



ENERGY ASSISTANCE APPLICATION
(Please print clearly in BLACK or BLUE ink)

Community Action SE

EMAIL _____ Home Phone Number _____ Cell Phone Number _____

NAME _____
 Street Address _____ City _____ State IOWA Zip _____
 Mailing Address _____ City _____ State IOWA Zip _____

- Housing Costs:**
- Buying \$ _____
 - Homeless
 - Other _____
 - Own
 - Rent \$ _____

- Family Type:**
- Adult two without children (couple)
 - Female adult with children
 - Male adult with children
 - Other (more than two adults with/without children)
 - Single person
 - Two adults with children

- Housing Type:**
- Duplex, triplex, quadplex
 - 5/more apartments in building
 - House
 - Mobile Home
 - Other
 - Rent a room
- Savings over \$15,000

- HEAT SOURCE:** (Check one only)
- Coal/Wood
 - Corn
 - Electric
 - Fuel Oil
 - Natural Gas
 - Other
 - Propane

Subsidized housing

Heat included in rent

Savings over \$15,000

Landlord's Name: _____ LL Address: _____ City/State/Zip: _____ Phone Number: _____

| Last Name (Including Jr/Sr.) | First Name | Mid. Intl. | Birth Date | SSN | Gender M/F | Ethnicity | Race | Marital Status | Insured Y/N (Type) | Handicapped Physical/Mentally | Highest Education Completed | Farm Income Y/N | Food Stamps Y/N | Veteran Y/N |
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Income Type - Check all that apply: Alimony Child Support Employment Farm Income FIP General Assistance Minimal income (friends/family/odd jobs)
 *Please send proof of all income received in the last 90 days or your 2015 FEDERAL tax return.
 Pension Self Employment SSA SSI Unemployment VA Pension OTHER: _____ (type)

| Name of person receiving income | Type of income or employer | How often is this person paid? | Date income began | Date income ended (if applicable) |
|---------------------------------|----------------------------|--------------------------------|-------------------|-----------------------------------|
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Electric Company (Attach copy of bill)

Heating Company (Attach copy of bill)

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. I understand that this information will be used, upon request, in determining eligibility for other agency programs. 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** _____