

APPLICATION FOR ENERGY CRISIS WEATHERIZATION SERVICES

Applicant's Name: _____ Soc. Sec. #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone # _____

Date of Birth _____ E-Mail address: _____ (if you have one)

Monthly Household income: \$ _____ Home Owner: Y _____ N _____

Total number of persons in home: _____ Any member disabled? Y _____ N _____

(Client must provide proof of income and proof of ownership – County Property Tax Notice, Deed, Title, or Notarized Contract)

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Income</u>	<u>Source</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FURNACE	WATER HEATER	COOLING SYSTEM	OTHER
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(Water Heater replacement requires that there be at least one resident age 5 or under, 60 or older OR disabled. It must be an unrepairable gas leak or other acceptable reason for the agency to replace a water heater. Cooling system repairs also must meet the age/disability test and must include a physical problem that makes replacement necessary.)

Describe Problem: _____

Applicant's/Guardian's Signature _____ Date _____

By signing this agreement I agree to permit the Agency to undertake weatherization activities allowed by federal law and regulations as determined necessary by the Agency.

FOR OFFICE USE ONLY	
Approval Signature _____	Approval Date _____
The client listed above is eligible to receive Energy Crisis or Weatherization crisis funding from the LIHEAP Program.	