



Welcome to IOWA's LIHEAP, ECIP & Weatherization Intake System

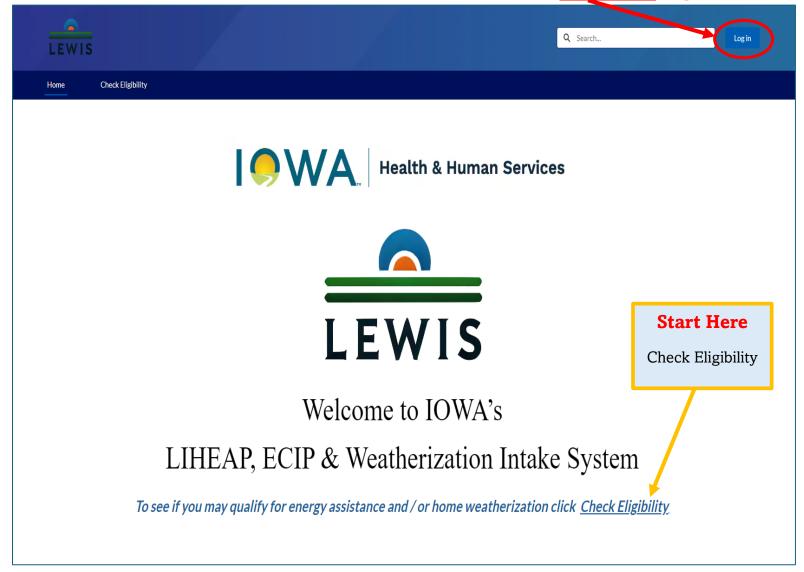
liheap-apply.hhs.iowa.gov

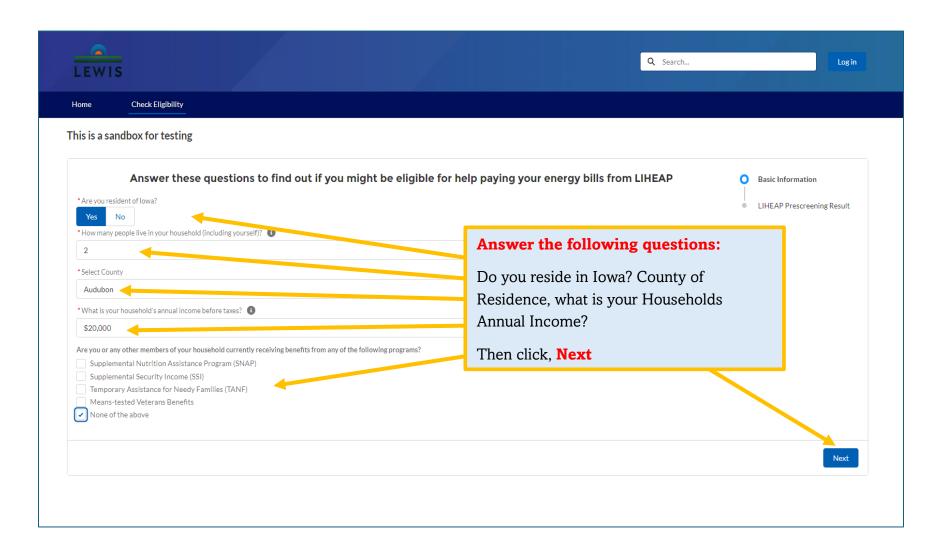
Online Application System Guide for Applicants (Public) - Version 1 $Effective \ 11/01/24$

Issued 11/07/24

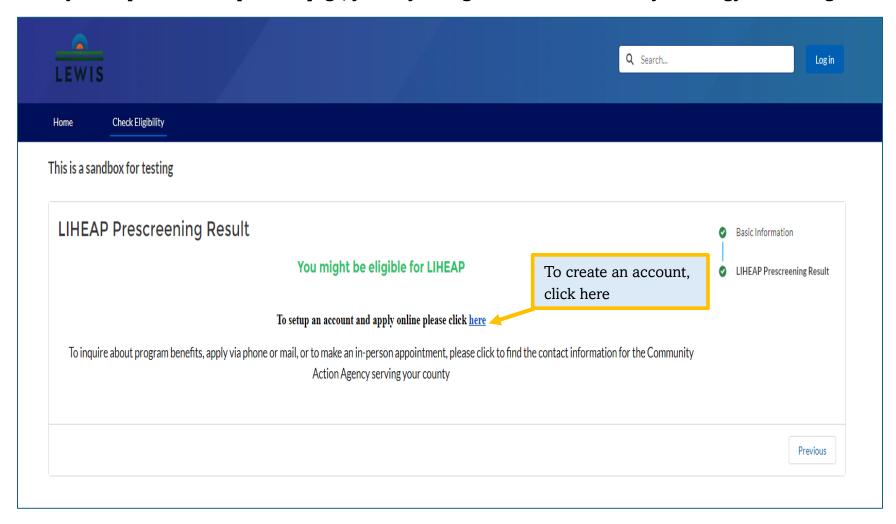
Applicants can access the online application at liheap-apply.hhs.iowa.gov

Applicants can begin by checking their eligibility for LIHEAP by clicking 'Check Eligibility.' The 'Log In' button is only for existing users with a LEWIS account. If this is your first time creating an account, Do Not Click 'Log In.'





Based on your responses on the previous page, you may be eligible for assistance with your energy bills through LIHEAP





PORTAL REGISTRATION * Email * First Name Fioantest@gmail.cor Fiona * Phone * Last Name 515555555 TEST Service Address *Zip *Street 51447 × 1000 Hull Ave * City Country Des Moines US * State IΑ * Are you the head of household for this application? Yes Begin Application Join the community to receive personalized information and customer support. Sign-in or Sign-up Already have an account?

Complete all required fields: Head of Household's First Name, Last Name, Phone Number, and Service Address."

Note: The Zip Code must be confirmed by selecting it from the search list, even if it is manually typed in.

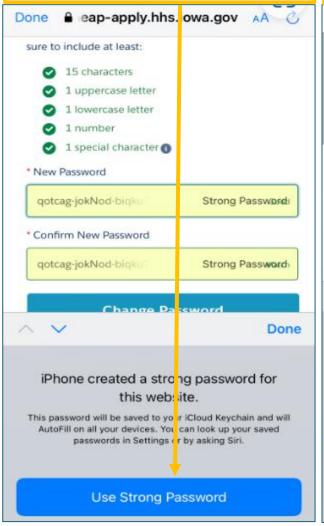
To create an account, click on

"Begin Application"

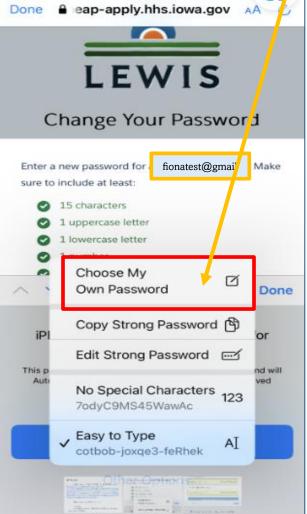
Check your email, click on the link listed under welcome to IOWA LIHEAP to get started.

IO VA LIHEAP (Do Not Reply) Welcome to IOWA LIHEAP IOWA LIHEAP (Do Not Reply) 11:25 AM To: Me V Fiona, Welcome to IOWA LIHEAP! To get started, go to https://liheap-apply.hhs.iowa.gov/login? c=Ft93titol0HnoUv_6WCwS8A0PvDXigt7m9A6vv0Gha3 5pl4yEzpAWE0Mtth776M9k3UUvgx83LPuc17vvWavs4r FpVCl4hFr2lpiVyvGWkJDwJOe47PvlvTNJPj3fsINOYUhl GYfhMUVXncuVQ5yGsSNZqVxIXLB91Q4WgaQpgD516 O8tzir2Ub4XjyJv1VoAPqVSG5t fionatest@gamil.com Username: Thanks. Iowa Department of Health and Human Services - Community Action

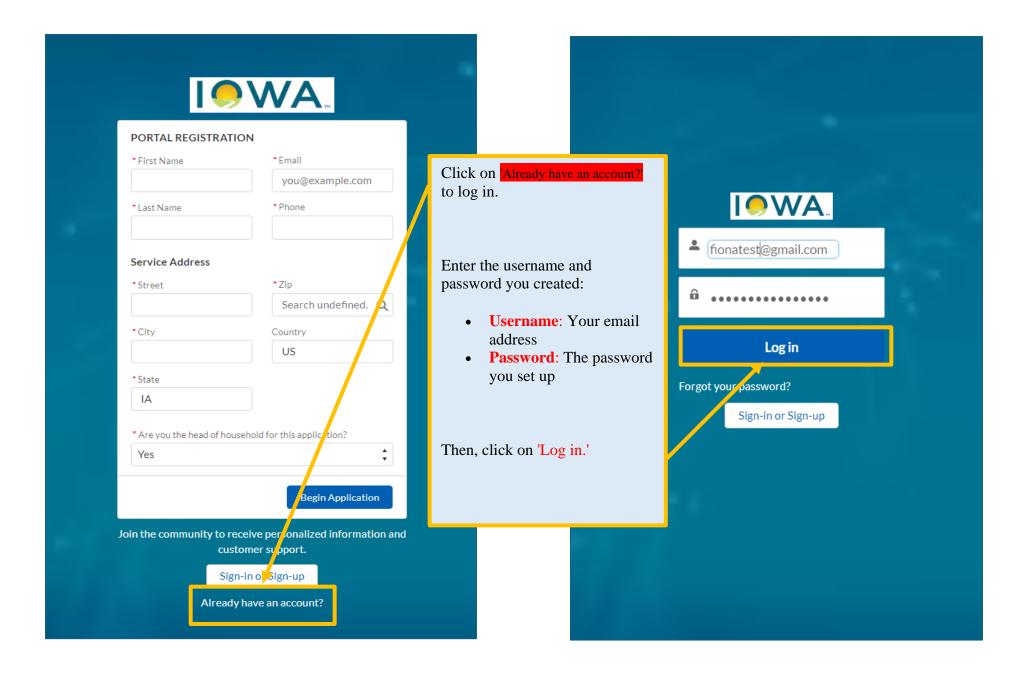
You can use a strong password generated by the system. (If you choose to use the system-generated password, be sure to save it for future reference.)



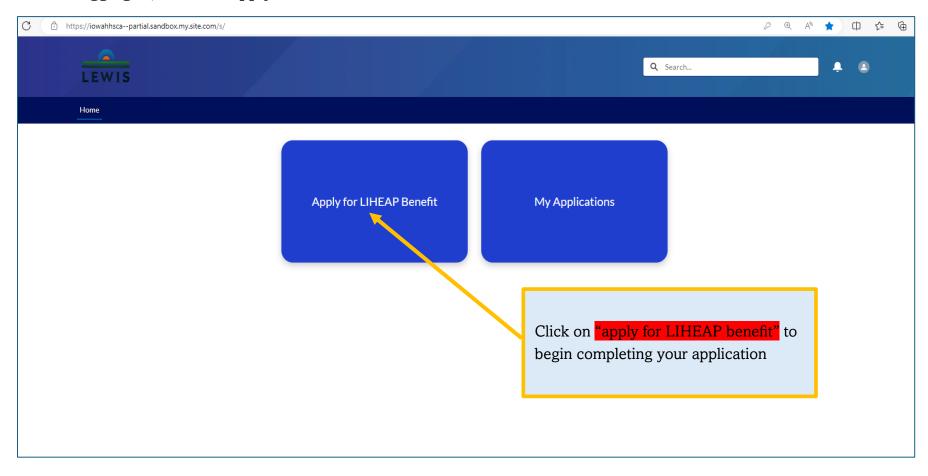
Alternatively, you can choose to create your own password by following the criteria listed below.



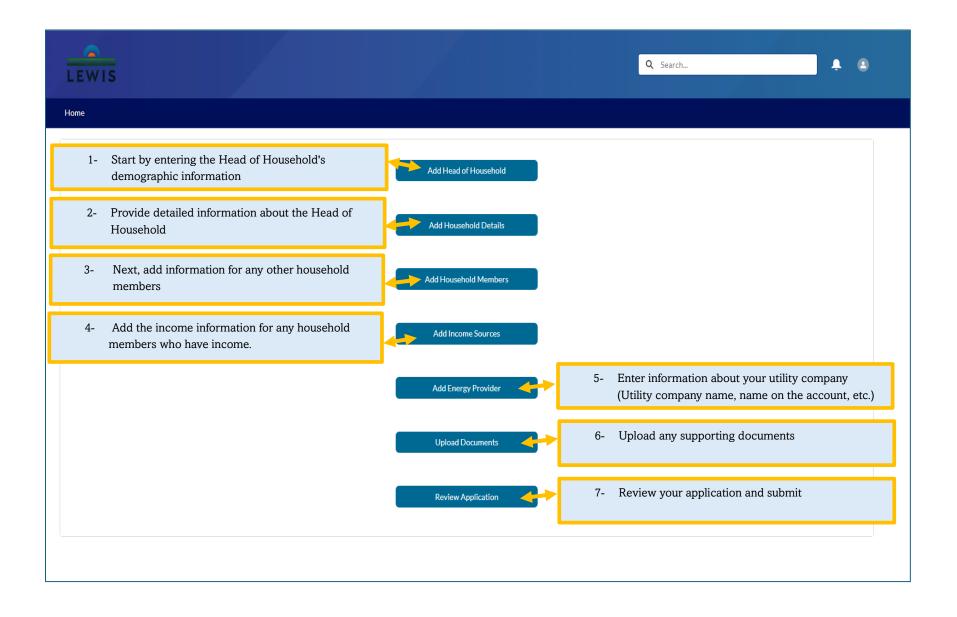
Once you've created a password, you can log in on a desktop computer or any mobile device. Simply click on 'Already have an account?' to get started.

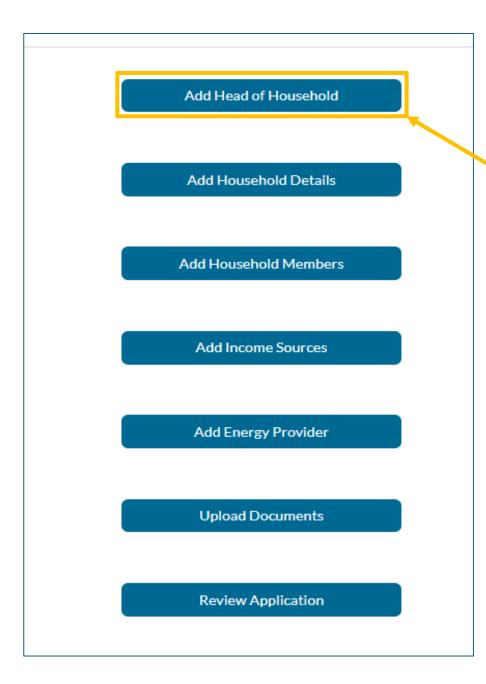


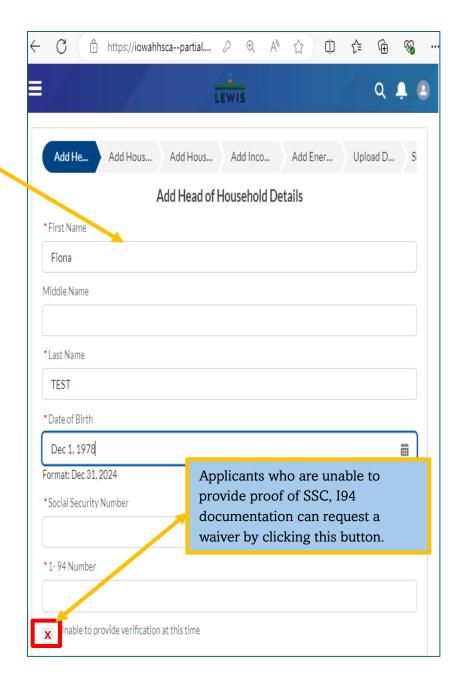
After logging in, click on 'Apply for LIHEAP Benefits.

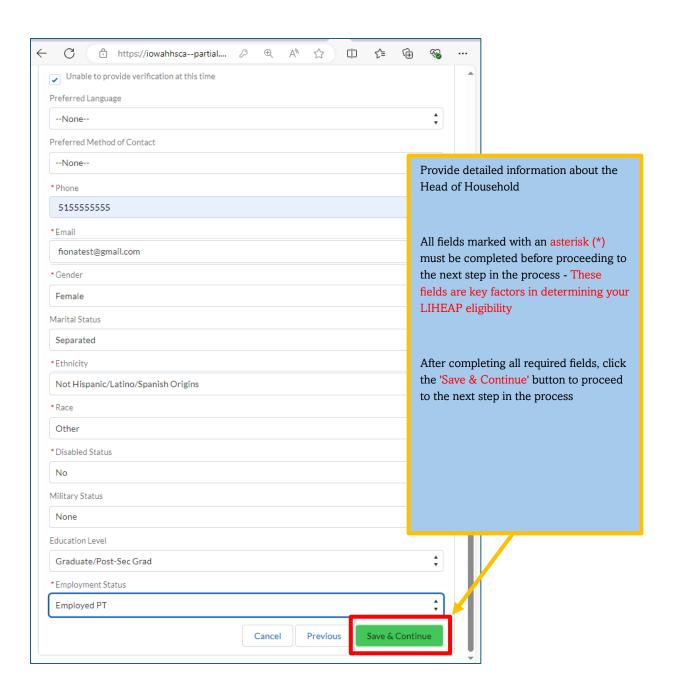


It is important to follow the steps in order when completing your application.

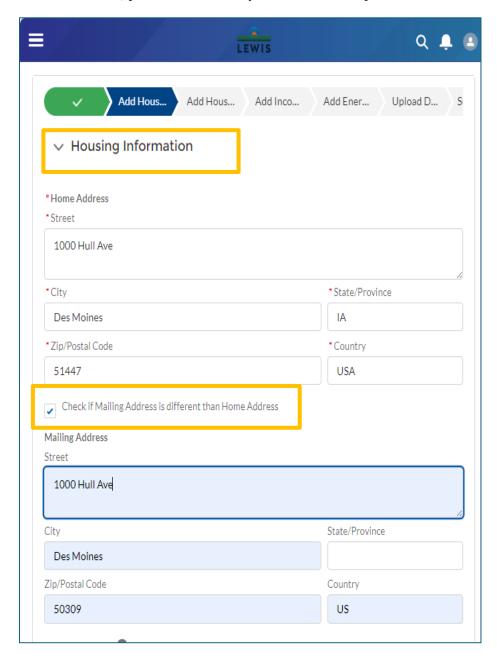


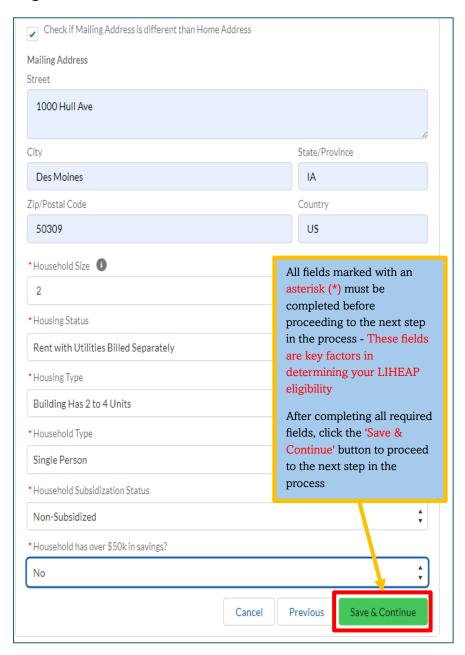


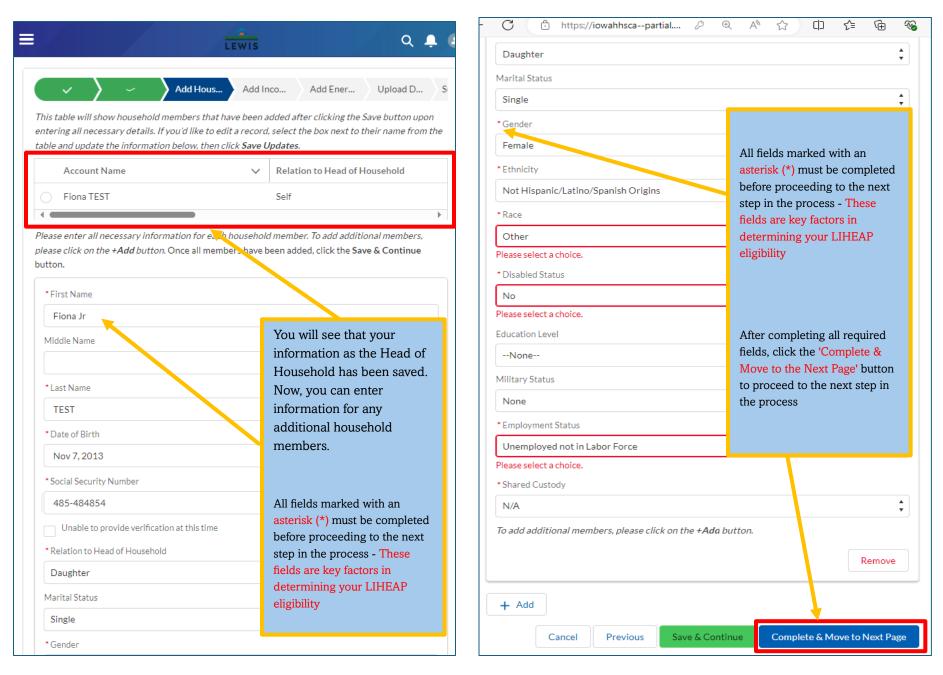




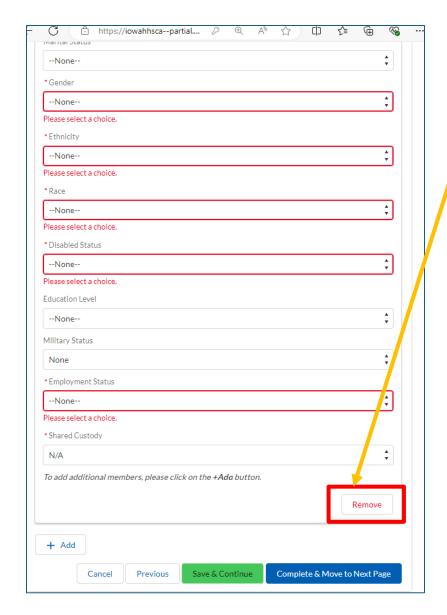
In this section, you will answer questions about your household's housing information

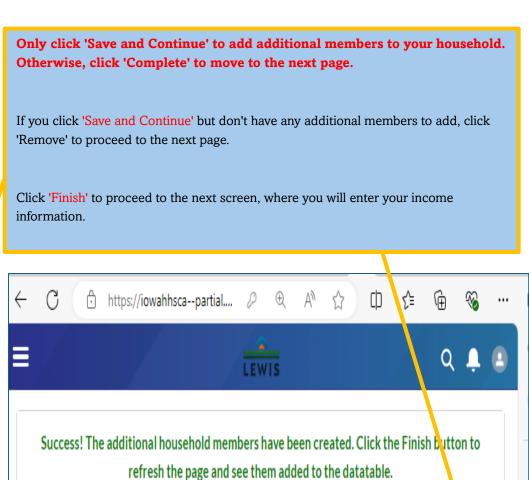






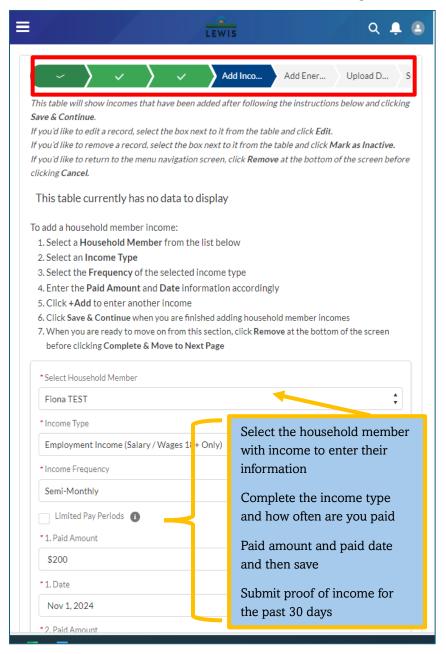
***Tip: Only click 'Save and Continue' to add additional members to your household. Otherwise, click 'Complete' to move to the next page.

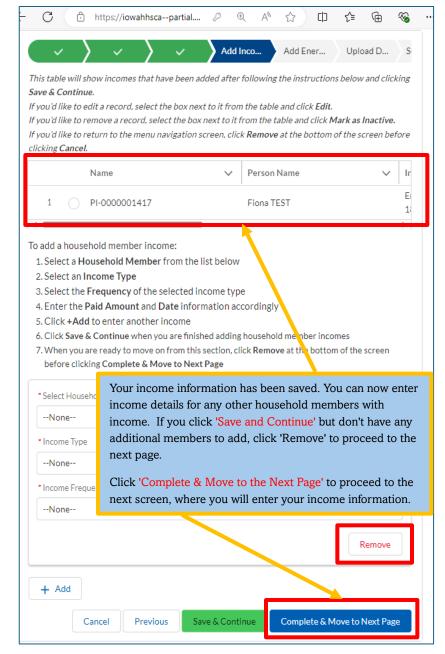




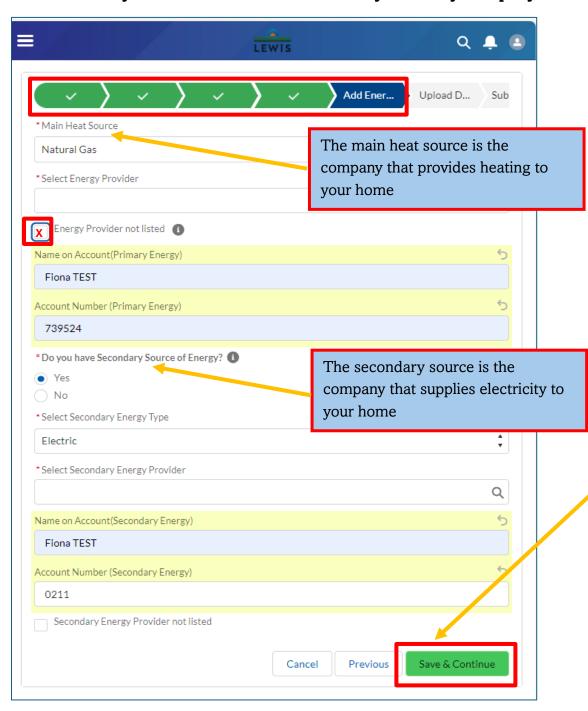
Finish

Add the income information for any household members who have income.





In this section you will enter information about your utility Company



You will notice the progress bar turns green each time you complete a section

Here you can enter information about your utility company

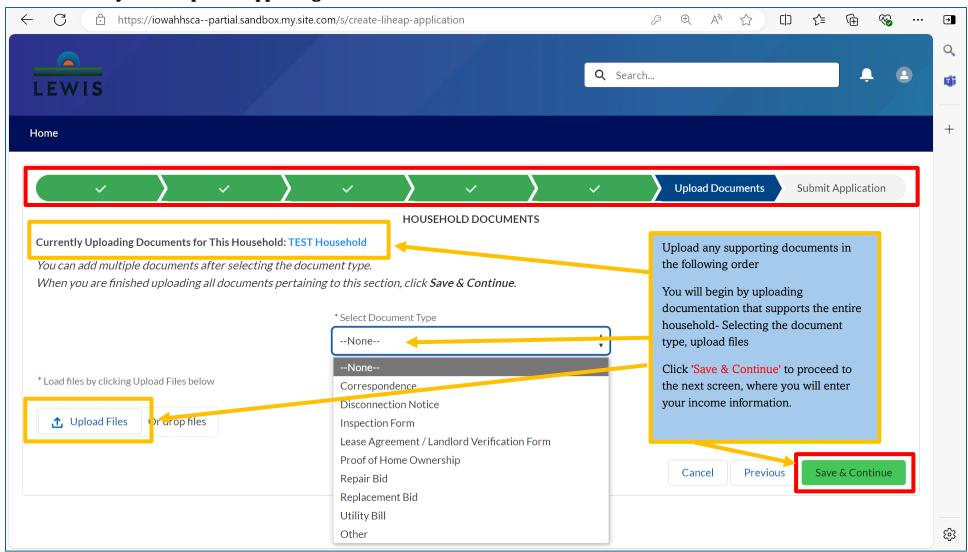
- Utility company name
- Account holder name
- Account umber

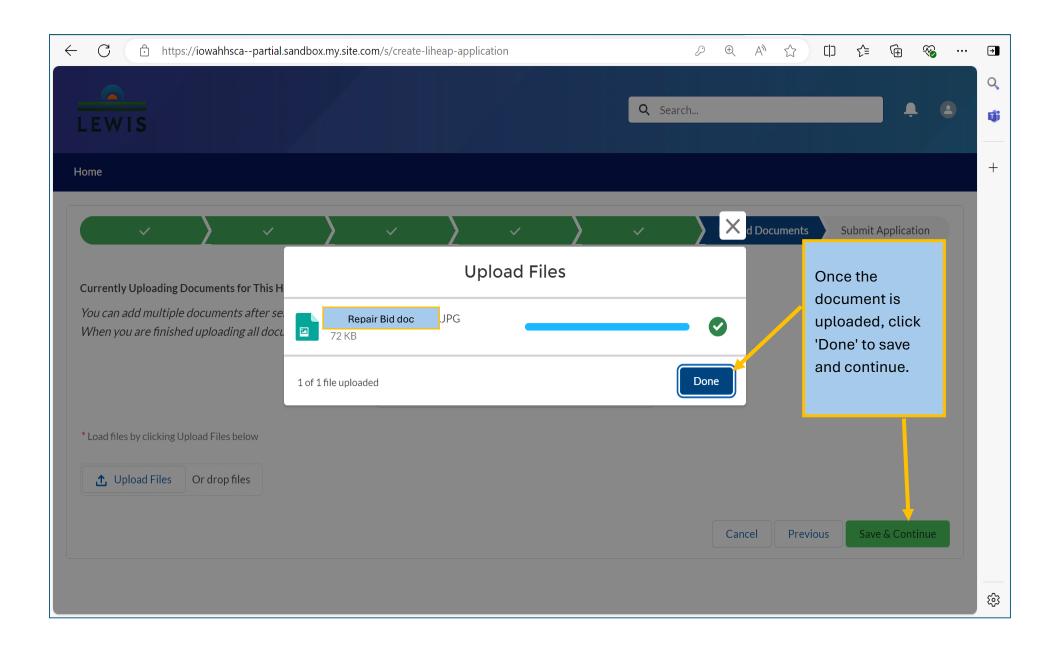
Use the drop-down menu to select your energy company information.

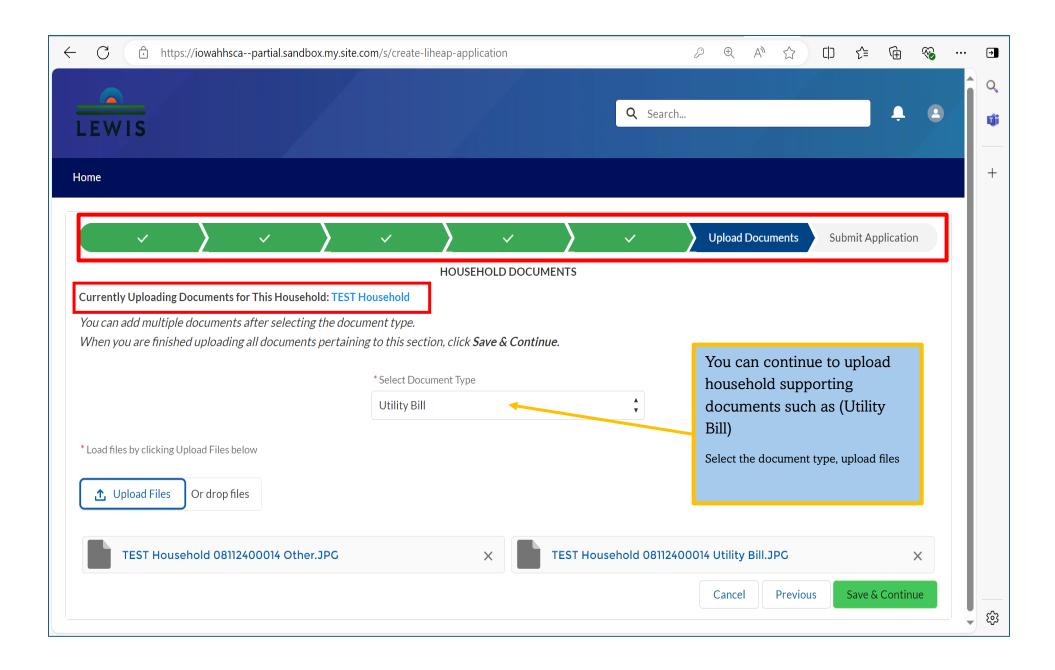
If your energy name company is not listed in the dropdown menu, you can enter the information by selecting 'Energy Provider Not Listed.' to enter manually

Click 'Save & Continue' to proceed to the next screen, where you will enter your income information.

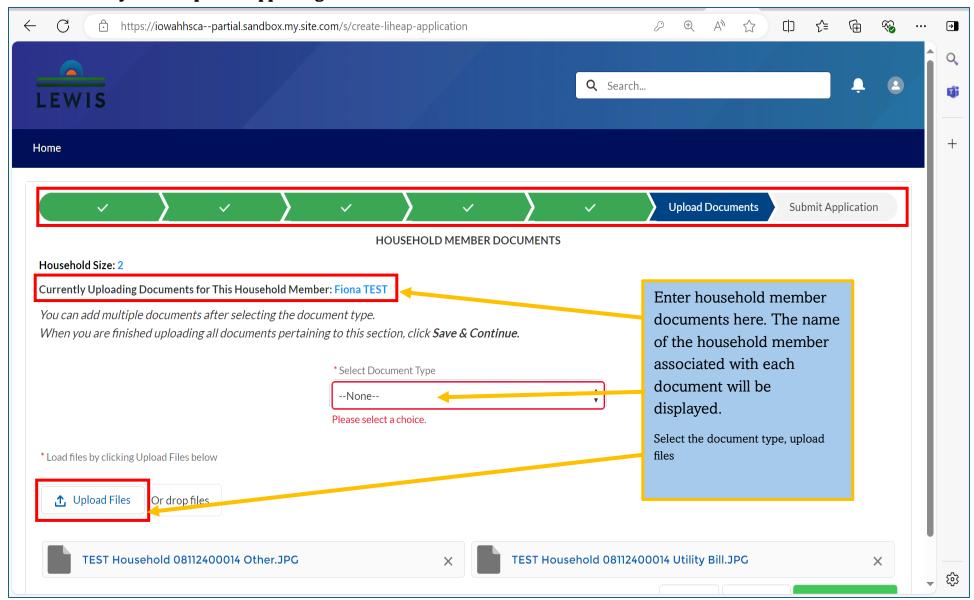
In this section you will upload supporting documentations -Household documents

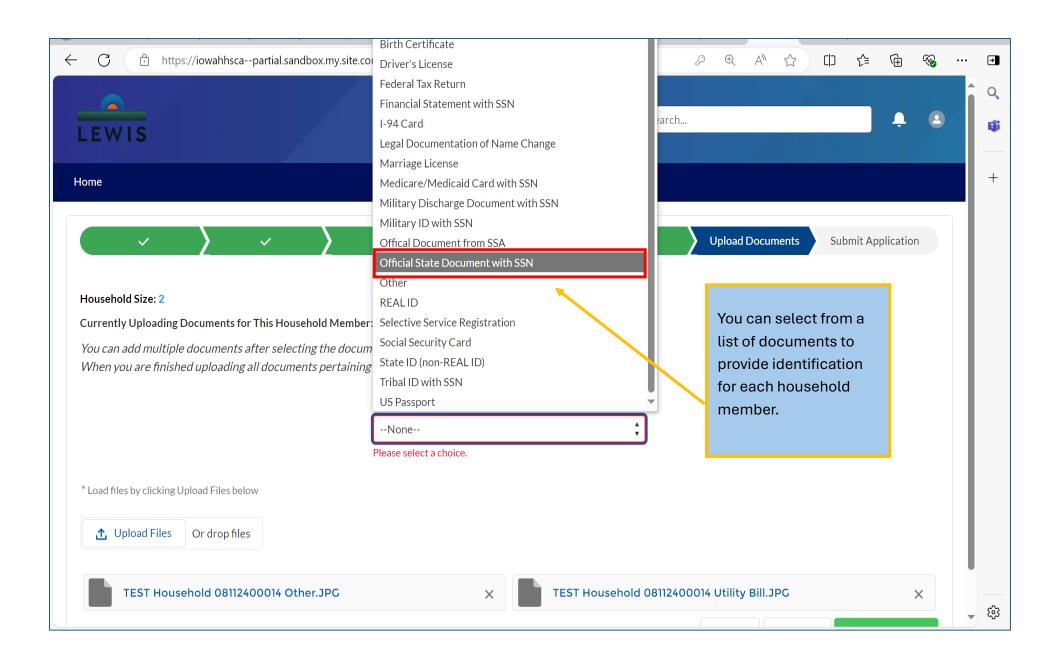


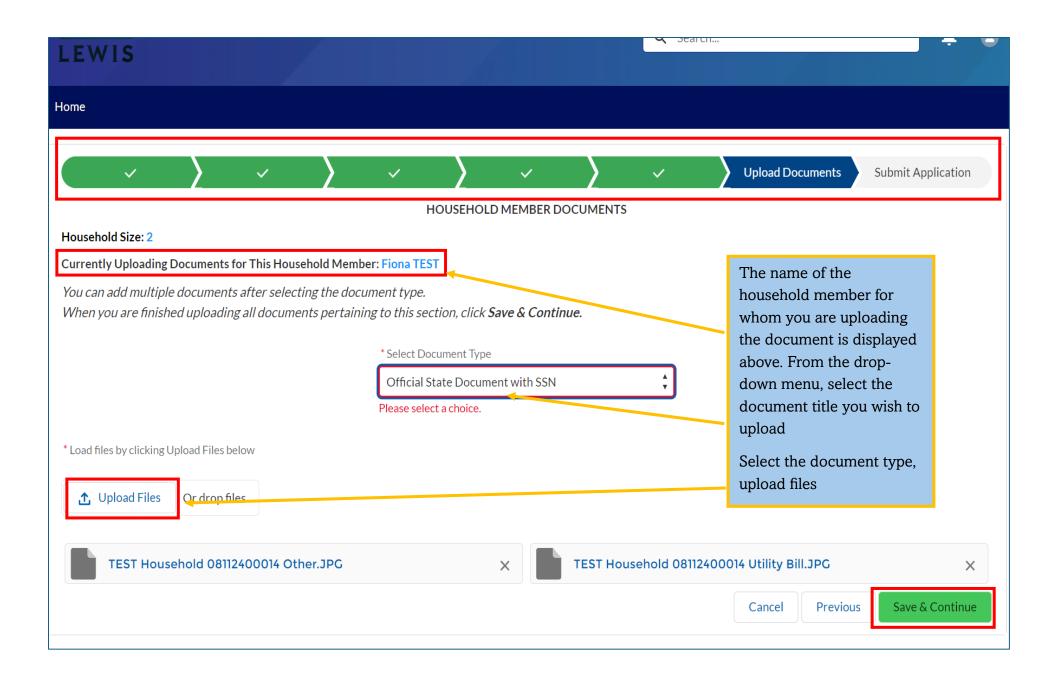


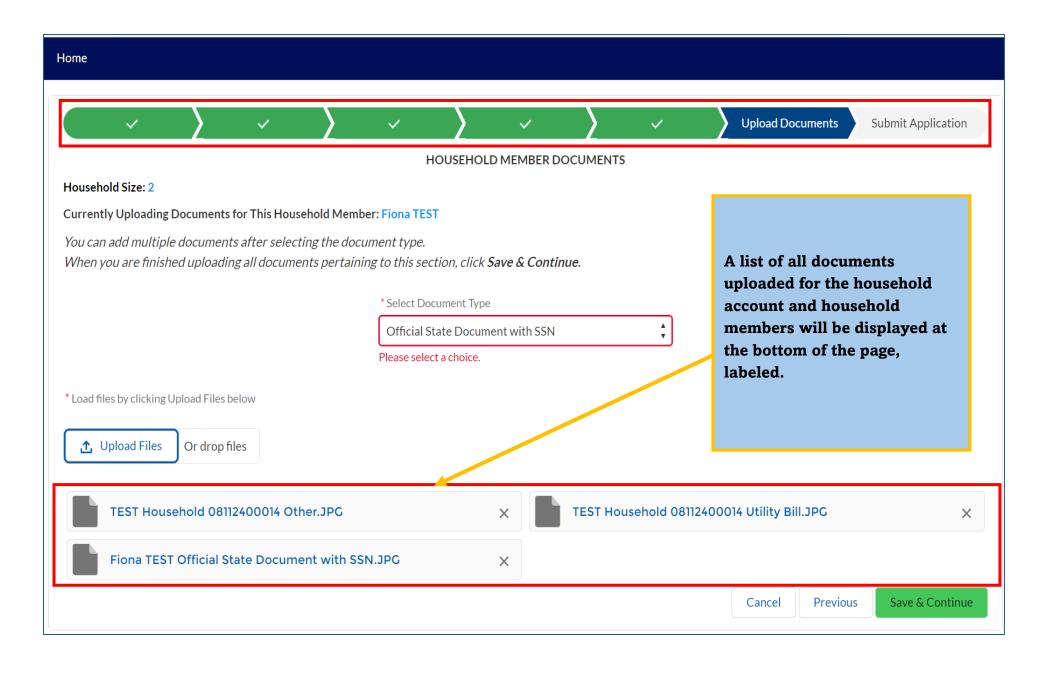


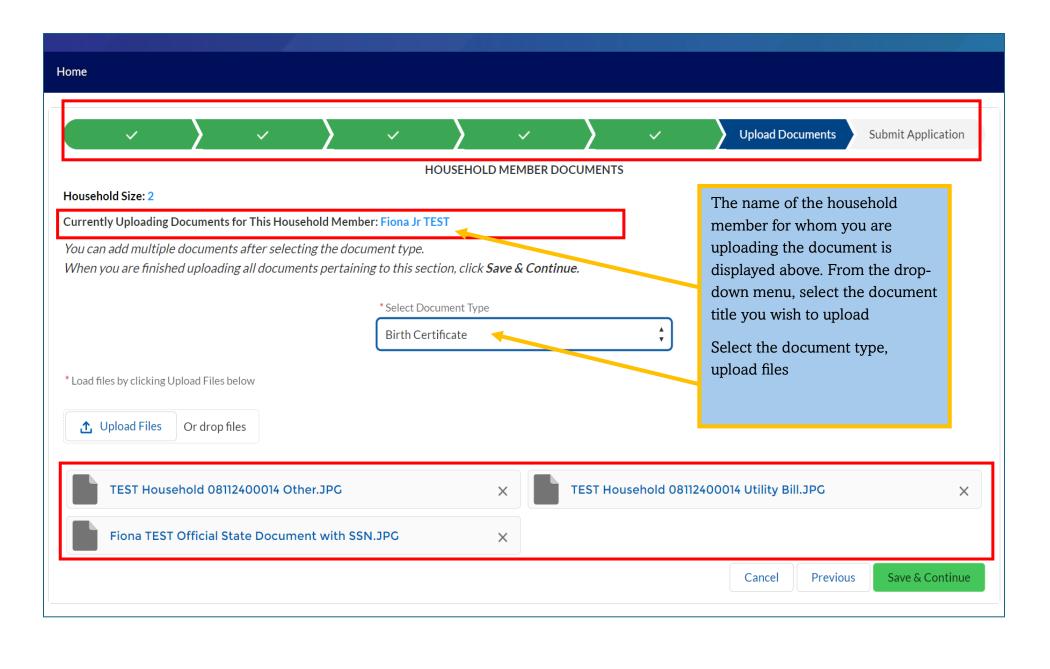
In this section you will upload supporting documentations -Household Member Documents



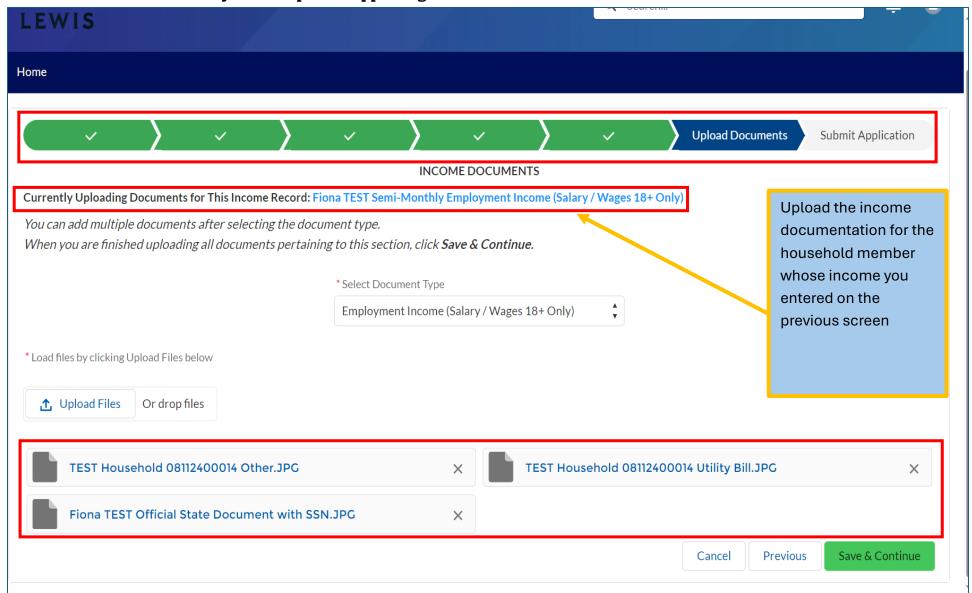


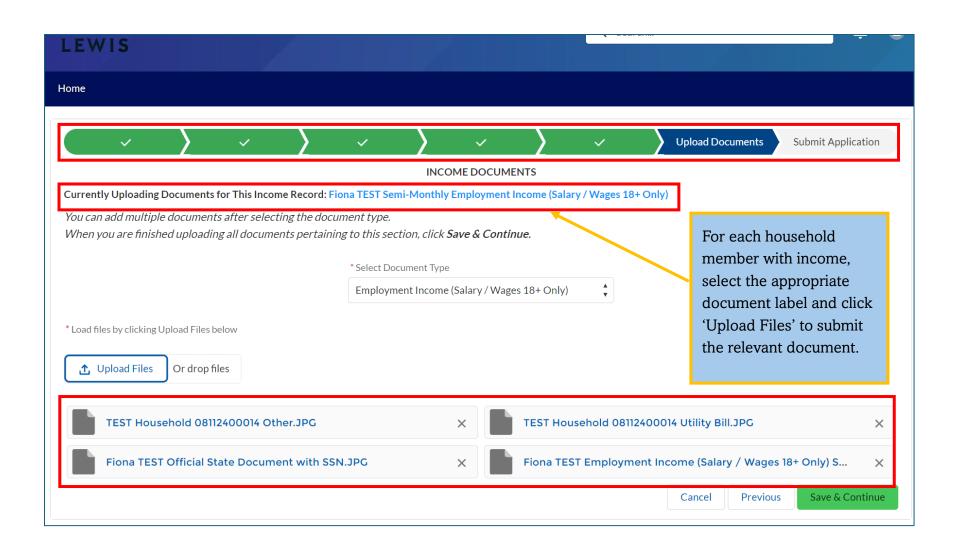


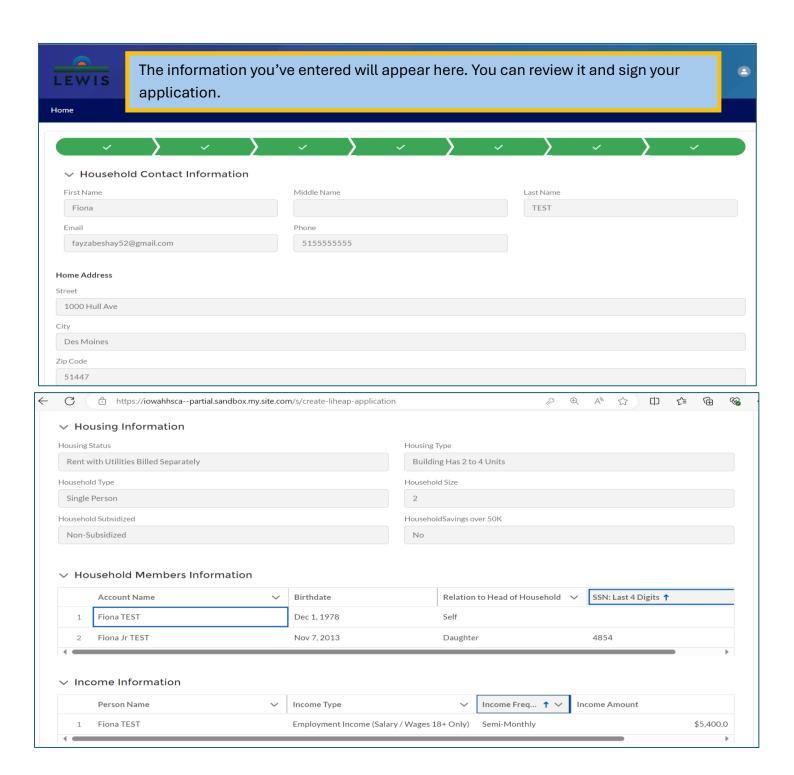




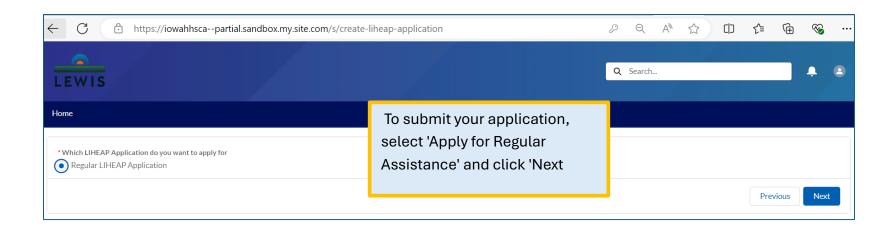
In this section you will upload supporting documentations -Household Member Income Documents







∨ Energy Provider	r Information			
Primary Energy Provider		Туре	Name on Account	Account Number
		Natural Gas	Fiona TEST	739524
Secondary Energy Provider		Туре	Name on Account	Account Number
		Electric	Fiona TEST	0211
processing this application t which I have applied. Furthe permission to the State of Io information from my energy	to use the informati or, I hereby give owa, the U.S. Depart or supplier about my	on I have provided to determine my house ment of Energy, U.S. Department of Healt household usage and payment history. I al	shold's eligibility for these programs and fo	my verbal consent gives permission to the agency or other programs administered by this agency for occessing this application to obtain additional release application information to my energy ot of benefits.
information I have provided to det permission to the State of I lowa, th household usage and payment his Programs as necessary to facilitat My signature on this application o 1) All information and documenta 2) I declare I am the only person in 3) I understand that any willful mi	termine my household's he U.S. Department of Et- tory. I also give permissite the receipt of benefits or my verbal consent cer- ation associated with this in the household who has is representation of the leatherization of my house the receive well as the receive we	eligibility for these programs and for other program ergy, U.S. Department of Health and Human Servic on to the State of Iowa to release application inform. tifies, under penalty of the law, the following: sapplication is accurate and complete to the best of or will apply for these programs. Information provided is subject to program disqualified at no cost to me or my family. This includes author weatherization assistance. In with mouse or finger (if using a tablet), enter you	ns administered by this agency for which I have appli es, and the agency processing this application to obt nation to my energy supplier and to provide details a f my ability. Incation and penalty of law.	ain additional information from my energy supplier about my bout my account and usage to the LIHEAP Assistance on to weatherize the home when applicable. I understand that
	• Save as Fiona Signature	ĉ Clear	♣ Upload and Save	Then enter your name in the 'Save As' field. Click 'Upload' to save your signature.
				Cancel Previous Next





LIHEAP Status Eligible

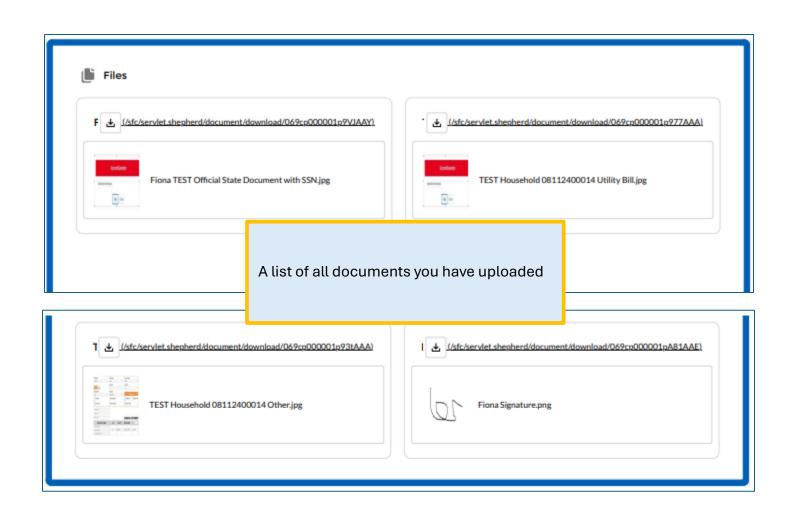


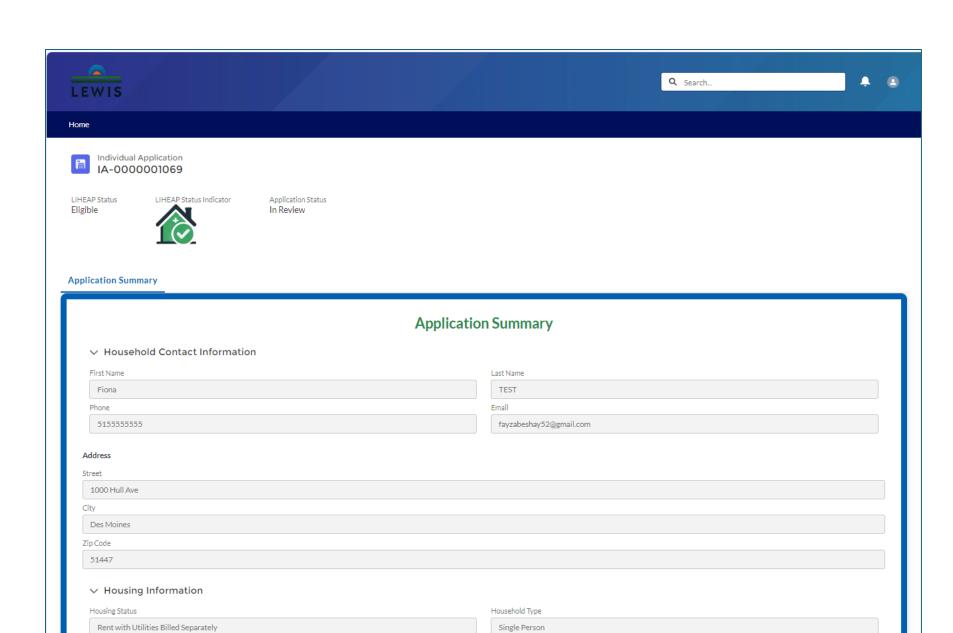
Application Status In Review At a glance, view a summary of your application to review the information you've provided.

Application Summary

	Application Summ	ary	
V Household Contact Info	ormation		
First Name			
Fiona			
Phone			
515555555			
Last Name			
TEST			
Email			
fayzabeshay52@gmail.com			
ddress			
1000 Hull Ave			
ty			
Des Moines			
p Code			
51447			
∨ Housing Information Housing Status Rent with Utilities Billed Separately Rent With Uti	,		
Housing Type			
Building Has 2 to 4 Units			
Household Type			
Single Person			
Total Household Income			
\$0			
Household Member Inf	ormation		
2 of 2 items			
Account Name	Relation to Head of Household	Birthdate	SSN
Fiona TEST	Self	Dec 1, 1978	

Daughter	Nov 7, 2013	4854
Information		
Income Type	Income Frequency	Income Amount
Employment Income (Salary / Wages 18+ Only)	Semi-Monthly	\$5,400
)
ormation		
	Information Income Type Employment Income (Salary / Wages 18+ Only)	Income Type Income Frequency Employment Income (Salary / Wages 18+ Only) Semi-Monthly





Total Household Income

\$0

Housing Type

Building Has 2 to 4 Units



