

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 30th.**

- 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: 1001 S. 18th Avenue, 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 for the elderly and disabled and
November 1 for the general public through April 30th.

October 1 – April 30
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 \$50,000 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. **Dividends** Corporation letter, bank statement, 1099-DIV form
5. **FIP** Most recent decision letter
Benefit letter/FIP statement from DHS
6. **Foster Care** Official state and/or court documents, bank statements or check stubs
7. **Housing Allowance** When considered part of wages – copy of contract or documentation stating this

- 8. 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
- 9. Per cap** Statement from tribe regarding payments
- 10. Rental Income** Copy of most recent Federal Income Tax Return
- 11. Self-Employment/Farm Income** Copy of most recent year's Federal Income Tax Return
If simple, ledger plainly showing gross wages
- 12. School loans, stipends and grants** Some are countable and some are not-need a copy of the most recent award letter
- 13. 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
- 14. Unemployment** Printout from Workforce Development Center with each check listed with gross amount family receives
- 15. Strike benefits** Statement from Union
- 16. Zero Income** If the household has NO income in the past 30 days, please select "No Income" on section 4. Please contact our office to sign a **Self Declaration - No Income Form**

Annual Income guidelines are shown below:

Persons in Household	200% of Federal Poverty Guidelines
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
For each additional person	+ \$10,760

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

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

DATE APPLICATION RECEIVED: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ COUNTY: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (if different than street address) _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL NUMBER: _____ E-MAIL ADDRESS: _____

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	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY	HEALTH INSURANCE	HISPANIC, LATINO, OR OF SPANISH ORIGIN?	RACE	MILITARY STATUS	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)
	1- Head of household	• Date format: 99 / 99 / 99	• Social Security Number format: 999-99-9999	1 - Medicaid	1 - American Indian	1 - 0-8th grade	1 - Employed (full-time)
	2 - Spouse		• I-94 format: 999999999 99 (11 numbers)	2 - Medicare	2 - Alaska Native	2 - 9th-12th grade/non-graduate	2 - Employed (part-time)
	3 - Child			3 - State Children's Health Insurance Program	3 - Asian	3 - High School graduate	3 - Migrant/seasonal farm work
	4 - Foster child			4 - State Health Insurance for Adults	4 - White	4 - GED/equivalency diploma	4 - Unemployed (short term, 6 months or less)
	5 - Grandchild			5 - Military Health Care	5 - Black or African American	5 - 12th grade + some post-secondary school	5 - Unemployed (long term, more than 6 months)
	6 - Sibling			6 - Direct purchase	6 - Native Hawaiian and Other Pacific Islander	6 - College graduate (2 or 4 yrs)	6 - Unemployed (not in labor force)
	7 - Parent			7 - Employment based	7 - Other	7 - Graduate of other post-secondary school	7 - Retired
	8 - Grandparent			8 - None	8 - Multi-race		
	9 - Other relative						
	10 - Not related						

IOWA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM AND WEATHERIZATION ASSISTANCE PROGRAM 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 (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.

EMPLOYMENT INCOME (SALARY/WAGES)	SSI (SUPPLEMENTAL SECURITY INCOME)	PRIVATE DISABILITY INSURANCE	ALIMONY OR OTHER SPOUSAL SUPPORT	CHILD SUPPORT
SELF-EMPLOYMENT OR FARM INCOME	SSDI (SOCIAL SECURITY DISABILITY INCOME)	WORKERS' COMPENSATION	GENERAL RELIEF/ASSISTANCE	NO INCOME
RETIREMENT INCOME FROM SOCIAL SECURITY PENSION	VA SERVICE CONNECTED DISABILITY COMPENSATION	UNEMPLOYMENT INSURANCE/BENEFITS		
	VA NON-SERVICE CONNECTED DISABILITY PENSION	TANF/FIP ASSISTANCE	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 <u>heating</u> costs included in your rent?	YES	NO	If you RENT, do you receive rent assistance? YES NO
	If you RENT, are your <u>electric</u> 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 BLDG HAS 2 to 4 UNITS BLDG HAS 5 OR MORE UNITS 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 ACCOUNT STATUS

	<u>HEATING</u>	<u>ELECTRIC</u>
Do you have a disconnect notice?	YES NO	YES NO
Are you currently disconnected?	YES NO	YES NO
Are you on a payment arrangement?	YES NO	YES NO

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

CERTIFICATION STATEMENT

I am hereby making application for the Low-Income Home Energy Assistance Program (LIHEAP), and/or the Weatherization Assistance Program. I understand that my signature on this application or my verbal consent gives permission to the agency processing this application to use the information I have provided to determine my household's eligibility for these programs, and for other programs administered by this agency for which I have applied. Further, 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 usage and payment history. I also give permission to the State of Iowa to release application information to my energy supplier and to provide details about my account and usage to the LIHEAP and Weatherization Assistance Programs as necessary to facilitate the receipt of benefits.

My signature on this application or my verbal consent certifies, under penalty of law, the following: 1) All information and documentation associated with this application is accurate and complete to the best of my ability. 2) I declare I am the only person in the household who has or will apply for these programs. 3) I understand that any willful misrepresentation of the information provided is subject to program disqualification and penalty of law. 4) If applicable, I authorize the weatherization of my house at no cost to me or my family. This includes authorizing the agency to contact my landlord for permission to weatherize the home when applicable. I understand that signing this application does not guarantee I will receive weatherization assistance.

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 demographic information with appropriate staff within our agency. This information is shared through an agency database called EmpowOR. All agency staff are trained in confidentiality procedures.

This Authorization concerns the following demographic information about me: Gender, age, ethnicity/race, education, family type, family size, sources of family income, level of family income, housing, and other characteristics such as seasonal farmworker, recipient of food stamps, health insurance, disability and veteran status. **Note:** no specific medical information of any kind is included in this authorization.

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. **To revoke this authorization at any time, you must contact MICA Human Resources Department at 641-752-7162.**

Signature

Date

Printed Name

MICA Staff Signature

Date

4/22/22