



Dear household

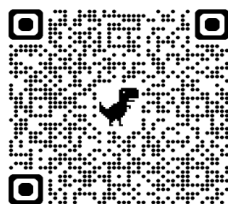
The Low-Income Home Energy Assistance Program (LIHEAP) in Iowa has changed database systems used to process your application. Therefore, when submitting your application this year, you will need to provide us with updated information for **ALL** members of the household.

Items required to complete the application process-

- ✓ Complete the application.
- ✓ Social security cards or a current driver's license are required for all members of the household.
- ✓ Verification of most recent 30 day income.
- ✓ Current utility bill(s) (gas and electric)
  - If utilities are included in your rent, please provide us with a copy of your lease agreement.

**The information below is for applicants who have not applied prior to October 2024.**

Along with the database change at the state level, North Iowa Community Action Organization has a database system to collect required information of all applicants. If you are able to scan the QR code below and enter your household information, this will help expedite your application. **If you enter your information with the QR code, we will still need the completed intake form.**



Please let us know if you have any questions by calling your local Client

Resource Center. Butler 641-243-7573

Cerro Gordo 641-423-7766

Floyd 641-228-2893

Franklin 641-456-3431

Kossuth 515-295-2531

Winnebago 641-585-5863

No payments will be sent to your utility provider until December 2025 or after.

# ENERGY ASSISTANCE APPLICATION CHECKLIST

## Verification of Income Options (ALL INCOME MUST BE FROM THE SAME TIME PERIOD)

INCOME VERIFICATION MUST BE WITHIN THE LAST 30 DAY, UNLESS TAX RETURN ARE PROVIDED.

### **WAGES- CHECK STUBS FOR WAGES**

- ✓ IF PAID WEEKLY, PROVIDE THE MOST RECENT 4 CHECK STUBS
- ✓ IF PAID EVERY 2 WEEKS, PROVIDE THE MOST RECENT 2 CHECK STUBS
- ✓ IF PAID TWICE A MONTH, PROVIDE THE MOST RECENT 2 CHECK STUBS
- ✓ IF PAID ONCE A MONTH, PROVIDE 1 CHECK STUBS

### **MOST RECENT FEDERAL TAX RETURN**

- ✓ SELF – EMPLOYED INDIVIDUALS OR FARMERS MUST PROVIDE THE MOST RECENT FEDERAL TAX FORM

### **UNEMPLOYMENT**

### **ALIMONY**

### **SOCIAL SECURITY AND/OR SSI**

- ✓ COPY OF A CHECK, AWARD LETTER, OR 1099 FORM

### **PENSION AND/OR VA**

- ✓ COPY OF A CHECK OR AWARD LETTER

## Verification of Social Security Number

**THE FOLLOWING DOCUMENTS ARE ACCEPTABLE:**

- ✓ COPY OF THE SOCIAL SECURITY CARD FOR EACH PERSON
- ✓ MILITARY CARD WITH THE SOCIAL SECURITY NUMBER
- ✓ ANY DOCUMENT FROM SOCIAL SECURITY ADMINISTRATION SHOWING SSN
- ✓ I-94 CARD FOR TEMPORARY FOR
- ✓ EIGN NATIONAL IN LIEU OF SOCIAL SECURITY CARD
- ✓ PASSPORT
- ✓ BIRTH CERIFICATE
- ✓ DRIVERS LICENSE OR PHOTO ID CARD

SOCIAL SECURITY NUMBER / CITIZENSHIP MUST BE PROVIDED.

IF A MEMBER OF THE HOUSEHOLD DOES NOT HAVE VERIFICATION, THEY MAY STILL BE ELIGIBLE, AT A REDUCED AWARD AMOUNT.

## Other Required Information

- COMPLETED AND SIGNED APPLICATION
- RECENT HEAT BILL
- RECENT ELECTRIC BILL

I UNDERSTAND THAT I HAVE NOT APPLIED FOR ENERGY ASSISTANCE UNTIL ALL THE ABOVE REQUESTED INFORMATION IS PROVIDED TO NORTH IOWA COMMUNITY ACTION. I DO NOT HAVE MORATORIUM PROTECTION UNTIL MY APPLICATION IS COMPLETE.

# 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 IS ELECTRIC INCLUDED IN YOUR RENT?  YES  NO

DO YOU RECEIVE RENT ASSISTANCE OR IS YOUR RENT BASED ON A PERCENT OF YOUR INCOME?  YES  NO

## 3. HOUSEHOLD TYPE (CHECK ONE)

MULTIGENERATIONAL HOUSEHOLD  NON-RELATED ADULTS WITH CHILDREN  SINGLE PARENT FEMALE  SINGLE PARENT MALE

SINGLE PERSON  TWO ADULTS NO CHILDREN  TWO PARENT HOUSEHOLD  OTHER \_\_\_\_\_

## 4. HOUSING 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)

NATURAL GAS (furnace)  ELECTRIC (baseboard)  PROPANE (furnace/boiler)  WOOD/COAL/CORN  FUEL OIL  OTHER \_\_\_\_\_

IF PROPANE, DO YOU HAVE AN EMPTY OR LOW TANK (30% OR LESS OR IN THE RED)  YES  NO

## 6. LANDLORD, PROJECT, COMPLEX INFORMATION

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

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

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

## 7. HOUSEHOLD UTILITIES:

DO YOU HAVE A DISCONNECT NOTICE FOR GAS/ELECTRIC?  YES  NO IF SO, DISCONNECT DATE \_\_\_\_\_

ARE YOU CURRENTLY DISCONNECTED?  YES  NO

ARE YOU ON A PAY AGREEMENT WITH YOUR UTILITY PROVIDER?  YES  NO

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

EMPLOYMENT INCOME  SELF EMPLOYMENT/FARM INCOME  SOCIAL SECURITY RETIREMENT INCOME

SSDI (DISABILITY INCOME)  VA CONNECTED DISABILITY COMPENSATION  SSI (SUPPLEMENTAL SECURITY INCOME)

PENSION  VA NON-SERVICE-CONNECTED DISABILITY PENSION  PRIVATE DISABILITY INSURANCE

WORKERS' COMPENSATION  UNEMPLOYMENT INSURANCE/BENEFITS  TANF/FIP ASSISTANCE

GENERAL RELIEF  CASH CONTRIBUTIONS FROM FAMILY/FRIENDS  ALIMONY/OTHER SPOUSAL SUPPORT

CHILD SUPPORT  NO INCOME  OTHER \_\_\_\_\_

• DOES YOUR HOUSEHOLD HAVE SAVINGS OVER \$50,000 (savings, checking accounts, CD's, or 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)

SNAP (FOOD ASSISTANCE PROGRAM)  HCV (HOUSING CHOICE VOUCHER)  HUD-VASH (VA SUPPORTIVE HOUSING)

WIC (WOMEN, INFANTS, & CHILDREN)  PUBLIC HOUSING  CHILDCARE VOUCHER

LIHEAP  PERMANENT SUPPORTIVE HOUSING  AFFORDABLE CARE ACT SUBSIDY

OTHER \_\_\_\_\_  NONE

LEGEND FOR COMPLETING THE HOUSEHOLD MEMBER SECTION	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATION TO HEAD OF HOUSEHOLD	MARITAL STATUS	RACE	HIGHEST LEVEL EDUCATION	EMPLOYMENT	DISCONNECTED YOUTH	HEATH INSURANCE
	DATE FROMAT: 99/99/99	SSN FORMAT: 999-99-9999  I-94 FORMAT 999999999 99 (11 NUMBERS)	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	1. SINGLE 2. MARRIED 3. SEPERATED 4. DIVORCED 5. WIDOWED	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. 0-8 <sup>TH</sup> GRADE 2. 9 <sup>TH</sup> - 12 <sup>TH</sup> GRADE/NON-GRAD 3. HIGH SCHOOL GRAD 4. GED 5. 12 <sup>TH</sup> GRADE + SOME POST SEC ED. 6. COLLEGE GRAD (2-4 YRS) 7. GRADUATE/POST-SEC GRAD	1. EMPLOYED (FULL-TIME) 2. EMPLOYED (PART-TIME) 3. MIGRANT SEASONAL FARM WORKER 4. UNEMPLOYED (SHORT TERM <6 mo) 5. UNEMPLOYED (LONG TERM >6 mo) 6. UNEMPLOYED (NOT IN LABOR FORCE) 7. RETIRED	ANY HOUSEHOLD MEMBER (AGES 14-24) WHO IS NOT WORKING OR IN SCHOOL	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

**HOUSEHOLD MEMBER INFORMATION (ENTER THE NUMBER FROM THE BOX ITEM IN THE CHART ABOVE TO COMPLETE INFORMATION BELOW):**

NAME- <u>INCLUDE THE HEAD OF HOUSEHOLD FROM THE FIRST PAGE</u>	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	MARITAL STATUS	SEX	HISPANIC, LATINO OR OF SPANISH ORIGIN	RACE	DISABILITY	EDUCATION	MILITARY STATUS	EMPLOYMENT	DIS-CONNECTED YOUTH	HEALTH INSURANCE
Use this row for person listed as the head of household from the first page:					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> VETERAN <input type="checkbox"/> ACTIVE <input type="checkbox"/> NONE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> VETERAN <input type="checkbox"/> ACTIVE <input type="checkbox"/> NONE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> VETERAN <input type="checkbox"/> ACTIVE <input type="checkbox"/> NONE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> VETERAN <input type="checkbox"/> ACTIVE <input type="checkbox"/> NONE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> VETERAN <input type="checkbox"/> ACTIVE <input type="checkbox"/> NONE		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**How many household members are: A U.S Citizen: \_\_\_\_\_ Homebound: \_\_\_\_\_**

I am hereby making an 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: \_\_\_\_\_



P. O. Box 1627, Mason City, IA. 50402-1627  
Phone: 641-494-1891, Fax: 641-494-1899

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## **STATEMENT OF CONFIDENTIALITY**

As a consumer of North Iowa Community Action Organization (NICA) 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. The 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.

NICA provides a wide variety of services including but not limited to: Community Partners (CoPa), Family Development and Self-Sufficiency (FaDSS), Volunteer Income Tax Assistance (VITA), Women, Infant and Children Nutrition Program (WIC), Family Planning, Healthy Pregnancy, 1<sup>st</sup> Five, Ryan White Living with HIV, Head Start Preschool and Early Head Start, Energy Assistance (LIHEAP), Emergency Utility Assistance, Outreach, and Management Information Systems. To provide services to you, we may share information with appropriate staff within our agency. All agency staff are trained in confidentiality standards and 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, fax, electronic or any other means of communication. Written consents must be specific and will become a part of your permanent file.

The only times your confidential information will be shared without your permission are in the case of imminent harm or danger to you or a member of your family, or in the case of suspected child abuse.

I have read and understand this confidentiality statement.

Client/Guardian Name: \_\_\_\_\_ Date signed: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_

Please mark which program(s) your household would like more information about.

- Head Start
- Early Head Start
- Family Development & Self Sufficiency (FaDSS)
- Community Partners (CoPA)
- Volunteer Income Tax Assistance (VITA)
- Low-Income Home Energy Assistance Program (LIHEAP)
- My Community Ride
- Family Planning
- The Healthy Pregnancy Program
- Women, Infants, & Children (WIC)
- None

Address to mail applications-

Butler county- PO Box 187 Clarksville IA 50619

Cerro Gordo county- PO Box 1627 Mason City IA 50402

Floyd county- PO Box 473 Charles City IA 50616

Franklin county- PO Box 384 Hampton IA 50441

Hancock- Mail to either Cerro Gordo county or Winnebago county

Mitchell- Mail to Cerro Gordo county

Kossuth county- PO Box 98 Algona IA 50511

Winnebago county- PO Box 331 Forest City IA 50436

Worth- Mail to Cerro Gordo county