

Application For Home Weatherization
Please Complete All Items & Attach Income Verification
(CANNOT BE PROCESSED WITHOUT INCOME VERIFICATION)

Name: _____ Phone #: _____
 Address: _____ City: _____

_____ Zip Code: _____
 Birthday: _____ SS #: _____

Do you, or anyone in your household, Suffer From A Permanent Disability/Handicap:
 _____ Yes _____ No

*If so please provide a brief description of situation:

Monthly Income: _____ Source of Income: _____

****Proof of income 12 months prior to today's date is REQUIRED**

Number of Persons in your home: _____ Are **You** Native American: _____

Tribal Affiliation: _____

If you are a 1st (Direct) Descendant, please list the name of your enrolled Parent:

Name of Enrolled Parent

Date of Birth

List All Others in Home and All Income

Name	Social Security #	Date of Birth	Native American	Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do You Own Your Home: _____ Rent: _____ If renting, please list the name and address of your Landlord: _____

Do you live in a mobile home? _____

****IF YOU LIVE IN A MOBILE HOME, THE WEATHERIZATION PROGRAM CANNOT SKIRT YOUR HOME; HOWEVER IF YOU NEED MINOR SKIRTING REPAIRS, THIS MAY BE FEASIBLE. WE WILL NOT BE ABLE TO DETERMINE UNTIL YOUR ENERGY AUDIT IS COMPLETED.**

