

# NORTH IOWA COMMUNITY ACTION ORGANIZATION INTAKE FORM

Method received \_\_\_\_\_

Date received \_\_\_\_\_

## 1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
(If different than street address)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Opt for text messaging  YES  NO

## 2. HOUSING STATUS (CHECK ONE)

OWN  RENT  OTHER PERMANENT HOUSING  HOMELESS  OTHER  
MORTGAGE/RENT COSTS PER MONTH \$ \_\_\_\_\_

### 2A. IF YOU RENT, ANSWER THE FOLLOWING:

ARE YOUR HEATING COSTS INCLUDED IN YOUR RENT?  YES  NO  
DO YOU RECEIVE RENT ASSISTANCE?  YES  NO  
(Is your rent based on a percent of your income?)

## 3. HOUSEHOLD TYPE (CHECK ONE)

MULTIGENERATIONAL HOUSEHOLD  NON-RELATED ADULTS WITH CHILDREN  OTHER \_\_\_\_\_  
 SINGLE PARENT FEMALE  SINGLE PARENT MALE  SINGLE PERSON  TWO ADULTS NO CHILDREN  TWO PARENT HOUSEHOLD

## 4. HOUSEHOLD TYPE (CHECK ONE)

HOUSE  MOBILE HOME  2, 3, OR 4 UNIT APT  5 OR MORE UNIT APT  RENT A ROOM  OTHER

## 5. MAIN SOURCE OF HOME HEATING (CHECK ONE)

ELECTRIC  PROPANE  WOOD/COAL/CORN  NATURAL GAS  FUEL OIL  OTHER \_\_\_\_\_  
IF PROPANE, DO YOU HAVE AN EMPTY OR LOW TANK (20% OR LESS)  YES  NO

## 6. LANDLORD, PROJECT, COMPLEX INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## 7. HOUSEHOLD HEATING & ELECTRIC COMPANY:

DO YOU HAVE A DISCONNECT NOTICE?  YES  NO IF SO, DISCONNECT DATE \_\_\_\_\_  
ARE YOU CURRENTLY DISCONNECTED?  YES  NO

## 8. HOUSEHOLD INCOME SOURCES (CHECK ALL THAT APPLY)

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

- DOES YOUR HOUSEHOLD HAVE SAVINGS OVER \$50,000 (include all savings, checking accounts, cd's, & other investments)  YES  NO
- DID ANYONE IN YOUR HOUSEHOLD FILE A TAX RETURN AND RECEIVE THE EITC (earned income tax credit) THIS YEAR?  YES  NO

## 9. HOUSEHOLD NON-CASH BENEFITS (CHECK ALL THAT APPLY)

<input type="checkbox"/> SNAP (FOOD ASSISTANCE PROGRAM)	<input type="checkbox"/> HCV (HOUSING CHOICE VOUCHER)	<input type="checkbox"/> HUD-VASH (VA SUPPORTIVE HOUSING)
<input type="checkbox"/> WIC (WOMEN, INFANTS, & CHILDREN)	<input type="checkbox"/> PUBLIC HOUSING	<input type="checkbox"/> CHILDCARE VOUCHER
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> PERMANENT SUPPORTIVE HOUSING	<input type="checkbox"/> AFFORDABLE CARE ACT SUBSIDY
<input type="checkbox"/> FREE/REDUCED LUNCHES	<input type="checkbox"/> NONE	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> UNEMPLOYMENT STIMULUS	<input type="checkbox"/> STIMULUS BENEFITS	

**HOUSEHOLD MEMBER INFORMATION (ENTER THE NUMBER OF BOX ITEM)**

LEGEND FOR COMPLETING THE HOUSEHOLD MEMBER SECTION	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER	HEATH INSURANCE	RACE	HIGHEST LEVEL EDUCATION	EMPLOYMENT	DISCONNECTED YOUTH	MARITAL STATUS
	1. HEAD OF HOUSEHOLD 2. SPOUSE 3. CHILD 4. FOSTER CHILD 5. GRANDCHILD 6. SIBLING 7. PARENT 8. GRANDPARENT 9. OTHER RELATIVE 10. NOT RELATED	DATE FORM AT:  99/99/ 99	SSN FORMAT: 999-99-9999  I-94 FORMAT 999999999 99 (11 NUMBERS)	1. MEDICAID 2. MEDICARE 3. STATE CHILDREN'S HEALTH INSURANCE PROGRAM 4. STATE HEALTH INSURANCE FOR ADULTS 5. MILITARY HEALTH CARE 6. DIRECT PURCHASE 7. EMPLOYMENT BASED 8. NONE	1. AMERICAN INDIAN 2. ALASKA NATIVE 3. ASIAN 4. WHITE 5. BLACK OR AFRICAN AMERICAN 6. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 7. OTHER 8. MULTI-RACE	1. 2 OR 4 YEAR DEGREE 2. 9-12 GRADE 3. DROP OUT K-12 4. GED 5. GRADUATE OTHER POST SECONDARY 6. HIGH SCHOOL GRADUATE 7. HIGH SCHOOL GRADUATE PLUS SOME COLLEGE 8. K-8 GRADE 9. LOW GRADE GRAD 10. UNDER SCHOOL/PRESCHOOL	1. EMPLOYED (FULL-TIME) 2. EMPLOYED (PART-TIME) 3. MIGRANT SEASONAL FARM WORKER 4. UNEMPLOYED (SHORT TERM, < 6 MONTHS) 5. UNEMPLOYED (LONG TERM, > 6 MONTHS) 6. UNEMPLOYED (NOT IN LABOR WORKFORCE) 7. RETIRED	ANY HOUSEHOLD MEMBER (AGES 14-24) WHO IS NEITHER WORKING OR IN SCHOOL	1. DIVORCED 2. MARRIED 3. NEVER MARRIED 4. SEPARATED 5. WIDOWED

NAME- INCLUDE THE HEAD OF HOUSEHOLD	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER	DISABILITY	HEALTH INSURANCE	HISPANIC LATINO, OR SPANISH ORIGIN	RACE	MILITARY STATUS	HIGHEST LEVEL EDUCATION	EMPLOYMENT	U.S. CITIZEN	HOMEBOUND	DIS-CONNECTED YOUTH	MARITAL STATUS
			MALE FEMALE OTHER		YES NO		YES NO		VETERAN ACTIVE NONE			YES NO	YES NO	YES NO	
			MALE FEMALE OTHER		YES NO		YES NO		VETERAN ACTIVE NONE			YES NO	YES NO	YES NO	
			MALE FEMALE OTHER		YES NO		YES NO		VETERAN ACTIVE NONE			YES NO	YES NO	YES NO	
			MALE FEMALE OTHER		YES NO		YES NO		VETERAN ACTIVE NONE			YES NO	YES NO	YES NO	

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) 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 assure that any LIHEAP energy payments received 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 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 household energy 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 energy use to the LIHEAP and Weatherization Assistance Program.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_