

APPLICATION FOR ENERGY CRISIS WEATHERIZATION SERVICES

Applicant's Name: _____ Social Security # _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Date of Birth: _____ E-mail address: _____

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

Total number of persons in the 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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FURANCE	WATER HEATER	COOLING SYSTEM	OTHER	(Circle 1)
---------	--------------	----------------	-------	------------

(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 Signature: _____ Date: _____

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.