

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION (PRINT IN INK)	1. AGENCY NO.: _____	2. COUNTY NO.: _____	3. DATE(Month/Day/Year) ____ / ____ / ____
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4. LAST NAME:	5. FIRST NAME:	6. MI.: _____	7. SOCIAL SECURITY NO.: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									8. AGE: _____

9. HOME MAILING ADDRESS:	10. CITY/TOWN:	11. ZIP CODE:	12. TELEPHONE NO.: Area Code: ()
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APPLICANT HOUSING STATUS <input type="checkbox"/> 13. OWNER <input type="checkbox"/> 14. RENTER	TYPE OF DWELLING THAT APPLICANT LIVES IN <input type="checkbox"/> 15. Brick, Wood, or Vinyl <input type="checkbox"/> 16. MOBILE HOME
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APPLICATION AND HOUSEHOLD INFORMATION (CHECK YES OR NO)

17. ELDERLY (Applicant That Is Age 60 or Older)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. DISABLED (Applicant Only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. CHILDREN ((Applicant that has child(ren) 17 years of age or younger))	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. OTHER (Applicant that is a high energy user or has a high energy burden)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. HAS APPLICANT'S HOUSE BEEN WEATHERIZED SINCE 1993?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. TOTAL NUMBER OF HOUSEHOLD MEMBERS:	<input style="width: 50px;" type="text"/>	
23. TOTAL HOUSEHOLD MONTHLY INCOME:	\$ <input style="width: 100px;" type="text"/>	

PROVIDE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD FAMILY MEMBER:

NAME (First and Last)	SSN	AGE	NAME (First and Last)	SSN	AGE
(1)			(6)		
(2)			(7)		
(3)			(8)		
(4)			(9)		
(5)			(10)		

24. APPLICANT CERTIFICATION: I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND MAY BE USED FOR HOUSEHOLD AND INCOME VERIFICATION AND FOR STATISTICAL PURPOSES. IF I SUPPLY FRAUDULENT INFORMATION, I UNDERSTAND THAT I COULD BE PENALIZED FROM PARTICIPATION IN THE PROGRAM.

SIGNATURE OF APPLICANT _____ DATE ____ / ____ / ____

25. I CERTIFY THAT REASONABLE ATTEMPTS HAVE BEEN MADE TO VERIFY THE ABOVE REPORTED HOUSEHOLD AND INCOME INFORMATION.

AGENCY REPRESENTATIVE _____ DATE ____ / ____ / ____