Application for Assistance
North Dakota Low Income Weatherization Program

community Action PARTNERSHIP
Helping People. Changing Lives.

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 Year Home was Built (required) _____

RENTERS

Name of Landlord _____ Landlord Phone_____

Landlord Address _____ City_____ State_____ Zip_____

INCOME
Total Income for all household members per month

$_____

Are you currently on Fuel Assistance? ☐ **Yes** ☐ **No**

DWELLING TYPE (Check all that apply)
☐ Single Family Stick Built ☐ Mobile Home
☐ 5 or more Family Units ☐ 2-4 Family Units

Heating System ☐ Baseboard Electric ☐ Other
☐ Hot Water ☐ Hot Air ☐ Space Heater Other

Fuel Type ☐ Coal ☐ Other
☐ Oil ☐ Propane ☐ Electric ☐ Nat. Gas

Do you or any member of the household have any existing health problems that may become elevated by the weatherization measures that may be performed on you home? If so, what are they?

Main Energy Suppliers: (Name of Company) REQUIRED

Heat_____

Electricity_____

Energy Cost per Year REQUIRED
You can obtain a billing history from your energy suppliers for the past 12 mo.

Heat $_____

Electricity $_____

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. Any and all information regarding clients will be kept confidential. All application and eligibility determination information will be protected against indiscriminate access by CAA staff, and will not to be made available for public review.

_____ _____

Signature of Applicant **Date**

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Helping People. Changing Lives.
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NORTH DAKOTA'S POVERTY FIGHTING NETWORK
DICKINSON/WILLISTON REGIONS

Head of Household Information

First Name MI Last Name	Birth Date	Social Security Number	Gender	Phone Number
	/ /	- -	❒ M ❒ F	

Education	Disabled	Race	Ethnicity
❒ 0-8th	❒ Yes	❒ American Indian / Alaska Native	❒ Hispanic
❒ 9th-12th non-grad	❒ No	❒ Asian	❒ Non-Hispanic
❒ GED		❒ Black / African American	
❒ HS grad		❒ Native Hawaiian / Other Pacific Islander	
❒ 12th grade + some Post-Secondary		❒ White	
❒ 2- or 4-years College Graduate		❒ Other: _____	
❒ Graduate of other Post-Secondary		❒ Multi-race (two or more of the above)	

Work Status	Health Coverage		Military Status
❒ Full Time ❒ Part Time ❒ Retired	❒ Medicaid	❒ State Children	❒ Active
❒ Migrant Seasonal Farm Worker	❒ Medicare	❒ State Adult	❒ No Affiliation
❒ Unemployed (6 months or less)	❒ Military Health Care	❒ Other: _____	❒ Veteran
❒ Unemployed (6 months +)	❒ Employment Based	❒ None	
❒ Unemployed (Not in labor force)	❒ Direct Purchase		

Housing Information

Address	City / State / Zip	County
❒ This is also my mailing address		

# in Household	Family Type		Housing Status	
	❒ Single Person	❒ Two Adults - No Children	❒ Own	❒ Homeless
	❒ Single Parent Female	❒ Multigenerational Household	❒ Rent	❒ Other
	❒ Single Parent Male	❒ Two Parent Household	❒ Other Permanent housing	
	❒ Non-related Adults with Children	❒ Other: _____		

Contact Preference	❒ Phone ❒ Mail ❒ Email: _____

Income Information

What income do you receive?	How much?	How often?	What benefits do you receive?	How much?	How often?
❒ Employment	$		❒ SNAP	$	
❒ Social Security ❒ SSI ❒ SSDI	$		❒ WIC	$	
❒ VA ❒ Service-Connected ❒ Non-Service Connected	$		❒ LIHEAP	$	
			❒ Housing Choice Voucher (Section 8)	$	
❒ Child Support	$		❒ Public Housing	$	
❒ Alimony / Spousal Support	$		❒ Permanent Supportive Housing	$	
❒ TANF	$		❒ HUD-VASH	$	
❒ Private Disability Insurance	$		❒ Childcare Voucher	$	
❒ Pension / Retirement	$		❒ Affordable Care Act Subsidy	$	
❒ Worker's Compensation	$		❒ Other: _____	$	
❒ Unemployment	$		❒ I have no income at this time (initial here): _____		
❒ Other: _____	$		CAP Staff Initial: _____		

Additional Household Members

First Name		First Name	
Last Name		Last Name	
Relationship to Head of Household		Relationship to Head of Household	
Birth Date	/ /	Birth Date	/ /
Social Security #	- -	Social Security #	- -
Gender	☐ Male ☐ Female	Gender	☐ Male ☐ Female
Highest Level of Education		Highest Level of Education	
Disabled?	☐ Yes ☐ No	Disabled?	☐ Yes ☐ No
Primary Race		Primary Race	
Ethnicity	☐ Hispanic ☐ Non-Hispanic	Ethnicity	☐ Hispanic ☐ Non-Hispanic
Work Status		Work Status	
Medical Coverage		Medical Coverage	
Income Type		Income Type	
Income Amount		Income Amount	
Initial here if you have no income.		Initial here if you have no income.	

First Name		First Name	
Last Name		Last Name	
Relationship to Head of Household		Relationship to Head of Household	
Birth Date	/ /	Birth Date	/ /
Social Security #	- -	Social Security #	- -
Gender	☐ Male ☐ Female	Gender	☐ Male ☐ Female
Highest Level of Education		Highest Level of Education	
Disabled?	☐ Yes ☐ No	Disabled?	☐ Yes ☐ No
Primary Race		Primary Race	
Ethnicity	☐ Hispanic ☐ Non-Hispanic	Ethnicity	☐ Hispanic ☐ Non-Hispanic
Work Status		Work Status	
Medical Coverage		Medical Coverage	
Income Type		Income Type	
Income Amount		Income Amount	
Initial here if you have no income.		Initial here if you have no income.	

Client Certification: My signature below signifies that the information provided by me to establish household 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; and I consent to the review of my files by the authorized agent of the agency or its governing funding source.

____ ____________________________

Client Signature Date