

2021-2022 LIHEAP (Energy Assistance) Application

Documentation to be sent to MICA:

This packet contains the LIHEAP energy assistance application materials you requested. Please use the attached information to complete your application and **return to Mid-Iowa Community Action by April 30, 2022.**

- 1. Please complete the intake form provided in full.** Please read, sign, and date the application.
- 2. Provide verification of income:** Please provide proof of income for all household members for EITHER the most recent 30 days, or your federal income tax return. Note: we must use the same time frame for ALL household members and all income sources. (Information about income verification is provided.)
- 3. Provide copies of the social security card or driver's license and social security number** for EACH member of your household (see attached flyer for more information).
- 4. Provide a copy of your most recent heating and electric bills.** If utilities are included in your rent, please provide a copy of your current lease or a signed and dated statement from your landlord stating utilities are included in your rent. Please include the name, address and phone number for the landlord.
- 5. Sign and date the Statement of Confidentiality and return.**

Please mail the completed application along with the required documentation needed to the MICA office in your county

Hardin County: 637 South Oak Street, Iowa Falls, IA 50126 – 641 648-5036

Marshall County: 6 South 2nd St., Marshalltown, IA 50158 – 641 753-5523

Poweshiek County: 611 4th Avenue, Grinnell, IA 50112 – 641 236-3923

Story County: 230 SE 16th St., Ames, IA 50010 – 515 956-3333

Tama County: 105 South State Street, Tama, 52339 - 641 484-4713

LIHEAP Energy Assistance Requirement

When applying for Energy Assistance you will be requested to provide a Social Security card, Drivers license or I-94 documentation for all household members**

You will need one of the following for EVERY household member regardless of age:

- * Social Security Card
- * Current Drivers license along with Social Security number
- * Financial statement showing the person's full name and full SSN
- * Payroll stub showing the person's full name and full SSN
- * Military ID card showing the person's full name and full SSN
- * Document from the Social Security Administration showing the person's full name and full SSN
- * Recent 1040 or 1040EZ Federal tax return including back page with professional tax preparer's information

**Temporary foreign nationals acceptable documentation includes but not limited to:
Pink I-551, White I-551, Red-I-688B, Red I-766 – see MICA for other alternatives

** If you do not have a social security number, please contact your local office for more Information on how it can affect your application

Applications will be taken starting October 1, 2021 for the elderly and disabled and November 1, 2021 for the general public thru April 30, 2022

Oct. 1, 2021 – April 30, 2022
LIHEAP APPLICATION INSTRUCTIONS

Please follow these steps to complete the application:

1. Head of household contact information: Please print the last name, the first name and the middle initial of the head of the household.

Print your Street Address. If your mailing address is different from your street address please list both.

In the top right corner please list the name of the county you live in.

Please write your home and/or cell phone number where you can be reached during the day. If you do not have a phone number, please include a message number if possible.

Please print your email address

2. Household Member Information *(a legend to help complete this is at the bottom of the page):*
Please list each household member in this section and complete all sections across the page for each household member.

Below the household member section are three questions. Please enter how many household members are US citizens, homebound and disconnected youth.

3. HOUSEHOLD TYPE: Check the appropriate choice.

4. Household Income Sources: Check all income sources that apply in your household. You will be required to provide proof of all income for either the most recent month, or a copy of your federal income tax return. For self-employment or farm income, please provide a copy of your most recent federal income tax return.

Please answer the two questions listed below the income sources regarding savings over \$15,000 and the EITC (Earned Income Tax Credit) program.

5. Household Non-Cash Benefits: Check all that apply for your household.

6. Household Heating and Electric Companies: This is a reminder that you will need to include a recent copy of BOTH your heating and electric bills.

Please answer the two questions to the right of this box regarding utility disconnections.

7. Housing Status: Please check one.

8. Housing Type: Please check one.

9. Main Source of Home Heating: Please check one. If you have LP/Propane, please mark the box regarding how much fuel is in your tank.

10. Landlord/Apartment Complex Information: Please list the name, address and phone of your landlord or apartment complex.

Please also answer the questions regarding mortgage/rent costs, if you rent is your heat included in your rent and do you receive rent assistance or have rent based on income. If both heat and electric are included in your rent, you will need to provide a copy of a lease indicating this.

Certification Statement: Please read this statement carefully and sign and date it.

Proof of Income Information

You must provide verification of gross income for ALL household members.

You may choose to verify income for the last 30 days, use your federal income tax return or for the most recent 12 months. **Income for all household members must be verified for the same time period. If you select 30 days or the most recent 12 months you will need to provide all income during these timeframes. We are not able to average income.**

Verification should include:

The name of the person receiving the income; the date received and the source of the payment.

Following are examples of acceptable income verification:

1. WORK/EMPLOYMENT

Paid monthly	the most recent one (1) pay stub showing gross wages
Semi monthly - Paid 2 times per month	the most recent two (2) pay stubs showing gross wages
Bi weekly - Paid every 2 weeks	the most recent two (2) pay stubs showing gross wages
Paid weekly	the most recent four (4) pay stubs showing gross wages
Paid daily	Pay stubs showing gross wages paid each day for 30 days
Yearly	Federal income tax return

If needed pay stubs are not available, ask your employer for a printout of the dates needed

Examples of income and documentation needed:

1. Adoption Assistance	Official state and/or court documents, bank statements or check stubs
2. Alimony	Court documents, written statements from person paying support
3. Annuities	Statement from investment firm, bank statement
4. Child Support	Printout from child support recovery Divorce decree Copy of all checks for period (from the source) ReliaCard - Phone verification by MICA
5. Dividends	Corporation letter, bank statement, 1099-DIV form
6. FIP	Most recent decision letter Benefit letter/FIP statement from DHS
8. Foster Care	Official state and/or court documents, bank statements or check stubs
9. Housing Allowance	When considered part of wages – copy of contract or documentation stating this

- 10. Pensions (includes VA)** Copy of most recent check
Most recent award letter
Most recent bank statement showing direct deposit and clearly
Described as VA pension and name of recipient
- 12. Per cap** Statement from tribe regarding payments
- 13. Rental Income** Copy of most recent Federal Income Tax Return
- 14. Self-Employment/Farm Income** Copy of most recent year's Federal Income Tax Return
If simple, ledger plainly showing gross wages
- 15. School loans, stipends and grants** Some are countable and some are not-need a copy of the most recent award letter
- 16. Social Security, SSI or SSDI** Most recent award letter
Most recent bank statement showing direct deposit w/ss # of recipient along with description being social security
Printout from Social Security office
Direct Express – phone verification by MICA
- 17. Unemployment** Printout from Workforce Development Center with each check listed with gross amount family receives
- 18. Strike benefits** Statement from Union
- 19. Zero Income** If the household has NO income in the past 30 days, please select "No Income" on section 4.

Annual Income guidelines are shown below:

Persons in Household	200% of Federal Poverty Guidelines
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
For each additional person	+ \$9,080

IOWA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM AND WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

PLEASE USE A BLACK OR BLUE INK PEN TO COMPLETE.

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LAST NAME: _____	FIRST NAME: _____	MIDDLE INITIAL: _____	DATE APPLICATION RECEIVED: _____
STREET ADDRESS: _____		COUNTY: _____	
CITY: _____		STATE: _____ ZIP CODE: _____	
MAILING ADDRESS (if different than street): _____		STATE: _____ ZIP CODE: _____	
HOME PHONE NUMBER: _____		E-MAIL ADDRESS: _____	
CELL NUMBER: _____			

2. HOUSEHOLD MEMBER INFORMATION (A legend for completing this section is at the bottom of the page.)

NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER <small>(circle one)</small>	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY <small>(circle one)</small>	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	MILITARY STATUS <small>(circle one)</small>	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
1 USE THIS ROW FOR PERSON LISTED ABOVE	HEAD OF HOUSEHOLD		MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
2			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
3			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
4			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
5			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
6			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
7			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
8			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		

HOW MANY HOUSEHOLD MEMBERS ARE: A U. S. Citizen Homebound A disconnected youth (age: 14-24) who is neither working or in school

LEGEND FOR COMPLETING THE HOUSEHOLD MEMBER SECTION:	RELATION TO HEAD HH	DATE OF BIRTH	SOCIAL SECURITY OR I-94 NUMBER	HEALTH INSURANCE	RACE	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
	<ul style="list-style-type: none"> Head of household Spouse Child Foster child Grandchild Sibling Parent Grandparent Other relative Not related 	<ul style="list-style-type: none"> Date format: 99 / 99 / 99 	<ul style="list-style-type: none"> Social Security Number format: 999-99-9999 I-94 format: 999999999 99 (11 numbers) 	<ul style="list-style-type: none"> Medicaid Medicare State Children's Health Insurance Program State Health Insurance for Adults Military Health Care Direct purchase Employment based None 	<ul style="list-style-type: none"> American Indian Alaska Native Asian White Black or African American Native Hawaiian and Other Pacific Islander Other Multi-race 	<ul style="list-style-type: none"> 0-8th grade 9th-12th grade/non-graduate High School graduate GED/equivalency diploma 12th grade + some post-secondary school College graduate (2 or 4 yrs) Graduate of other post-secondary school 	<ul style="list-style-type: none"> Employed (full-time) Employed (part-time) Migrant or seasonal farm worker Unemployed (short term, 6 months or less) Unemployed (long term, more than 6 months) Unemployed (not in labor force) Retired

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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 (check all that apply)**

For each household income source you check, you must include proof of income documentation with this application.
For EMPLOYMENT INCOME, provide copies of your check stubs for the 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.

<input type="checkbox"/> EMPLOYMENT INCOME (SALARY/WAGES)	<input type="checkbox"/> SSI (SUPPLEMENTAL SECURTY INCOME)	<input type="checkbox"/> PRIVATE DISABILITY INSURANCE	<input type="checkbox"/> ALIMONY OR OTHER SPOUSAL SUPPORT	<input type="checkbox"/> CHILD SUPPORT
<input type="checkbox"/> SELF-EMPLOYMENT OR FARM INCOME	<input type="checkbox"/> SSDI (SOCIAL SECURITY DISABILITY INCOME)	<input type="checkbox"/> WORKERS' COMPENSATION	<input type="checkbox"/> GENERAL RELIEF/ASSISTANCE	<input type="checkbox"/> NO INCOME
<input type="checkbox"/> RETIREMENT INCOME FROM SOCIAL SECURITY	<input type="checkbox"/> VA SERVICE CONNECTED DISABILITY COMPENSATION	<input type="checkbox"/> UNEMPLOYMENT INSURANCE/BENEFITS		
<input type="checkbox"/> PENSION	<input type="checkbox"/> VA NON-SERVICE CONNECTED DISABILITY PENSION	<input type="checkbox"/> TANF/FIP ASSISTANCE	<input type="checkbox"/> OTHER: _____	

Does your household have savings over \$50,000 (includes: all savings/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) ☐ HCV (HOUSING CHOICE VOUCHER) ☐ HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING)
☐ WIC (WOMEN, INFANTS, & CHILDREN) ☐ PUBLIC HOUSING ☐ CHILD CARE VOUCHER
☐ LIHEAP ☐ PERMANENT SUPPORTIVE HOUSING ☐ AFFORDABLE CARE ACT SUBSIDY ☐ OTHER: _____

6. **HOUSING STATUS (check one)** ☐ OWN ☐ RENT ☐ OTHER PERMANENT HOUSING ☐ HOMELESS (if homeless, what is your housing status?) _____ ☐ OTHER: _____

If you RENT, are your heating costs included in your rent? ☐ YES ☐ NO If you RENT, do you receive rent assistance? ☐ YES ☐ NO

If you RENT, are your electric costs included in your rent? ☐ YES ☐ NO If you RENT, is your rent based on a percentage of your income? ☐ YES ☐ NO

What are your mortgage or rent costs per month? \$ _____

7. LANDLORD/COMPLEX INFORMATION

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____

8. **HOUSING TYPE (check one)** ☐ HOUSE ☐ MOBILE HOME ☐ RENT A ROOM ☐ 2, 3, OR 4 UNIT APT. ☐ 5 OR MORE UNIT APT. ☐ OTHER: _____

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

If propane or fuel oil, do you have an empty or low tank (30% or less, or in the red)? ☐ YES ☐ NO

10. HOUSEHOLD HEATING, ELECTRIC, AND WATER COMPANIES	Do you have a disconnect notice?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you currently disconnected?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Are you on a payment arrangement?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

You must include a copy of a recent HEATING BILL and ELECTRIC BILL with this application.

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 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.

I am hereby making application for the Low-Income Home Energy Assistance Program (LIHEAP), Low-Income Household Water Assistance Program (LIHWAP), and/or the Weatherization Assistance Program. 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 that 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 a penalty of law. 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 me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home. This application does not guarantee any weatherization work being done on my house.

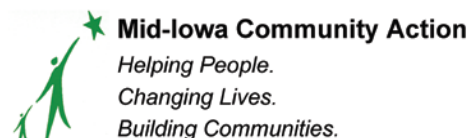
I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services, and the agency processing this application to obtain additional information from my energy/water supplier about my household usage and payment history. I also give permission to the State of Iowa to release application information to my energy/water supplier and to provide details about my account and usage to the LIHEAP, LIHWAP, and Weatherization Assistance Program.

I understand this statement.

SIGNATURE

DATE

Mid-Iowa Community Action, Inc. Statement of Confidentiality



As a consumer of Mid-Iowa Community Action, Inc. (MICA) services you have the right to expect that we will protect any private, personal information you share with us for the purpose of receiving services. We have the responsibility to preserve information we receive about you and your family and disclose information only for your benefit. Information we share about you and your family will be kept to a minimum – only that which is necessary to provide you with individualized services will be shared. No information about you and your family will be divulged to anyone other than the persons who are authorized to receive such information.

MICA provides a wide variety of services through various departments, including but not limited to: Head Start, Early Head Start, FaDSS (Family Development and Self-Sufficiency Program), Child and Adult Care Food Program (CACFP), energy assistance, weatherization, and a variety of health services programs. In order to provide services to you, we may share information with appropriate staff within our agency. All agency staff are trained in confidentiality procedures.

All communications with persons or organizations outside of the agency regarding specific information about you or your family is strictly forbidden unless we have obtained prior written consent from you to release such information. Written releases are required prior to all in-person, telephone, written, faxed, electronic or any other means of communication. Written consents must be specific and will become a part of your permanent file. An **exception** to this practice occurs when a program funder requires information about the program children or families being served. Only information required by the funder for program monitoring, management or data collection will be shared.

Otherwise, the only other time your confidential information will be shared without your permission is in the case of imminent harm or danger to you or a member of your family; or in the case of suspected child abuse. MICA staff are mandatory reporters of child abuse.

I have read and understand this confidentiality statement and understand it will expire in one year from date signed below.

Signature

Date

MICA Staff Signature

Date