

**IOWA DEPARTMENT OF HUMAN RIGHTS  
DIVISION OF COMMUNITY ACTION AGENCIES - INTAKE FORM**

AGENCY FILE # \_\_\_\_\_

CERTIFIED \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Approval Date \_\_\_\_\_

Poverty Level \_\_\_\_\_ %

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

LIHEAP Amt. \_\_\_\_\_

ECIP Amt. \_\_\_\_\_ Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

(\_\_\_\_\_) Phone Number \_\_\_\_\_ (\_\_\_\_\_) Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_ VA Number \_\_\_\_\_

H M N	NAME	DATE OF BIRTH	Relation to Head of HH	S e x	SOCIAL SECURITY NUMBER	Ethnic	Disability	Health Insurance	Education Level	Marital Status	Veteran

**TOTAL HOUSEHOLD MEMBERS**

H M N	INCOME SOURCES (Please list all and identify by HMN)	RATE OF PAY	INCOME <input type="checkbox"/> 3 MONTH <input type="checkbox"/> 12 MONTH

TOTAL INCOME \_\_\_\_\_

H M N	P R O G R A M S E R V I C E S		

**FAMILY TYPE:**

- Single female with children  Single male with children  Single person  
 Two adults with children  Two adults without children  Other

**HOUSING STATUS: (check one)**

- Rent  Own  Buy  Homeless  Other \_\_\_\_\_

If homeless, indicate housing situation \_\_\_\_\_

**ARE YOU OR ANY HOUSEHOLD MEMBER:**

- A farmer  A migrant farm worker  A seasonal farm worker  
 Receiving Food Stamps  Receiving General Assistance

**HOW MANY HOUSEHOLD MEMBERS ARE:**

- \_\_\_\_\_ A Native American \_\_\_\_\_ 60 or older  
 \_\_\_\_\_ 5 or younger \_\_\_\_\_ Homebound \_\_\_\_\_ Disabled

**ARE YOU OR ANY FAMILY MEMBER RECEIVING:**

- Unemployment Benefits  Social Security  SSI  FIP  
 Veterans Assistance  Child Support

**HEATING SERVICE: (bill or copy of bill)**

Company \_\_\_\_\_  
 Account \_\_\_\_\_  
 Name on account \_\_\_\_\_

**ELECTRIC SERVICE:**

Company \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Name on account \_\_\_\_\_

**MAIN SOURCE OF HEATING: (check one)**

- Electric  Propane  Wood / Coal / Corn  Natural Gas  
 Fuel Oil  Other \_\_\_\_\_  Empty tank  Low Tank (20% or less)

**HOUSING TYPE: (check one)**

- House  Mobile Home  2, 3, or 4 unit apt.  5 or more unit apt.  
 Other \_\_\_\_\_

**LANDLORD, PROJECT OR COMPLEX:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Mortgage or Rent costs per month: \$ \_\_\_\_\_

If you rent, are your heating costs included?  Yes  No

Do you receive rent assistance?  Yes  No  
 (Is your rent based on a percentage of your income?)

Do you have investments over \$15,000?  Yes  No  
 (Include savings, CD's, annuities, etc.)

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. 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, to provide details about my account and energy use to the energy assistance and weatherization programs.

I understand this statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_