

Low Income Home Energy Assistance Application Instructions For Heating Season 2015 – 2016

Note: If you have a disconnect notice contact your utility vendor immediately and let them know that you are applying for LIHEAP. Contact your local Family Service Office for further information.

This program is **NOT** designed to pay a household's total energy costs. The program will provide supplemental assistance based on several factors. Those factors include total household income, household size, dwelling type, and type of heating fuel, among others.

Applications are accepted on a first come/first served basis starting October 1, 2015 for individuals 60 years of age or older, or disabled. All other individuals may apply November 1, 2015. You may complete an application up to and including April 30, 2016.

Both owner-occupied and renter-occupied households are eligible to apply for Energy Assistance. Households with incomes at or below 175% of the federal poverty income guidelines may be eligible for assistance under LIHEAP.

HOW TO APPLY:

Print, complete and sign the Low-Income Home Energy Assistance (LIHEAP) application. Information must be included for **all individuals** currently living in the house, regardless of the relationship to the person completing the application. If you have any questions contact us at 563-382-9608. Once you have completed the application, mail the application and supporting documents (proof of income and copies of utility bills) to NEICAC, PO Box 487, Decorah, IA 52101.

Relation to Head of HH:

0 = Applicant
1 = Spouse
2 = Child
3 = Foster Child
4 = Grandchild
5 = Parent
6 = Grandparent
7 = Other relation
8 = Not related
9 = Sibling

Disability:

1 = Mental
2 = Hearing
3 = deaf
4 = Speech
5 = Visual
6 = Emotional
7 = Orthopedic
8 = Other
9 = None

Education Level (highest level completed):

1 = 0 – 8th grade
2 = 9 – 12th grade
3 = High school graduate/GED
4 = 12+ some post-secondary school
5 = 2 – 4 year graduate
6 = Non high school graduate

Sex:

M = Male
F = Female

Race

1 = White
2 = Black/African American
3 = American Indian or Alaska Native
4 = Asian
5 = Native Hawaiian/Pacific Islander
6 = Multi-Racial
7 = Other

Health Insurance:

1 = Medicare
2 = Medicaid
3 = Private
4 = None
5 = Unknown
6 = HAWK-I
7 = Iowa Cares

Marital Status:

1 = Single
2 = Married
3 = Separated
4 = Divorced
5 = Widowed

Hispanic Origin:

Y = Hispanic/Latino/Spanish origin
N = Non- Hispanic/Latino/Spanish origin

Employment (Emp):

a=Employed-Part time
b=Employed-Full time
c=Unemployed-Not seeking work
d=Unemployed-seeking work
e=Disabled-not employed
f=18 yrs and younger
g=Retired

Citizenship

1 = US Born/Naturalized
2 = Eligible Legal Resident
3 = Non-Eligible Legal Resident
4 = Undocumented Resident

Veteran:

Y = Yes
N = No

Include the following documents with your completed and signed application.

- **Utility Bills** - Include a copy of your most current heating and electric bill. If your heat is included in the rent, a copy of your lease agreement or a signed statement with your landlord's name and phone number must be included with the completed application.
- **Social Security or Immigration Number Verification for every Member of the Household:** Original documents must be presented and will be copied by NEICAC staff.

- **Proof of income - All household income must be verified for the past 90 days or the previous calendar year. All income must be gross income, not net income (unless otherwise indicated) and for the same time frame (3 months or annual income).**

Income includes but not limited to: Adoption Assistance, Alimony, Annuities, Cash receipts (Regular), Child Support, Dividends, Earned Income (wages and salaries before any deductions), Foster Care, Gambling/Lottery, General Relief/Assistance, Lump Sum (Non-recurring), Lump-sum SSA, Military Pay (active duty), Pensions, Railroad Retirement, Rental Income, Retirement, Royalties, Self-Employment, Income, Social Security, Benefits (SS, SSD, SSI), Strike Benefits, Temporary Assistance For Needy Families (TANF/FIP), Training Stipends, Tribal per capita payments, Trust Payment (qtrly/mo/annual), Unemployment Insurance, Veterans Payments, Work Study, Workers' Compensation, net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses); public assistance (including Aid to Families with Dependent Children, federally funded Emergency Assistance money payments administered by Department of Human Services), non-Federally funded General Assistance or General Relief money payments, private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Wages/Salary

- Federal tax return or W-2 forms from previous year.
- Paid monthly: **3** pay stubs back from the date of application
- Paid twice a month: **6** pay stubs back from the date of application
- Paid every two weeks: **7** pay stubs back from the date of application
- Paid weekly: **13** pay stubs back from the date of application
- Paid daily: pay stubs for **every day** worked 13 weeks back from the date of application
- If you do not have your tax return or pay stubs, you may provide a **printout from your employer, on company letterhead** showing your **gross wages** (before taxes and deductions) received during the 90 days back from the date of application.

Self-Employment/Farm Income/Rental Income

- Federal tax return from previous year

Social Security or SSI Benefits (one of the following)

- Copy of your monthly check
- Award letter stating your monthly amount
- 1099 or statement from SSA showing your annual amount
- Bank statement (if direct deposit) showing the 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/end date of benefits

Unemployment Benefits (one of the following)

- Printout from Workforce Development/Unemployment Services
- Letter stating the benefit amount, how often paid, start/end date of benefits
- **Members of the households who have become unemployed within the past 90 days are required to provide proof of when their employment ceased. A print out from the Iowa Work Force Center showing the past employment history, or a statement from the most recent employer disclosing the last day of employment are acceptable. All check stubs received while employed within the past 90 days are required to be submitted for income verification.**

No Income: If the entire household has had NO regular income in the past 90 days, complete the Verification of Minimal Income form attached to the application to explain how your basic needs are being met. **You must have a third party complete the bottom of the Minimal Income form listing their name and a contact number where they can be reached. NEICAC is required to contact the third party listed on the form to determine your eligibility**

**NORTHEAST IOWA COMMUNITY ACTION CORPORATION
FY16 LIHEAP APPLICATION**

Completion of ALL information is required

Date Stamp

Last Name _____ First Name _____ MI _____ Email Address _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Primary Contact Number _____ Secondary Contact Number _____

HOUSING STATUS: (check one)

Rent Own Buy Homeless Other _____ If homeless, indicate housing situation _____

FAMILY TYPE:

Single female with children Single male with children Single person Two adults with children Two adults without children Other

HOUSEHOLD MEMBERS (including yourself)

Name (first and last)	Date Of Birth	Social Security Number	Relation to Head of HH	Sex	Marital Status	Hispanic Origin Y/N	Veteran Y/N	Disability	Race	Emp	Edu. Level	Health Ins	Citizenship

Please continue on the backside when more than 5 members exist in the household

Name	Income Source	How often paid

MAIN SOURCE OF HEATING: (check one)

Electric Propane Wood / Coal / Corn Natural Gas
 Fuel Oil Other _____ Empty tank Low Tank (20% or less)

HEAT SUPPLIER: (attach copy of bill)

Company _____
Account _____
Name on account _____

ELECTRIC SERVICE: (attach copy of bill)

Company _____
Account # _____
Name on account _____

Do you have investments over \$15,000? Yes No

(Include savings, CD's, annuities, etc.)

Do you receive:

Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FIP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veterans Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HOUSING TYPE: (check one)

House Mobile Home 2, 3, or 4 unit apt. 5 or more unit apt.
 Other _____

LANDLORD (must be completed for all renters)

Name _____
Address _____
Phone _____

Mortgage or Rent costs per month: \$ _____

If you rent, are your heating costs included? Yes No

Are you on Section 8 or Subsidized Housing? Yes No

(Is your rent based on a percentage of your income?)

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 with other organizations for the purposes of providing services to assist my household. This sharing of information is to be conducted with maximum respect for the confidentiality of the information contained in this application.

If I am hereby making application for Low Income Home Energy Assistance. I further certify the following: I declare that I am the only person in the household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to a penalty of law. I assure that any energy payments received under this program will be used solely for home energy costs. I understand that by signing (either in written form or electronically) this application I am authorizing the Weatherization of my house at no cost to my family, or me but this application does not guarantee any 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 household energy usage and payment history. I also give permission to the State of Iowa to release application information to my energy supplier, to provide details about my account and energy use to the energy assistance and weatherization programs.

I understand this statement.

Signature _____ Date _____

