HACAP Housing Stabilization Application Guidelines
(including Iowa’s Low Income Home Energy Assistance Program & Weatherization Assistance Program)

ALL APPLICANTS MUST BE SEEN IN PERSON.
Mailed or online applications will not be accepted this program year (Oct 1, 2019 – Apr 30, 2020).
A completed application and ALL required documents must be presented at a HACAP energy intake site.
Incomplete applications will NOT be accepted.

STEP 1: THOROUGHLY COMPLETE ALL INFORMATION ON THE APPLICATION.

STEP 2: Gather the required documents for application verification. This includes household member verification (social security, state ID or immigration numbers), utilities’ info, and all sources of income for every person currently living in the household, as outlined below.

Social Security Number, State ID or Immigration Number Verification for every Member of the Household: Original documents must be presented and will be scanned by HACAP staff. Please provide ONE of the following for each person in the household:
- Social Security Card
- Financial statement showing the Social Security number
- Payroll stub showing the Social Security number
- Military ID card showing the Social Security number
- Printout from the Social Security Admin received for a new card application, or to replace a lost or stolen card. This print out must show your social security number on it.
- I-94 card showing an USCIS number
- Valid Iowa Drivers License or ID (must provide SSN verbally)

Utility Bills: Include a copy of your most current heating and electric bill(s) or any other documents showing your energy supplier and account number. Please provide the following:
- Heating bill
- Electric bill
- Rental agreement (if heat is included in your rent)
- Landlord’s name, address, and phone number

Income Verification: Use this checklist to determine what type of documentation you will need to provide with your application for each member of your household. All sources of income must be verified for the same time frame, whether using the 1-month or 12-month option.

- **Wages/Salary (gross income)**
  - Federal tax return or W-2 forms from previous year.
  - Paid monthly: 1 pay stubs back from the date of application
  - Paid twice a month: 2 pay stubs back from the date of application
  - Paid every two weeks: 2 pay stubs back from the date of application
  - Paid weekly: 4 pay stubs back from the date of application
  - Paid daily: pay stubs for every day worked in the past 30 days from the date of the application
  - A printout from your employer, on company letterhead showing your gross wages (before taxes and deductions) received during the 30 days back from the date of application.

- **Self-Employment/Farm Income/Rental Income**
  - Federal tax return from most recent tax year

- **Social Security or SSI Benefits** (one of the following)
  - Award letter stating your monthly amount
  - 1099 or statement from SSA showing your annual amount
  - Copy of your monthly check
  - Bank Statement (if direct deposit) showing monthly amount

- **Pension or Veteran Benefits** (one of the following)
  - Copy of your monthly check
  - Award letter stating your monthly amount
  - Bank statement (if direct deposit) showing the monthly amount

Revised 9-4-2019 AJB
- **Child Support/Alimony** (one of the following)
  - Printout from Child Support Recovery or Friend of the Court. You can get a printout from the Child Support Recovery website: https://secureapp.dhs.state.ia.us/CustomerWeb/
  - Court order or divorce decree stating monthly payment amounts
  - Statement from payee and copy of most recent check
- **FIP** (one of the following)
  - Award letter from DHS
  - Copy of your monthly check
  - Bank statement (if direct deposit) showing the monthly amount
- **Workers Compensation**
  - Letter stating the benefit amount, how often paid, start and end date of benefits
- **Unemployment Benefits** (one of the following)
  - Printout from Iowa Works/Workforce Development's unemployment services
  - Letter stating the benefit amount, how often paid, start/end date of benefits
- **No Income as an Individual Household Member** –
  - Members who have become unemployed within the past 30 days are required to provide proof of when their employment ended. Providing a statement from the most recent employer disclosing the last day of employment is acceptable. All check stubs received within the past 30 days are required to be submitted for income verification.
  - Members who have not worked for more than 30 days and receive no other income are required to provide a printout from Iowa Workforce Center showing past employment history and/or complete a self-disclosure income statement.
- **No Income as an entire Household** –
  - If the household has had NO income from any source listed on the application in the past 30 days, the Head of Household must complete a Minimal Income Verification form, including a third party signature and contact phone number. The third party person will be contacted.

**STEP 3:** To schedule an application appointment or turn in your application:
- Call or stop by your local HACAP energy intake site during office hours
- **Call the Energy Line at 319-739-0100 to schedule an appointment.**
  (Phone messages will be returned within 1 business day.)
HACAP HOUSING STABILIZATION PROGRAMS APPLICATION
including IOWA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM / WEATHERIZATION ASSISTANCE PROGRAM

ALL INFORMATION AND QUESTIONS ARE REQUIRED TO BE COMPLETE!

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LEGAL NAME: ________________________________________________
FIRST NAME: ________________________________________________
MIDDLE NAME: ________________________________________________
INITIAL: _____________________________________________________
COUNTY: ____________________________________________________

STREET ADDRESS: ___________________________________________
CITY: _______________________________________________________
ZIP CODE: __________________________________________________

MAILING ADDRESS
(if different than street address) _________________________________
CITY: _______________________________________________________
ZIP CODE: __________________________________________________

E-MAIL: _____________________________________________________

PRIMARY CONTACT NUMBER: _________________________________

SECONDARY CONTACT NUMBER: ________________________________

2. HOUSEHOLD MEMBER / INCOME INFORMATION
(please use the codes above)

NAME (FIRST AND LAST) __________________________________________
RELATION TO HEAD OF HOUSEHOLD __________________________________
GENDER (male or female) __________________________________________
DATE OF BIRTH (mm/dd/yyyy) ______________________________________
SOCIAL SECURITY NUMBER or I-55 NUMBER ____________________________

HISPANIC, LATINO, OR OF SPANISH ORIGIN __________________________

RACE: _________________________________________________________
HEALTH INSURANCE: _____________________________________________
MARITAL STATUS: ________________________________________________
HIGHEST LEVEL OF EDUCATION: _____________________________________
DISABILITY: _____________________________________________________
EMPLOYMENT (WORK STATUS): _____________________________________
INCOME SOURCES: _______________________________________________

A disconnected youth is a member of the household age 14-25 who is neither working or in school.
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-EMPLOYMENT INCOME or FARM INCOME, provide a copy of your federal income tax return.

   Does your household have savings over $15,000 (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 year?
   - **YES**
   - **NO**

5. **HOUSEHOLD NON-CASH BENEFITS**
   (check all that apply)
   - SNAP (FOOD ASSISTANCE PROGRAM)
   - WIC (WOMEN, INFANTS, & CHILDREN)
   - LIHEAP
   - HOUSING CHOICE VOUCHER (section 8)
   - HUD-VASH (VETTRANS AFFAIRS SUPPORTIVE HOUSING)
   - CHILD CARE VOUCHER
   - 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:

   ELECTRIC VENDOR NAME/ACCOUNT NUMBER:

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+ APARTMENTS
   - 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**

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: __________________________

11. **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 hereby give permission to the State of Iowa, the 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’s 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: __________________________

Last updated 10-01-2019
HACAP Locations for
Iowa's Low Income Home Energy Assistance Program (LIHEAP)
Application Intake Begins October 1, 2019 and Ends April 30, 2020

ALL APPLICANTS MUST BE SEEN IN PERSON.
Mailed or online applications will not be accepted this program year.

<table>
<thead>
<tr>
<th>County</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Office Hours</th>
</tr>
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<tbody>
<tr>
<td>Benton County</td>
<td>North Benton Center, 202 E. 4th St, Vinton, IA 52349</td>
<td>319-472-4761</td>
<td>Monday – Friday 8:00 - 11:30 am and 12:30 - 4:00 pm</td>
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<tr>
<td>Iowa County</td>
<td>Marengo Public Library, 235 E Hilton St, Marengo, IA 52301</td>
<td>319-393-7811 (HACAP's phone. The Library will not take phone calls)</td>
<td>HACAP Staff on site Tuesday &amp; Thursday 10:00 am - 1:00 pm &amp; 1:30 - 5:00 pm</td>
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<td></td>
<td>Representatives will be available by phone Monday – Friday 8:00 am - 4:30 pm</td>
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<tr>
<td>Linn County</td>
<td>Urban Center, 1328 2nd Ave SE, Cedar Rapids, IA 52403</td>
<td>319-366-7632</td>
<td>Monday – Friday 8:00 am - 12:00 pm and 1:00 - 4:00 pm</td>
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<tr>
<td></td>
<td>Inn Circle Office, 5560 6th St SW, Cedar Rapids, IA 52404</td>
<td>319-366-7631</td>
<td>Monday – Friday 8:00 am - 12:00 pm and 1:00 - 4:00 pm</td>
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<tr>
<td></td>
<td>Waterfront Office, 367 Southgate Ave, Iowa City, IA 52240</td>
<td>319-337-5765</td>
<td>Monday – Friday 8:00 am - 12:00 pm and 1:00 - 4:00 pm</td>
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<td>Orchard Hill Center, 2175 Lexington Blvd Bldg 1 East Door</td>
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<td>Physical Address 2175 Lexington Blvd Bldg 1 East Door</td>
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<tr>
<td></td>
<td>Mailing Address 2176 Lexington Blvd Washington, IA 52353</td>
<td>319-653-7275</td>
<td>Monday – Friday 8:00 am - 12:00 pm and 1:00 - 4:00 pm</td>
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TO SCHEDULE AN APPLICATION APPOINTMENT OR 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.