

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

- ❖ **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**
- or
- ✓ **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 LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ COUNTY: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ LANGUAGE: _____

MAILING ADDRESS (if different than street address): _____ CITY: _____ STATE: _____ (STAFF ONLY)

PRIMARY CONTACT NUMBER: _____ SECONDARY CONTACT NUMBER: _____ INTERPRETER YES NO

E-MAIL ADDRESS: _____



MEMBER INFO CODES	RELATION TO HEAD HH	RACE	HEALTH INSURANCE	MARITAL STATUS	HIGHEST LEVEL OF EDUCATION	DISABILITY	EMPLOYMENT (WORK STATUS)	INCOME SOURCES
0= Head of household 1= Spouse 2= Child 3= Foster child 4= Grandchild 5= Sibling 6= Parent 7= Grandparent 8= Other relation 9= Not related	C= White B= Black/African American AS= Asian I= American Indian/Alaska Nat N= Native Hawaiian and Other Pacific Islander MR= Multi-racial O= Other U= Unknown/not reported	1=Medicaid 2=Medicare 3=hawki / CHIP 4=iowa Health & Wellness 5= Military 6= Direct purchase 7=Employment based 8=None U= Unknown	1= Single 2=Married 3=Separated 4=Divorced 5=Widowed	1= 0-8th grade 2= 9th-12th grade/non-graduate 3= High School Grad/GED 4= 12+ some post secondary 5 = 2-4 Year College Grad 6 = Grad of other Post Secondary School U = Unknown/Not reported	N = None 2= Emotional 3= Mental 4= Visual 5= Speech 6= Hearing 7= Deaf 8= Orthopedic O= Other U = Unknown	1= Employed Full-time 2= Employed Part-time 3= Migrant seasonal farm 4= Unemployed-Short term (6-months or less) 5= Unemployed-Long term (more than 6-months) 6= Unemployed / Not in Labor Force 7= Retired	1= Salary/Wages 2= Self Employment/Farm 3= SSA (Retirement/Elderly) 4= Pension 5= SSI (SS Supplement) 6= SSDI (SS Disability) 7= VA SCD Compensation 8= VA NSCD Pension 9= Private Disability/Worker Compensation 10= Unemployment Benefits 11= TANF/FIP Assistance 12= Cash Assistance Family/Friends 13= Alimony/Spousal Support 14= General Assistance 15= Child Support 16= Foster OR Adoption Subsidy 17= No Income O= Other	

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

MEMBER INFO CODES	NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	GENDER	DATE OF BIRTH	SOCIAL SECURITY NUMBER or I-94 NUMBER	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	HEALTH INSURANCE	MARITAL STATUS	HIGHEST LEVEL OF EDUCATION	DISCONNECTED YOUTH	LURPSO	MILITARY STATUS (circle one)	EMPLOYMENT (WORK STATUS)	MEMBER INCOME SOURCE (Write all sources that apply)
1		Self (0)	MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
2			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
3			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
4			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
5			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
6			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
7			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		
8			MALE FEMALE OTHER			YES NO					YES NO		VETERAN ACTIVE NONE		

HACAP HOUSING STABILIZATION PROGRAMS APPLICATION

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 YES NO

5. HOUSEHOLD NON-CASH BENEFITS (check all that apply)

SNAP (FOOD ASSISTANCE PROGRAM) HOUSING CHOICE VOUCHER (section 8) HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING) OTHER
 WIC (WOMEN, INFANTS, & CHILDREN) PUBLIC HOUSING CHILDCARE VOUCHER
 LIHEAP 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

HEAT VENDOR NAME/ACCOUNT NUMBER: _____ ACCOUNT NAME IF DIFFERENT THAN HEAD OF HOUSEHOLD _____
 ELECTRIC VENDOR NAME/ACCOUNT NUMBER: _____ 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? _____

8. HOUSING TYPE (check one) HOUSE MOBILE HOME BUILDING with 2-4 UNITS BUILDING with 5+ APTS RENT A ROOM OTHER _____

9. MAIN SOURCE OF HOME HEATING (check one) ELECTRIC NATURAL GAS WOOD/COAL/CORN FUEL OIL PROPANE OTHER _____
 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: \$ _____

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 further certify the following: I declare that I am the only person in the household who has or will apply for this program(s). 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. I understand by signing (either in written or electronic form) this application, I am authorizing the weatherization of my house at no cost to me or my family. This application does not guarantee any weatherization work being done on my house. 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 households 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 _____

**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.

Benton County

North Benton Center
202 E. 4th St
Vinton, IA 52349
319-472-4761
Office Hours: Monday – Friday 8:00 - 11:30 am
and 12:30 - 4:00 pm

Iowa County

Marengo Public Library
235 E Hilton St
Marengo, IA 52301
319-393-7811 (HACAP's phone.
The Library **will not** take phone calls)
HACAP Staff on site Tuesday & Thursday
10:00 am - 1:00 pm & 1:30 - 5:00 pm
Representatives will be available by phone
Monday – Friday 8:00 am - 4:30 pm

Johnson County

Waterfront Office
367 Southgate Ave
Iowa City, IA 52240
319-337-5765
Office Hours: Monday – Friday 8:00 am – 12:00
pm and 1:00 - 4:00 pm

Jones County

HACAP
105 Broadway Place Suite 17
Anamosa, Iowa 52205
319-462-4343
Office Hours: Monday – Friday 9:00 am - 12:00
pm and 1:00 - 4:00 pm

Linn County

Urban Center
1328 2nd Ave SE
Cedar Rapids, IA 52403
319-366-7632
Office Hours: Monday – Friday 8:00 am - 12:00
pm and 1:00 - 4:00 pm

Inn Circle Office

5560 6th St SW
Cedar Rapids, IA 52404
319-366-7631
Office Hours: Tuesday – Thursday 8:00 am -
12:00 pm and 1:00 - 4:00 pm

Washington County

Orchard Hill Center
Physical Address 2175 Lexington Blvd Bldg 1
East Door
Mailing Address 2176 Lexington Blvd
Washington, IA 52353
319-653-7275
Office Hours: Monday – Friday 8:00 am – 12:00
pm and 1:00 - 4:00 pm

**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.