation	0= 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.

1	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	MILITARY STATUS (circle one)	EMPLOYMENT (WORK STATUS)	MEMBER INCOME SOURCE (Write all sources that apply)
1		Self (0)	MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
2			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
3			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
4			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
5			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
6			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
7			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
8			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		

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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) SNAP (FOOD ASSISTANCE PROGRAM) HOUSING CHOICE VOUCHER (section 8) HUD-VASH (VETTRANS AFFAIRS SUPPORTIVE HOUSING) OTHER
 WIC (WOMEN, INFANTS, & CHILDREN) PUBLIC HOUSING CHILDCARE VOUCHER
 LIHEAP PERMANENT SUPPORTIVE HOUSING AFFORDABLE CARE ACT SUBSIDY

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+ APTS 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
 OTHER _____

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 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 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 households 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