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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, HOME PHONE NUMBER, CELL, TEXTING, E-MAIL ADDRESS

Table with columns: MEMBER INFO CODES, RELATION TO HEAD HH, RACE, HEALTH INSURANCE, HIGHEST LEVEL OF EDUCATION, EMPLOYMENT (WORK STATUS), INCOME SOURCES

How many people are living in your household? Do you have any members that are homebound?

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.

Table with columns: LEGAL NAME, RELATION TO HEAD OF HOUSEHOLD, GENDER, DATE OF BIRTH, SOCIAL SECURITY NUMBER, HISPANIC/LATINO/SPANISH ORIGIN, RACE, HEALTH INSURANCE, HIGHEST LEVEL OF EDUCATION, DISCONNECTED YOUTH, DISABILITY, MILITARY STATUS, EMPLOYMENT (WORK STATUS), MEMBER INCOME SOURCE

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- 3. HOUSEHOLD TYPE (check or) [ ] SINGLE PERSON [ ] TWO ADULTS NO CHILDREN [ ] SINGLE PARENT FEMALE [ ] SINGLE PARENT MALE [ ] TWO PARENT HOUSEHOLD [ ] NON-RELATED ADULTS WITH CHILDREN [ ] MULTIGENERATIONAL HOUSEHOLD [ ] OTHER:

4. HOUSEHOLD INCOME SOUR 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 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) [ ] WIC (WOMEN, INFANTS, & CHILDREN) [ ] LIHEAP (ENERGY ASSISTANCE) [ ] Housing Chice Voucher (Section 8) [ ] Public Housing (subsidized) [ ] Permanent Supportive Housing (PSH) [ ] HUD-VASH Voucher (for veterans & their families) [ ] Childcare Voucher [ ] OTHER:

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

HEATING ELECTRIC Do you have a disconnect notice? [ ] YES [ ] NO [ ] 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 NUMBEI ACCOUNT NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD ELECTRIC VENDOR NAME/ACCOUNT NUMBE 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

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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  WOOD/COAL/CORN  FUEL OIL  PROPANE If propane, do you have an empty or low tank (30% or less)?  YES  NO  
 OTHER: \_\_\_\_\_

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 \_\_\_\_\_