



**Hawkeye Area Community
Action Program, Inc.**

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

APPLICATIONS CAN BE SUBMITTED

**ONLINE at www.hacap.org; EMAILED to energy@hacap.org; MAILED to your local HACAP office;
or PLACED IN BLUE DROP BOXES NEXT TO HACAP FACILITIES**

Benton County – North Benton

202 E 4th St Vinton IA 52349

Call: 319-472-4761

Hours: Mon – Fri 8am – 12pm; 1pm – 4pm

Johnson County – Waterfront Office

367 Southgate Ave Iowa City IA 52240

Call: 319-337-5765

Hours: Mon – Fri 8am – 12pm; 1pm - 4pm

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 - 3:30pm

Jones County – Outreach Office

105 Broadway Pl Ste 17 Anamosa IA 52205

Call: 319-462-4343

Hours: Mon – Fri 9am – 12pm; 1pm - 4pm

Dubuque County – Outreach Office

1301 Central Ave Ste 100 Dubuque IA 52001

Call: 563-556-5130

Hours: Mon – Fri 8am – 4pm

Linn County – Inn Circle

5560 6th St SW Cedar Rapids IA 52404

Call: 319-366-7631

Hours: Mon - Fri 8am – 12pm; 1pm - 4pm

Iowa County – Marengo Library Satellite Office

225 E Hilton St Marengo IA 52301

Mail: 5560 6th St SW Cedar Rapids IA 52404

Call: 319-739-0100

Hours: Tues & Thurs 8am – 12pm; 12:30pm – 4:30pm
(10/1/26 to 4/30/27)

Linn County – Urban Office

1328 2nd Ave SE Cedar Rapids IA 52403

Call: 319-366-7632

Hours: Mon – Fri 8am – 12pm; 1pm - 4pm

Jackson County – Outreach Office

904 E Quarry St Maquoketa IA 52060

Call: 563-652-5197

Hours: Mon - Fri 8am - 12pm; 1pm - 4pm

Washington County – Orchard Hill Office

2175 Lexington Blvd Bldg 1 E Door Washington

Mail: 2176 Lexington Blvd Washington IA 52353

Call: 319-653-7275

Hours: Mon – Fri 8am – 12pm; 12:30pm-4:30pm

FOR PROGRAM QUESTIONS

- ✓ Contact Your Local HACAP Office
- ✓ Call **319-739-0100** and Leave a Message
- ✓ Find Out More Information at www.hacap.org



HACAP Housing Stabilization Application Instructions

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, Financial Statement Showing SSN, Federal 1040 Tax Return (With Signature Page), W2 with full SSN, Paystub with full SSN, Military ID (with SSN), Printout from Social Security Office, I-94 Card Showing USCIS Number. Need One 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 <u>all income must be in the same time frame</u> (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 Minimal 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
IOWA LOW-INCOME ENERGY ASSISTANCE PROGRAM/WEATHERIZATION PROGRAM
(ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETED)

Date Application Received

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)
0 = Head of Household	C = White	1 = Medicare	1 = 0-8 th Grade	1 = Employed Full-Time
1 = Spouse	B = Black or African American	2 = Medicaid	2 = 9 th -12 th Grade/Non-Grad	2 = Employed Part-Time
2 = Child	AS = Asian	3 = Military Health Care	3 = High School Graduate	3 = Migrant/ Seasonal Farm Worker
3 = Foster Child	AI = American Indian	4 = Direct Purchase	4 = GED/High School Equivalency	4 = Unemployed Short Term (6 months or less)
4 = Grandchild	AN = Alaskan Native	5 = State Children's Health Insurance Program	5 = 12 th Grade + Some Post-Secondary	5 = Unemployed-Long Term (6 months or more)
5 = Parent	N = Native Hawaiian/ Other Pacific Islander	6 = State Health Insurance Program for Adults	6 = College Graduate (2-4 Yrs)	6 = Unemployed- Not in the Labor Force
6 = Grandparent	MR = multi-racial (2 or more)	7 = Employment based	7 = Graduate of other Post-Secondary School	7 = Retired
7 = Other Relative	O = Other	8 = None		8 = SSDI (Age 18+)
8 = Not Related				9 = VA SCD Compensation
9 = Sibling				10 = VA NSCD Pension
				11 = Unemployment Insurance

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-EMPLOYMENT 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 ☐ SNAP (FOOD ASSISTANCE PROGRAM) ☐ HOUSING CHOICE VOUCHER (SECTION 8) ☐ HUD-VASH (VETERANS FAMILIES)
 (Check All That Apply) ☐ WIC (WOMEN, INFANTS, CHILDREN) ☐ PUBLIC HOUSING (SUBSIDIZED) ☐ CHILDCARE VOUCHER
☐ LIHEAP (ENERGY ASSISTANCE) ☐ PERMANENT SUPPORTIVE HOUSING (PSH) ☐ OTHER: _____

6. 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

7. LANDLORD/RENTAL INFORMATION

MORTGAGE OR RENT COST PER MONTH: \$ _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

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 ☐ NATURAL GAS ☐ ELECTRIC ☐ PROPANE ☐ FUEL OIL ☐ WOOD/COAL/CORN ☐ OTHER: _____
 (Check One) If propane, do you have an empty tank or low tank (30% or less) ☐ YES ☐ NO

10. 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?
Are you currently disconnected?	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES ☐ NO
Are you on a payment arrangement?	☐ YES	☐ NO	☐ YES	☐ NO	

If the Heat or Electric account is in the name of someone other than the Head of Household, please include a Signed Copy of the 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 _____

CERTIFICATION STATEMENT

I am applying for help from the Low-Income Home Energy Assistance Program (LIHEAP) and/or the Weatherization Assistance Program. By signing this application or giving verbal consent, I allow the agency to use the information I provide to see if my household qualifies for these programs or other programs I may request. I also give permission for the State of Iowa, the U.S. Department of Energy, the U.S. Department of Health and Human Services, and the agency reviewing my application to get information from my energy company about my past energy use and payment history. I allow the State of Iowa to share my application information with my energy company when needed to provide benefits. By signing this application or giving verbal consent, I certify the following:

1. The information and documents I am giving are true and complete, as best as I know.
2. I am the only person in my household who has applied or will apply for these programs.
3. I understand that knowingly giving false, incomplete, or misleading information, including using someone else's identity, changing documents, or leaving out important information, is considered fraud. I understand that fraud can lead to being denied benefits, having to pay back benefits, and possible legal action under state and federal law.
4. If applicable, I give permission for weatherization work to be done on my home at no cost to me. I understand the agency may need to contact my landlord for approval if I rent my home. I also understand that signing this form does not guarantee that I will receive weatherization services.

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 9/30/2027.

Account Holder Signature: _____

Date: _____

HACAP STAFF USE:

Received Date: _____

Verified by: _____

Scanned into LEWIS: _____



VERIFICATION OF MINIMAL INCOME
For

(Customer Name)

Have you or any member of your household had income from any of these sources during the past thirty (30) days? If your answer is YES, please list approximate date and amount.

	No	Yes	Date & Amount		No	Yes	Date & Amount
Alimony	☐	☐		Other	☐	☐	
Child Support	☐	☐	<i>amt not needed</i>	Pension	☐	☐	
Employment	☐	☐		Rental Property	☐	☐	
FIP/TANF	☐	☐	<i>amt not needed</i>	Savings	☐	☐	<i>amt not needed</i>
Food Stamps	☐	☐	<i>amt not needed</i>	Scholarships or Grants	☐	☐	<i>amt not needed</i>
Friends or Family	☐	☐		Social Security	☐	☐	
Gen. Relief/Asst	☐	☐		SSI/SSDI	☐	☐	
Insurance Benefit	☐	☐		Strike Benefits	☐	☐	
Interest or Dividends	☐	☐		Unemployment	☐	☐	
Loans	☐	☐	<i>amt not needed</i>	Veterans Benefits	☐	☐	
Military Allotment	☐	☐		Workers Comp	☐	☐	

9/30/2026

Please Turn Over





Please describe how your household has met the following needs during the past thirty (30) days.

Rent or mortgage payments:

Food:

Utility/Heating bills:

I certify that the information provided on this form is true and correct to the best of my knowledge. I confirm that I am the only person in my home who has or will apply for this program. I understand that giving false information on this form can result in a legal investigation. I give permission for the agency handling this form to check that the information I provided is correct.

Customer Signature:

Date:

Customer Phone Number

Customer's address: