

HOW TO APPLY

STEP 1

Complete the LIHEAP Application (Basic Intake Form), filling in all blanks. *Shaded box is for office use only.*
Names, social security numbers, birth dates, and income must be reported for EVERY PERSON currently living in the home.
Documentation for social security or USCIS numbers will be required.

If you have questions about LIHEAP or need help with the application you may dial: **2-1-1 or toll free 1-866-469-2211,**
Monday – Friday, 8 am – 4:30 pm Application by mail should be sent to:
HACAP PO BOX 490 HIAWATHA IA 52233

Please include all required documents.

Please use the codes provided below when filling out the household member information on the application

Sex: F = Female
M = Male

Race: 1 = Black or African American
2 = White
3 = American Indian or Alaska Native
4 = Asian
5 = Native Hawaiian or Pacific Islander
6 = Multi-Race (any 2 or more of the above)
7 = Other

Ethnicity: H = Hispanic origin
N = Non-Hispanic origin

Education (highest level of education completed):

1 = 0-8th grade
2 = 9-12th grade (still in school)
3 = High School grad/GED
4 = 12th + some post secondary
5 = 2 or 4 year college grad
6 = Non-HS grad/No GED

Relationship to Applicant:

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

Marital Status: 1 = Single
2 = Married
3 = Separated
4 = Divorced
5 = Widowed

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

Medical Insurance:

1 = Medicare
2 = Medicaid (Title 19)
3 = Private
4 = None
5 = Unknown
6 = Hawk-I
7 = Iowa Health & Wellness

Veteran: Y or N

STEP 2

Gather the necessary documents to verify social security or immigration numbers, utilities and income.

Social Security or Immigration Number Verification for every Member of the Household: Original documents must be presented and will be copied 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 printout must show your social security number on it.
- I-94 card showing an USCIS number

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 **ALL** of 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 your household. **All sources of income must be verified for the same time frame, whether using the 3-month or 12-month option.**

Wages/Salary (gross income)

- 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://childsupport.dhs.state.ia.us>.
- 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

No Income: If the **entire** household has had NO regular income in the past 13 weeks, 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 phone number where they can be reached. HACAP is required to contact the third party listed on the form to determine your eligibility.***

VERIFICATION OF MINIMAL INCOME

For

(Applicant Name)

Have you, or has any member of your household, had income from any of these sources during the past three months? If your answer is yes to any of the following questions, please list the approximate date and amount received.

	No	Yes	Dates/Amounts		No	Yes	Dates/Amounts
Employment	_____	_____	_____	Workers Compensation	_____	_____	_____
Social Security	_____	_____	_____	Insurance Benefits	_____	_____	_____
SSI	_____	_____	_____	Rental Property	_____	_____	_____
Veterans Benefits	_____	_____	_____	Interest/Savings, CDs	_____	_____	_____
Military Allotment	_____	_____	_____	Loans	_____	_____	_____
Pension	_____	_____	_____	Savings	_____	_____	_____
FIP	_____	_____	_____	Scholarships, Grants	_____	_____	_____
Child Support	_____	_____	_____	Food Stamps	_____	_____	<i>amounts not needed</i>
Alimony	_____	_____	_____	Relief/Gen Assistance	_____	_____	_____
Unemployment	_____	_____	_____	Friends or Family	_____	_____	_____
Strike Benefits	_____	_____	_____	Other	_____	_____	_____

Please describe how your household has paid for the following basic needs during the past three (3) months:

Rent or Mortgage Payment: _____

Food: _____

Utility/Heating Bills: _____

I certify that the information provided on this form is true and correct to the best of my knowledge. I declare that I am the only person in my household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to penalty of law. I authorize the agency processing this form to verify the information given above.

Applicant: _____

Date: _____

Applicant's Address: _____

Must be completed by a third party NOT in the household

Prior to approving this application the agency will contact this 3rd party to verify authenticity

Verified By: _____

(Intake Workers Initials)

Applicant is known to me and the above information is correct.

3rd Party Signature

Date

Printed Name

Phone Number

Office Use Only

Disconnect _____ Posted _____
 Furnace Yes No

Hawkeye Area Community Action Program, Inc. LIHEAP Basic Intake Form

Date Stamp

Last Name _____ First Name _____ MI _____ E-mail Address _____

Street Address _____ City _____ State _____ Zip _____

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

Primary Phone _____ (Circle One Home/ Cell) Alternate Phone _____ (Circle One Work/Message/Cell)

HOUSING STATUS: Own Rent Homeless Buying Other If Homeless/Other indicate situation: _____

FAMILY TYPE: Female single parent Male single parent Adults w/child(ren) Single Adults-no children

Total # of Household Members: _____ Native language if other than English: _____

HOUSEHOLD MEMBERS (including yourself) Refer to attached sheet for codes to use in this section

Name (first and last)	Date of Birth	Soc Sec or USCIS Number	✓	Sex	Race	Ethnicity	Education	Relation To Applicant	Marital Status	Disability	Vet	Medical Ins

If more than 5 household members please attach a separate sheet.

INCOME SOURCES

First Name	Sources (Please list all sources for all household members)	How Often Paid

How many in your household work _____

How much is your Rent/Mortgage (circle one) \$ _____

Is anyone in your household: A Farmer Home bound
 A Migrant Worker A Seasonal Farm Worker

Do you receive: Food stamps? Yes No
 Medical Aid? Yes No
 General Assistance? Yes No

VENDORS

Heating Company _____ **Account #** _____ **Name on Acct** _____

Electric Company _____ **Account #** _____ **Name on Acct** _____

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. 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, and for my heating and electric company to provide details about my account and energy use to the energy assistance and weatherization programs. I understand this statement.

Applicant signature: X _____ **Date:** _____

Intake worker signature: _____ **Date:** _____