

**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 _____