

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

AGENCY FILE # \_\_\_\_\_  
 CERTIFIED \_\_\_\_\_  
 DATE \_\_\_\_\_ TIME \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Telephone Co. \_\_\_\_\_

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

Approval Date \_\_\_\_\_  
 Poverty Level \_\_\_\_\_ %  
 LIHEAP Amt. \_\_\_\_\_  
 ECIP Amt. \_\_\_\_\_ Other \_\_\_\_\_

HMN	NAME	DATE OF BIRTH	Relation to Head of HH	Sex	SOCIAL SECURITY NUMBER	Ethnic	Disability	Health Insurance	Education Level	Marital Status	Veteran

**TOTAL HOUSEHOLD MEMBERS**

HMN	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** \_\_\_\_\_

HMN	PROGRAMS RECEIVED		

**FAMILY TYPE:**

- Single female with children    Single male with children    Single person  
 Two parents 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 U.S. citizen   \_\_\_\_\_ A Native American   \_\_\_\_\_ 60 or older  
 \_\_\_\_\_ 3 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 \_\_\_\_\_

**HOUSING TYPE: (check one)**

- House    Mobile Home    2, 3, or 4 unit apt.    5 or more unit apt.  
 Rent a room    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 savings over \$15,000?**    Yes    No  
 (Include savings, CD's and other investments)

**Are you receiving Lifeline Telephone Assistance?**    Yes    No

**Do you wish to apply for Lifeline Telephone Assistance?**    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.

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 and telephone service provider, and for my heating and electric company to provide details about my account and energy use to the energy assistance and weatherization programs.

I understand completion of this application also represents application for the Telephone Lifeline Assistance Program. I agree to notify my telecommunications provider if I cease to be eligible for the program. I understand this statement.

Signature \_\_\_\_\_

Date \_\_\_\_\_