



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

**APPLICATIONS CAN BE COMPLETED ON-LINE AT [www.hacap.org](http://www.hacap.org); EMAILED TO: [energy@hacap.org](mailto:energy@hacap.org); MAILED; OR DROPPED OFF IN DROP OFF BOXES NEXT TO THE HACAP FACILITIES**

**Benton County - North Benton**

202 E. 4<sup>th</sup> St, Vinton, IA 52349  
Call: 319-472-4761  
Hours: Mon–Fri 8 am–11:30 am; 12:30 pm-4:00 pm

**Delaware County – Outreach Office**

721 S 5<sup>th</sup> St, Manchester, IA 52057  
Mail: PO Box 443, Manchester, IA 52057  
Call: 563-927-4629  
Hours: Mon–Fri 8 am–12:00, 1:00 pm-4:00 pm

**Dubuque County – Outreach Office**

220 West 7<sup>th</sup> St, Dubuque, IA 52001  
Call: 563-556-5130  
Hours: Mon–Fri 8–4 pm

**Jones County – Outreach Office**

105 Broadway Pl Ste 17, Anamosa, IA 52205  
Call: 319-462-4343  
Hours: Mon–Fri 9 am–12:00 pm, 1:00 pm-4:00 pm

**Iowa County – Marengo Library Satellite Office**

225 E Hilton St, Marengo, IA 52301  
Mail: 5560 6<sup>th</sup> St, SW, Cedar Rapids, IA 52404  
Call: 319-550-3528  
Hours: Tues & Thur 8:00 am–12:00 pm  
12:30pm–4:30 pm (beginning 10/1/25 to 4/30/26)

**Jackson County – Outreach Office**

904 E Quarry St, Maquoketa, IA 52060  
Call: 563-652-5197  
Hours: Mon-Fri 8 am–12:00 pm; 1:00 pm–4:00 pm

**Johnson County – Waterfront Office**

367 Southgate Ave, Iowa City, IA 52240  
Call: 319-337-5765  
Hours: Mon–Fri 8 am–12:00 pm; 1:00 pm-4:00 pm

**Linn County – Urban Office**

1328 2<sup>nd</sup> Ave, SE, Cedar Rapids, IA 52403  
Call: 319 739-0100 or 319-366-7632  
Hours: Mon–Fri 8 am–12:00 pm; 1:00 pm-4:00 pm

**Linn County – Inn Circle**

5560 6<sup>th</sup> St, SW, Cedar Rapids, IA 52404  
Call: 319-739-0100 or 319-366-7631  
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 Washington, IA 52353  
Mailing Address: 2176 Lexington Blvd, Washington, IA 52353  
Call: 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](http://www.hacap.org)



# HACAP Housing Stabilization Application Checklist (Including Iowa's Low Income Home Energy Assistance Program and Weatherization Program)

**PY26**

Program Runs: October 1<sup>st</sup>, 2025 to April 30<sup>th</sup>, 2026

All applications may be mailed or put in a drop box at the front door of your local HACAP site; or mailed to HACAP Energy, PO Box 490, Hiawatha, IA 52233; or emailed to [energy@hacap.org](mailto:energy@hacap.org). Please do not submit original documents.

REQUIRED DOCUMENTATION	
Y/N	Please Include Copies of These Documents with your Application
	<b>Application</b> – Thoroughly Complete the First, Second, and Third Pages, Sign and Date
	<b>Identification</b> – Social Security Card, Valid Iowa Driver's License, REAL ID (must provide SSN verbally or written), Financial Statement Showing SSN, Federal 1040 Tax Return (With Signature Page), Military ID (with SSN), Printout from Social Security Office, I-94 Card Showing USCIS Number. <b>Need ID Document for every member who resides in the home.</b>
	<b>Heating Bill</b> – Current bill showing name, address, account number, and utility company
	<b>Electric Bill</b> – Current bill showing name, address, account number, and utility company
	<b>Utility Authorization Form</b> – If either utility is not your name, the account holder needs to complete and sign this form
	<b>Lease</b> - If your heat is included in your rent, a copy of the lease that verifies this also needs to be submitted.

REQUIRED INCOME DOCUMENTATION				
Please submit each type of income your household receives and mark each type on the application. You May use the past 30 days <b>OR</b> past year (annual) for income documents, but <u>all income must be in the same time frame</u> (Everyone Uses 30 days <b>OR</b> Everyone uses Annual). <b>Salary/Wages required for anyone 18 years or older.</b>				
Yes	No	Types of Income	Past 30 Days	Past Year (Annual)
		Wages, Salary	Pay Check Stubs for Past 30 Days (if Paid Bi-Weekly or Semi-Monthly, 2 Most Recent; if Paid Weekly, 4 Most Recent). Must Show Name, Date, and Gross Wages	All W-2 Forms, Most Recent Federal 1040 Tax Return (Including Schedule 1)
		Self-Employment, Rental Income, Farm Income	Request a Self-Employment Form from HACAP to complete if using the past 30 days	All 1099s, Federal 1040 Tax Return (Including Schedule 1), if No Tax Return Request a Self-Employment Form
		Social Security, SSI, SSDI	Current Year Award Letter, Recent Bank Statement Showing Bank Name, Account Holders Name, and the Direct Deposit	1099 or Statement from SSA Showing Annual Amount or Most Recent 1040 Tax Return (Including Schedule 1)
		Pensions, Retirement, or VA Benefits	Current Year Award Letter, Recent Bank Statement Showing Bank Name, Account Holders Name, and the Direct Deposit	1099R or Statement from SSA Showing Annual Amount or Most Recent 1040 Tax Return (Including Schedule 1)
		Worker's Compensation	Official Letter Showing Benefit Amount, How Often Paid, Start/End Dates of Benefits	Official Letter Showing Benefit Amount, How Often Paid, Start/End Dates of Benefits
		Unemployment Benefits	Printout from Iowa Workforce Development or Benefit Letter Showing Name, Weekly Benefit Amount, When Benefits Started, and Total Benefit Balance Amount	1099G, Federal 1040 Tax Return (Including Schedule 1)
		No Income for Entire Household	If there are no sources of income for anyone in the home please complete the Zero Income Form Attached to this application	If One Individual had no Income for the Entire Tax Year They will need to Obtain a Printout from the Iowa Workforce Center Called a Wage C that Shows no Income During the Entire Tax Year.



PY26

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**HACAP HOUSING STABILIZATION PROGRAMS APPLICATION**

Including IOWA LOW-INCOME ENERGY ASSISTANCE PROGRAM/WEATHERIZATION PROGRAM

**(ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED)**

Acceptance Date Stamp

**1. HEAD OF HOUSEHOLD CONTACT INFORMATION**

LEGAL LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ STATE: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PREFERRED CONTACT: Phone \_\_\_\_ Email \_\_\_\_ Text \_\_\_\_ Mail \_\_\_\_

EMAIL: \_\_\_\_\_

**STAFF ONLY**

INTERPRETER YES NO

MEMBER INFO CODES	RELATIONSHIP TO HEAD OF HOUSEHOLD	RACE	HEALTH INSURANCE	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)	INCOME SOURCES	
	0 = Head of Household	C = White	1 = Medicare	1 = 0-8 <sup>th</sup> Grade	1 = Employed Full-Time	1 = Salary/Wages	12 = Private Disability/Workers Comp
	1 = Spouse	B = Black or African American	2 = Medicaid	2 = 9 <sup>th</sup> -12 <sup>th</sup> Grade/Non-Grad	2 = Employed Part-Time	2 = Self Employment	13 = TANF/FIP
	2 = Child	AS = Asian	3 = Military Health Care	3 = High School Graduate	3 = Migrant Seasonal Farm Worker	3 = SSA (Retirement/Elderly)	14 = Cash Assistance (Family/Friends)
	3 = Foster Child	AI = American Indian	4 = Direct Purchase	4 = GED/HISET/High School Equivalency	4 = Unemployed Short Term (6 months or less)	4 = Pension	15 = Alimony/Spousal Support
	4 = Grandchild	AN = Alaskan Native	5 = Unknown	5 = 12 <sup>th</sup> Grade + Some Post-Secondary	5 = Unemployed- Long Term (6 months or more)	5 = SSI (Age 0-17)	16 = General Assistance
	5 = Parent	N = Native Hawaiian/ Other Pacific Islander	6 = Hawk-I/ CHIP	6 = 2-4 Year College Graduate	6 = Unemployed- Not in the Labor Force	6 = SSI (Age 18+)	17 = Child Support
	6 = Grandparent	MR = multi-racial (2 or more)	7 = Iowa Health & Wellness for Adults	7 = Graduate School or other Post-Secondary School	7 = Retired	7 = SSDI (Age 0-17)	18 = Foster/Adoption Subsidy
	7 = Other	O = Other	8 = Employment based			8 = SSDI (Age 18+)	19 = No Income
	8 = Not Related		9 = No Health Insurance			9 = VA SCD Compensation	20 = Other Income
	9 = Sibling					10 = VA NSCD Pension	
						11 = Unemployment	

HOW MANY PEOPLE ARE LIVING IN THE HOME? \_\_\_\_\_

DO YOU HAVE ANY MEMBERS THAT ARE HOMEBOUND? \_\_\_\_\_

**2. HOUSEHOLD MEMBER/INCOME INFORMATION (USE CODE ABOVE)**

LEGAL NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	SEX (CIRCLE ONE)	DATE OF BIRTH	SOCIAL SECURITY or I-94 NUMBER	HISPANIC, LATINO, OR SPANISH ORIGIN?	RACE	HEALTH INSURANCE	HIGHEST LEVEL OF EDUCATION	DISABILITY	MILITARY STATUS (CIRCLE ONE)	EMPLOYMENT (WORK STATUS)	MEMBER INCOME SOURCE (Write all that apply)
1	SELF	MALE			YES				YES	VETERAN		
		FEMALE			NO				NO	ACTIVE		
					UNKNOWN				UNKNOWN	NONE		
2		MALE			YES				YES	VETERAN		
		FEMALE			NO				NO	ACTIVE		
					UNKNOWN				UNKNOWN	NONE		
3		MALE			YES				YES	VETERAN		
		FEMALE			NO				NO	ACTIVE		
					UNKNOWN				UNKNOWN	NONE		
4		MALE			YES				YES	VETERAN		
		FEMALE			NO				NO	ACTIVE		
					UNKNOWN				UNKNOWN	NONE		
5		MALE			YES				YES	VETERAN		
		FEMALE			NO				NO	ACTIVE		
					UNKNOWN				UNKNOWN	NONE		
6		MALE			YES				YES	VETERAN		
		FEMALE			NO				NO	ACTIVE		
					UNKNOWN				UNKNOWN	NONE		
7		MALE			YES				YES	VETERAN		
		FEMALE			NO				NO	ACTIVE		
					UNKNOWN				UNKNOWN	NONE		
8		MALE			YES				YES	VETERAN		
		FEMALE			NO				NO	ACTIVE		
					UNKNOWN				UNKNOWN	NONE		

3. **HOUSEHOLD TYPE (check one)**      SINGLE PERSON      SINGLE PARENT FEMALE      SINGLE PARENT MALE      MULTIGENERATIONAL HOUSEHOLD  
 TWO ADULTS NO CHILDREN      TWO PARENT HOUSEHOLD      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 your current federal income tax return.  
 For SELF-EMPLOYEMENT INCOME or FARM INCOME, provide a copy of your federal income tax return or request a Self-Employment Form.*

Does your household have savings over \$50,000 (include all savings and checking accounts, CDs, and other investments)      YES      NO

5. **HOUSEHOLD NON-CASH BENEFITS**

(Check All That Apply)

SNAP (FOOD ASSISTANCE PROGRAM)      HOUSING CHOICE VOUCHER (SECTION 8)      HUD-VASH (VETERANS FAMILIES)  
 WIC (WOMEN, INFANTS, CHILDREN)      PUBLIC HOUSING (SUBSIDIZED)      CHILDCARE VOUCHER  
 LIHEAP (ENERGY ASSISTANCE)      PERMANENT SUPPORTIVE HOUSING (PSH)      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	Does your furnace produce heat when needed?	YES	NO
Are you currently disconnected?	YES	NO	YES	NO			
Are you on a payment arrangement?	YES	NO	YES	NO			

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

HEAT VENDOR NAME/ ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT HOLDER NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD \_\_\_\_\_

ELECTRIC VENDOR/ ACCOUNT NUMBER \_\_\_\_\_ ACCOUNT HOLDER 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:**

- Are your heating costs included in your rent?      YES      NO  
If yes, a copy of your lease is required to be submitted
- Are your electric costs included in your rent?      YES      NO
- Do you receive rent assistance?      YES      NO
- Is your rent based on a percentage of your income?      YES      NO

8. HOUSING TYPE (Check One)      HOUSE      MOBILE HOME      BUILDING WITH 2-4 UNITS      BUILDING WITH 5+ UNITS      RENT A ROOM      OTHER: \_\_\_\_\_
9. MAIN SOURCE OF HEATING (Check One)      ELECTRIC      NATURAL GAS      WOOD/COAL/CORN      FUEL OIL      PROPANE      OTHER: \_\_\_\_\_

If propane, do you have an empty tank 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 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 is not the Head of Household.

### Application Info

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 9/30/2026.**

Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HACAP STAFF USE:**

Received Date: \_\_\_\_\_

Verified by: \_\_\_\_\_

Scanned into LEWIS: \_\_\_\_\_

Iowa Low-Income Home Energy Assistance Programs

Community Action Agency HACAP

Application Declaration of No Countable Household Income

This form should be used in situations where the applicant is declaring the entire household has no countable income for LiHEAP eligibility

I, as the applicant, hereby declare that no member of my household receives any of the following common sources of income counted towards LiHEAP eligibility:

1. Annuities
2. Dependent Care
3. Alimony
4. Bitcoin, Cryptocurrency, Dividends, Gambling, Lottery Winnings
5. Income from Operating a Business
6. Interest of Dividends from Assets
7. Internship- Paid
8. Long Term Disability Insurance, VA Service – Connected Disability Pension
9. Lump-Sum Recurring or Non-Recurring Payments
10. Rental Income Received
11. Retirement Income, Pensions, Railroad Retirement
12. Social Security Payments (SSI, SSDI, SSA Retirement Benefits)
13. Unemployment Compensation
14. Wages from Employment, Self-Employment, Farm Income, Military Pay (Including Sales Revenue,

Tips, Commissions, Bonuses and Fees, Training Stipends, etc.)

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.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_