

WEATHERIZATION Specific Information: Program year: July 1, 2021- June 30, 2022

Housing Type: Own Rent Square Footage: _____ Year Home Built: _____

Roof Condition: Poor Fair Good Evidence of MOLD or MOISTURE YES NO

If OWNER of home, please provide the following information:	If RENTING, please provide the following information:
Name(s) on Deed: _____	Landlord Name: _____
Deed Book: _____ Page: _____	Landlord Address: _____
Title # if Mobile Home: _____	Landlord Phone: _____

TYPE OF HOME STRUCTURE (Circle one in each column)		
Foundation Type	Building Exterior	Single or Multi-Family Building Type
Crawl Space Slab Basement Mobile Home Skirting Other: _____	Brick Exterior Vinyl Siding Exterior Wood Exterior Concrete Exterior Other: _____	Owner Occupied – Site Built Renter Occupied – Site Built Mobile Home – Owner Occupied Mobile Home – Renter Occupied Multi-Family- # of Units _____

Do any household members have any known or suspected health concerns that would be negatively impacted by weatherization work? Yes No

Heating Source: Wood Electric Fuel Oil Coal Kerosene Natural Gas L.P. Gas Other

Utility or Energy company to receive payment:
Utility Company Name: _____
Utility Company Address: _____
Phone: _____
Account #: _____

Additional Utility or Energy company:
Utility Company Name: _____
Utility Company Address: _____
Phone: _____
Account #: _____

Have you received assistance in the Low Income Home Energy Assistance Program (LIHEAP) since October 1, 2021? Yes No

Please attach annual energy usage documentation.

I certify that the above account(s) in the name of _____. It is for the use of my household and I am responsible for its payments. Is this account in your landlord's name? Yes No

Applicant Certification

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of Weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge I have been informed of the appeal rights. I understand that I will be notified in writing of my eligibility status. Pursuant to federal law (5 United States Code 552(b)(c) and 10 Code of Federal Regulations 600.153(f). Identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program. I do _____ or do not _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

Applicant signature: _____ Date: _____

No person on the basis of race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local Laws will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of the LIHEAP program.