

# 2011-2012 LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM



**North Iowa Community Action Organization**  
**PO Box 1627**  
**Mason City, Iowa 50402**

When to apply:   **A) Elderly (60+) and/or disabled: October 3, 2011 thru April 30, 2012**  
                           **B) All other households: November 1, 2011 thru April 30, 2012**

WHAT TO BRING WITH YOU:

HOUSEHOLD INCOME GUIDELINES

<p><b><u>Proof of Income</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Most Recent 3 Months OR</li> <li><input type="checkbox"/> Most Recent Federal Income Tax Form</li> <li><input type="checkbox"/> Include Check Stubs, Award Letters from Social Security, etc.</li> </ul> <p><b><u>From the Same Time Period as Above include:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> FIP</li> <li><input type="checkbox"/> Child Support</li> <li><input type="checkbox"/> Pension</li> <li><input type="checkbox"/> OTHER Income Sources</li> </ul> <p><b><u>Additional Items to Bring With You:</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Social Security Card</b>-Required of all in household</li> <li><input type="checkbox"/> Names, Birth Dates of ALL in Household</li> <li><input type="checkbox"/> Most Recent Heat Bill</li> <li><input type="checkbox"/> Most Recent Electric Bill (if separate from Heat Bill)</li> <li><input type="checkbox"/> Most Recent LOCAL Telephone Bill (to apply for low-income credit on telephone bill)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Social Security Card</b>-Required of all in household</li> <li><input type="checkbox"/> Names, Birth Dates of ALL in Household</li> <li><input type="checkbox"/> Most Recent Heat Bill</li> <li><input type="checkbox"/> Most Recent Electric Bill (if separate from Heat Bill)</li> <li><input type="checkbox"/> Most Recent LOCAL Telephone Bill (to apply for low-income credit on telephone bill)</li> </ul>
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Household Size	Annual Income
1	\$16,335.00
2	22,065.00
3	27,795.00
4	33,525.00
5	39,255.00
6	44,985.00

Medical Waiver: Households who are over income guidelines, may be eligible for LIHEAP benefits through our medical waiver component. The medical expenses must be documented, paid out of pocket, and non-reimbursable.

*For more information, please contact your local community action agency listed below.*

WHERE TO APPLY: Applications are taken on a Walk-In Basis at the following locations ~ Times May Vary:  
**OR**

Mailable applications are available upon request.  
 Toll-Free number outside Mason City \*\*\*\* 1-800-873-1899

<b>CERRO GORDO</b>	Family Resource Center, 1190 Briarstone Dr SW, Mason City	641-423-7766
<b>BUTLER</b>	219 N Mather, Clarksville (West end of building)	319-278-4606
<b>FLOYD</b>	603 Beck, Charles City	641-228-2893
<b>FRANKLIN</b>	123 1st Ave SW, Hampton	641-456-3431
<b>HANCOCK</b>	475 State St, Garner	641-923-9215
<b>KOSSUTH</b>	117 East Call, Algona	515-295-2531
<b>MITCHELL</b>	Osage Day Care Building, 915 Pine Street, Osage	641-732-5383
<b>WINNEBAGO</b>	135 School St, Forest City	641-585-5863
<b>WORTH</b>	121 E Elmore St, Suite #3, Manly	641-454-3220