

APPLICATION FOR WEATHERIZATION ASSISTANCE

DATE / /

Has the dwelling of applicant ever received any weatherization assistance from a previous federally funded weatherization program?
☐ YES ☐ NO

If the answer is yes, give the date originally weatherized: _____
(Date)

LAST NAME		FIRST NAME		SOCIAL SECURITY NUMBER	
ADDRESS (911 & PO Box)		CITY/TOWN		ZIP CODE	COUNTY CODE
RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN 4 <input type="checkbox"/> HISPANIC 5 <input type="checkbox"/> ASIAN OF PACIFIC ISL 6 <input type="checkbox"/> OTHER		TELEPHONE NO. ()		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE OF APPLICANT
IS RESIDENCE: 1. <input type="checkbox"/> OWNED BY HOUSEHOLD MEMBER 2. <input type="checkbox"/> RENTED WITH FUEL INCLUDED IN RENT 3. <input type="checkbox"/> RENTED BUT HOUSEHOLD PAYS FOR FUEL		NO. OF PERSONS 18 YEARS OF AGE OR YOUNGER IN HOUSEHOLD _____ NO. OF PERSONS 19 YEARS OF AGE OR OLDER IN HOUSEHOLD _____ NO. OF MIGRANTS AND SEASONAL FARMWORKERS _____		TYPE OF STRUCTURE: 1. <input type="checkbox"/> WOOD FRAME 2. <input type="checkbox"/> BRICK 4. <input type="checkbox"/> MOBILE HOME 3. <input type="checkbox"/> MASONRY 5. <input type="checkbox"/> MULTI-UNIT	
DOES THE GOVERNMENT PAY ANY OF YOUR RENT OR HOUSE PAYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS ANY MEMBER DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO WHO?		IS ANY MEMBER ELDERLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHICH FUEL IS USED MOST FOR HEATING? (CHECK ONE) 1. <input type="checkbox"/> FUEL OIL 2. <input type="checkbox"/> KEROSENE 3. <input type="checkbox"/> LP GAS 4. <input type="checkbox"/> NATURAL GAS 5. <input type="checkbox"/> ELECTRICITY 6. <input type="checkbox"/> WOOD/COAL 7. <input type="checkbox"/> OTHER					
WHICH TYPE OF HEATING SOURCE IS USED? 1. <input type="checkbox"/> SPACE HEATER 2. <input type="checkbox"/> HOT WATER/STEAM 3. <input type="checkbox"/> HOT AIR 4. <input type="checkbox"/> HVAC 5. <input type="checkbox"/> OTHER: _____					
DO YOU LIVE IN (CHECK ONE) 1. <input type="checkbox"/> CITY/TOWN 2. <input type="checkbox"/> SUBURB 3. <input type="checkbox"/> RURAL AREA			THIS APPLICATION HAS BEEN RANKED AND HAS RECEIVED _____ POINTS DATE _____ INITIALS _____		

INCOME VERIFICATION

(To be completed by outreach worker or person ranking application)

SOURCE OF INCOME (Entire Household)

Employment _____

Social Security _____

SSI _____

AFDC _____

Unemployment Comp. _____

OTHER _____

Verification (Check appropriate block)

Verification of income may consist of, but is limited to:

- ☐ 1. Payroll, check stub, or check;
- ☐ 2. Records kept by self-employed;
- ☐ 3. Written statement of employer;
- ☐ 4. Written statement or a reference from a source in a position to know the circumstances of the household; direct deposit form.
- ☐ 5. Documents from the Department of Pensions and Security or other social agencies.

TOTAL INCOME \$ _____

STATEMENT OF AFFIRMATION

Client Initials _____

I certify that the information I have provided is true and correct to the best of my knowledge. I hereby give my consent for the local Weatherization Assistance Program (WAP) Agency to verify the information I have given. I understand that I am subject to any applicable Federal or State laws concerning fraud or knowingly providing false or incomplete information in order to obtain assistance. I have been informed of my right to a hearing pending dissatisfaction with my application and its process. I also understand that if Mold contamination is encountered at any time during the Weatherization process, work will cease until proper Mold remediation techniques are completed.

Applicant's Signature

WAP Employee or Outreach Worker

Date

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