



Application for Assistance North Dakota Low Income Weatherization Program

Agency Review <input type="checkbox"/> Approved <input type="checkbox"/> 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 _____

<p><u>INCOME</u> <u>Total Income for all household members per month</u> \$ _____</p> <p>Are you currently on Fuel Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>DWELLING TYPE (Check all that apply)</u> <input type="checkbox"/> Single Family Stick Built <input type="checkbox"/> Mobile Home <input type="checkbox"/> 5 or more Family Units <input type="checkbox"/> 2-4 Family Units</p> <p><u>Heating System</u> <input type="checkbox"/> Baseboard Electric <input type="checkbox"/> Other <input type="checkbox"/> Hot Water <input type="checkbox"/> Hot Air <input type="checkbox"/> Space Heater Other</p> <p><u>Fuel Type</u> <input type="checkbox"/> Coal <input type="checkbox"/> Other <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Nat. Gas</p>	<p>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?</p>
<p><u>Main Energy Suppliers:</u> (Name of Company) <u>REQUIRED</u></p> <p>Heat _____</p> <p>Electricity _____</p>		<p><u>Energy Cost per Year REQUIRED</u> You can obtain a billing history from your energy suppliers for the past 12 mo.</p> <p>Heat \$ _____</p> <p>Electricity \$ _____</p>

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

DICKINSON OFFICE: 202 EAST VILLARD, DICKINSON, NORTH DAKOTA 58601

Phone (701) 227 - 0131 • Fax (701) 227 - 4750

WILLISTON OFFICE: 120 WASHINGTON AVENUE, WILLISTON, NORTH DAKOTA 58801

Phone (701) 572 - 8191 • Fax (701) 572 - 8192



Head of Household Information						
First Name	MI	Last Name	Birth Date	Social Security Number	Gender	Phone Number
			/ /	- -	<input type="checkbox"/> M <input type="checkbox"/> F	
Education		Disabled	Race			Ethnicity
<input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> GED <input type="checkbox"/> HS grad <input type="checkbox"/> 12 th grade + some Post-Secondary <input type="checkbox"/> 2- or 4-years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above)			<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Work Status		Health Coverage			Military Status	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (6 months or less) <input type="checkbox"/> Unemployed (6 months +) <input type="checkbox"/> Unemployed (Not in labor force)		<input type="checkbox"/> Medicaid <input type="checkbox"/> State Children <input type="checkbox"/> Medicare <input type="checkbox"/> State Adult <input type="checkbox"/> Military Health Care <input type="checkbox"/> Other: _____ <input type="checkbox"/> Employment Based <input type="checkbox"/> None <input type="checkbox"/> Direct Purchase			<input type="checkbox"/> Active <input type="checkbox"/> No Affiliation <input type="checkbox"/> Veteran	
Housing Information						
Address			City / State / Zip		County	
<input type="checkbox"/> This is also my mailing address						
# in Household	Family Type			Housing Status		
	<input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults - No Children <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Other: _____			<input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> Other Permanent housing		
Contact Preference		<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email: _____				
Income Information						
What income do <u>you</u> receive?	How much?	How often?	What benefits do <u>you</u> receive?	How much?	How often?	
<input type="checkbox"/> Employment	\$		<input type="checkbox"/> SNAP	\$		
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	\$		<input type="checkbox"/> WIC	\$		
<input type="checkbox"/> VA <input type="checkbox"/> Service-Connected <input type="checkbox"/> Non-Service Connected	\$		<input type="checkbox"/> LIHEAP	\$		
<input type="checkbox"/> Child Support	\$		<input type="checkbox"/> Housing Choice Voucher (Section 8)	\$		
<input type="checkbox"/> Alimony / Spousal Support	\$		<input type="checkbox"/> Public Housing	\$		
<input type="checkbox"/> TANF	\$		<input type="checkbox"/> Permanent Supportive Housing	\$		
<input type="checkbox"/> Private Disability Insurance	\$		<input type="checkbox"/> HUD-VASH	\$		
<input type="checkbox"/> Pension / Retirement	\$		<input type="checkbox"/> Childcare Voucher	\$		
<input type="checkbox"/> Worker's Compensation	\$		<input type="checkbox"/> Affordable Care Act Subsidy	\$		
<input type="checkbox"/> Unemployment	\$		<input type="checkbox"/> Other: _____	\$		
<input type="checkbox"/> Other: _____	\$		<input type="checkbox"/> I have no income at this time (initial here): _____ CAP Staff Initial: _____			



Additional Household Members

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

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

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

First Name	
Last Name	
Relationship to Head of Household	
Birth Date	/ /
Social Security #	- -
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Level of Education	
Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Race	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Work Status	
Medical Coverage	
Income Type	
Income Amount	
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

