



Application for Assistance

North Dakota Low Income Weatherization Program

Agency Review Approved Denied

Reason _____

Fund Source _____

Initial _____ Date _____

Soc. Sec. # _____ Name: _____

Address: _____ City _____ Zip _____

Phone # _____ Other Contact or Work Phone # _____ County _____

Directions to your Home: _____

Total Number of People living in Household _____ Number of Persons over age 18 employed _____

Do you Own or Rent this residence? Own Rent

RENTERS

Name of Landlord _____ Landlord Phone _____

Landlord Address _____ City _____ State _____ Zip _____

<p><u>INCOME</u> Total Income for all household members per month \$ _____</p> <p>Are you currently on Fuel Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>DWELLING TYPE (Check all that apply)</u></p> <p><input type="checkbox"/> Single Family Stick Built <input type="checkbox"/> Mobile Home <input type="checkbox"/> 2-4 Family Units</p> <p><input type="checkbox"/> 5 or more Family Units</p> <p><u>Heating System</u></p> <p><input type="checkbox"/> Hot Water <input type="checkbox"/> Hot Air <input type="checkbox"/> Space Heater <input type="checkbox"/> Baseboard Electric <input type="checkbox"/> Other</p> <p><u>Fuel Type</u></p> <p><input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Coal <input type="checkbox"/> Other</p>
<p><u>Main Energy Suppliers: (Name of Company) REQUIRED</u></p> <p>Heat _____</p> <p>Electricity _____</p>	<p><u>Energy Cost per Year REQUIRED</u> You can obtain a billing history from your energy suppliers for the past 12 mo.</p> <p>Heat \$ _____</p> <p>Electricity \$ _____</p>

APPLICATION CERTIFICATION

I, the applicant, declare that I understand the eligibility requirements for weatherization assistance. The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the Independent verification of this information by the authorized agent of the agency or its governmental funding source. I further consent to the inspection of my home by authorized personnel of the agency for the purpose of estimating and performing the weatherization work. I also grant permission to the administering agency or its designee to inspect heating fuel and utility billing records for my home for up to five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done and direct the pertinent utility and fuel companies to make records available to the administering agency or its designee.

Signature of Applicant

Date

Today's Date

Community Action Partnership

Dickinson / Williston
CLIENT INTAKE FORM

Staff Initials _____

Please check Food Pantry Weatherization Rent/Security Deposit Home Rehab Head Start
All that apply: Electric Bill Water Bill Furnace/Water Heater Heating Bill Medications
 Senior Commodities Shelter VITA Payee Other _____

PERSONAL INFORMATION / HEAD OF HOUSEHOLD				
Social Security #	First Name	MI	Last Name	Birth Date (mm/dd/yyyy)
Gender	Disabled	Race		Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black	<input type="checkbox"/> Multi <input type="checkbox"/> Native American <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino
Education		Food Stamps	Health Coverage	Veteran
<input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 9 th -12 th Grad (non-grad) <input type="checkbox"/> High School Grad/GED	<input type="checkbox"/> 12+ Grade <input type="checkbox"/> Associate Deg. <input type="checkbox"/> College Degree <input type="checkbox"/> Masters Deg.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Other _____ <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME INFORMATION				
Name	Pay/Hr	Hours/Week	Pay/Month	Source/Yr
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Source Codes: A = Employment B = Unemployment C = Social Security D = TANF F = SSI/SSDI G=Pension
H= General Assistance I=Other

HOUSING INFORMATION			
Address	Apt/Lot#	City	County
Zip Code	Telephone #s		
	Home: _____ Work: _____		
Household Type		Marital Status	
<input type="checkbox"/> Female Single Parent <input type="checkbox"/> Single Female Living With Partner <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Single Male Living With Partner <input type="checkbox"/> Two Parent	<input type="checkbox"/> Couple <input type="checkbox"/> Single <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Married
Housing Status	Housing Type	Rent/House Payment	
<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Homeless with roof <input type="checkbox"/> Homeless without roof	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home	\$ _____ Rental Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL HOUSEHOLD MEMBERS

Name (Please Print)		Social Security #		Birth Date		Age	
1.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print)		Social Security #		Birth Date		Age	
2.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print)		Social Security #		Birth Date		Age	
3.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print)		Social Security #		Birth Date		Age	
4.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name (Please Print)		Social Security #		Birth Date		Age	
5.							
Relation	Gender	Disabled	Ethnicity Race	Education	Food Stamps	Health Coverage	Vet
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT CERTIFICATION

The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the independent verification of the information by the authorized agent of the agency or its government funding source

Applicant Signature

Date