



**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
Call: 319-472-4761
Hours: Mon–Fri 8 am–11:30 am; 12:30 pm-4:00 pm

Delaware County – Outreach Office

721 S 5th St, Manchester, IA 52057
Mail: PO Box 443, Manchester, IA 52057
Call: 563-927-4629
Hours: Mon– Thurs 8am - 330pm

Dubuque County – Outreach Office

220 West 7th 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 6th St, SW, Cedar Rapids, IA 52404
Call: 319-550-3528
Hours: Tues & Thur 8:00 am–12:00 pm
12:30pm–4:30 pm (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 2nd 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 6th 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



**HACAP Housing Stabilization
Application Instructions
PY26 CRISIS ONLY**

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. Please do not submit original documents.

REQUIRED DOCUMENTATION	
Y/N	Please Include Copies of These Documents with your Application
	Application – Thoroughly Complete the First, Second, and Third Pages, Sign and Date
	Identification – 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. Need ID Document for every member who resides in the home.
	Heating Bill – Current bill showing name, address, account number, and utility company
	Electric Bill – Current bill showing name, address, account number, and utility company
	Utility Authorization Form – If either utility is not your name, the account holder needs to complete and sign this form
	Lease - 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 OR past year (annual) for income documents, but all income must be in the same time frame (Everyone Uses 30 days OR Everyone uses Annual). Salary/Wages required for anyone 18 years or older.				
Yes	No	Types of Income	Past 30 Days	Past Year (Annual)
		Wages, Salary	Paycheck 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.	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	Request a Zero Income Form from HACAP.	If An Adult Member had No Income for the Entire Tax Year, they will need to Obtain a Printout from the Iowa Workforce Center that Shows No Income During the Entire Tax Year.



**HACAP HOUSING STABILIZATION PROGRAMS APPLICATION
PY26 CRISIS ONLY
(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 1 = Spouse 2 = Child 3 = Foster Child 4 = Grandchild 5 = Parent 6 = Grandparent 7 = Other 8 = Not Related 9 = Sibling	C = White B = Black or African American AS = Asian AI = American Indian AN = Alaskan Native N = Native Hawaiian/ Other Pacific Islander MR = multi-racial (2 or more) O = Other	1 = Medicare 2 = Medicaid 3 = Military Health Care 4 = Direct Purchase 5 = Unknown 6 = Hawk-/ CHIP 7 = Iowa Health & Wellness for Adults 8 = Employment based 9 = No Health Insurance	1 = 0-8 th Grade 2 = 9 th -12 th Grade/Non-Grad 3 = High School Graduate 4 = GED/HISET/High School Equivalency 5 = 12 th Grade + Some Post-Secondary 6 = 2-4 Year College Graduate 7 = Graduate School or other Post-Secondary School	1 = Employed Full-Time 2 = Employed Part-Time 3 = Migrant Seasonal Farm Worker 4 = Unemployed Short Term (6 months or less) 5 = Unemployed- Long Term (6 months or more) 6 = Unemployed- Not in the Labor Force 7 = Retired	1 = Salary/Wages 2 = Self Employment 3 = SSA (Retirement/Elderly) 4 = Pension 5 = SSI (Age 0-17) 6 = SSI (Age 18+) 7 = SSDI (Age 0-17) 8 = SSDI (Age 18+) 9 = VA SCD Compensation 10 = VA NSCD Pension 11 = Unemployment	12 = Private Disability/Workers Comp 13 = TANF/FIP 14 = Cash Assistance (Family/Friends) 15 = Alimony/Spousal Support 16 = General Assistance 17 = Child Support 18 = Foster/Adoption Subsidy 19 = No Income 20 = Other Income

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 ACTIVE		
		FEMALE			NO				NO	NONE		
2		MALE			YES				YES	VETERAN ACTIVE		
		FEMALE			NO				NO	NONE		
3		MALE			YES				YES	VETERAN ACTIVE		
		FEMALE			NO				NO	NONE		
4		MALE			YES				YES	VETERAN ACTIVE		
		FEMALE			NO				NO	NONE		
5		MALE			YES				YES	VETERAN ACTIVE		
		FEMALE			NO				NO	NONE		
6		MALE			YES				YES	VETERAN ACTIVE		
		FEMALE			NO				NO	NONE		
7		MALE			YES				YES	VETERAN ACTIVE		
		FEMALE			NO				NO	NONE		
8		MALE			YES				YES	VETERAN ACTIVE		
		FEMALE			NO				NO	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)
- | | | |
|---|---|---|
| <input type="checkbox"/> SNAP (FOOD ASSISTANCE PROGRAM) | <input type="checkbox"/> HOUSING CHOICE VOUCHER (SECTION 8) | <input type="checkbox"/> HUD-VASH (VETERANS FAMILIES) |
| <input type="checkbox"/> WIC (WOMEN, INFANTS, CHILDREN) | <input type="checkbox"/> PUBLIC HOUSING (SUBSIDIZED) | <input type="checkbox"/> CHILDCARE VOUCHER |
| <input type="checkbox"/> LIHEAP (ENERGY ASSISTANCE) | <input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING (PSH) | <input type="checkbox"/> 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | Does your furnace produce heat when needed? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you currently disconnected? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Are you on a payment arrangement? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> 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 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 USE ONLY:

Received Date: _____

Verified By: _____

Scanned into LEWIS Date: _____

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: _____