

IOWA LIHEAP INFORMATION

The Low-Income Home Energy Assistance Program (LIHEAP) helps qualifying low-income Iowa homeowners and renters pay for a portion of their primary heating costs for the winter season. The assistance is funded through the Iowa Department of Human Rights.

WHO IS ELIGIBLE

The assistance is based on household income, household size, type of fuel and other factors. Priority is given to those aged 60 and over and to those receiving disability payments. These individuals may apply from October 1, 2023 to April 30, 2024. All other households may apply from November 1, 2023 to April 30, 2024.

- Households who reside in subsidized housing that are individually metered and responsible for paying their primary heating costs are eligible.
- Subsidized households that are master metered are usually not eligible to receive assistance benefits.
- Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility), publicly operated community residence or emergency shelter are ineligible unless they are paying a vendor directly for their primary heating source.

HOW TO APPLY

Contact New Opportunities, Inc. at 515-465-5185, Monday-Friday, 9 a.m.-3 p.m. or visit newopp.org for more information on income qualification and to apply.

Para más información o para aplicar por favor contacto 515-465-5185.

WHAT TO TAKE:

- Proof of Income (for all household members age 18 and over). Depending upon your household income type, income documentation from the past 30 days, the last 12 months, or last calendar year, whichever is easier or more beneficial for you.
- Proof of Social Security Numbers for all household members (documentation required)
- Most recent heat bill
- Most recent electric bill

If you receive alimony or child support, it will be verified.

WAGE EARNERS: Bring copies of your check stubs for the 30-day period preceding the date of application or a copy of your most recent federal income tax return.

FIXED INCOME: This may include Social Security Benefits, Supplemental Security Income, Veteran's Assistance, Unemployment Insurance, and/or pensions. Bring copies of your check stubs from the previous 30 days.

SELF-EMPLOYED/FARMERS: Bring a copy of your most recent federal income tax return.

If you have brought all necessary documentation, you will be told whether you are eligible and if so, for what amount you might qualify. This initial determination is subject to review and dependent on the availability of federal funds. In most cases, benefits will be in the form of a credit applied to your heating bills by your utility company.

OTHER GAS AND HEATING NOTES

NOTICE OF PROCEDURE FOR REQUESTING INFORMATION FROM OR REGISTERING COMPLAINTS WITH WAUKEE MUNICIPAL GAS

Persons desiring to request information from or register complaints with the City of Waukee Gas Department may do so by contacting:

Rudy Koester
Waukee Public Works
805 University Avenue
Waukee, IA 50263
515-978-7388, rkoester@Waukee.org



If the utility is unable to help you with your problem concerning gas service, you may contact the Iowa Utilities Board:

Iowa Utilities Board
1375 E. Court Avenue, Room 69
Des Moines, IA 50319-0069
1-877-565-4450, customer@iub.iowa.gov

ADD A P.S. TO HELP A NEIGHBOR!

Project Share is a plan created by your municipal utility to assist households in need with paying their winter energy bills. You can help by adding a regular P.S. contribution to your monthly utility payment or by making a direct donation to Project Share. These funds will be distributed to neighbors in need for heating costs.

Those qualifying for help will be carefully identified by an area social service agency. A local committee will oversee Project Share to guarantee all contributions will be handled equitably and efficiently. Adding P.S. – Project Share to your utility payment each month is a simple way to share some warmth with those in need.

Please call 515-978-5502 with any questions.

RETURN FORM TO:
Waukee Utility Billing
230 W. Hickman Road
Waukee, IA 50263

Dear Gas Department,

I would like to help a neighbor in need with a tax-deductible contribution to Project Share.

Name: _____

Address: _____

City: _____

Phone: _____

Account #: _____

I will contribute \$_____ per month to Project Share. I understand this amount will be billed to me monthly.

I have enclosed a \$_____ donation.