

WEATHERIZATION TRUST, INC



APPLICATION FOR HOME WEATHERIZATION SERVICES

Head of Household Name: _____ Application Date: _____

Email _____ Owner ___ or ___ Renter

Home Address: _____ City: _____ Zip _____

Telephone: _____

Landlord's Name: _____ Telephone: _____

Email _____

Statistical Information is required for each person living in this residence:

Name: _____ Age: _____ Disabled? _____ Amer. Indian? _____ Income Source: _____

		Yes or No	Yes or No	
		Yes or No	Yes or No	
		Yes or No	Yes or No	
		Yes or No	Yes or No	
		Yes or No	Yes or No	
		Yes or No	Yes or No	

Continue on an additional Application

Total persons living in this residence: _____ Total Household Annual Income: \$ _____

Heating Fuel: ___ Natural Gas ___ Electricity ___ Propane ___ Oil ___ Kerosene ___ Wood

Heating Fuel Supplier (MUD, OPPD, etc.) _____ Account # From Bill: _____

Have you received financial assistance in paying heating or cooling bills in the last year?

If so send copy of the letter Yes or No

Type of Home: ___ 1 Story ___ 1 ½ Story ___ 2 Story ___ 3 Story ___ Multi-Family ___
Mobile Home

*NOTE: Type of house is number of stories excluding the basement!

***The Weatherization Trust, Inc will not be liable for damage to Slate siding or roofs during the application of services.**

If the building has "Knob and Tube" wiring, "S" type fuses will be installed as required by current Building Codes.

Weatherization Materials and Labor are warranted for one year from the Date of Completion.

I certify that I am the owner or tenant for the property at the address above and I request weatherization services on this residence. I give my permission for:

- (1) Release of my past and future fuel bills to Program personnel.
- (2) Inspection and evaluation of the residence by Program personnel.
- (3) Weatherization services to be applied to the residence at no cost to me or my landlord (if applicable) in accordance with Federal and State standards.
- (4) Inspection of the work by Program, Federal or State personnel.

I affirm that I have listed the total household income and that it is within the program guidelines as explained to me. I further affirm that any documents presented to the agency taking this application are legitimate and accurate. I understand that use of false documents is punishable by law. I understand that the above information will only used to comply with program eligibility and work confirmation purposes and is confidential for any other purpose and will not be released except as is required by law.

Signature of Head of Household

Social Security Number

Date of Signature

Signature of Outreach Worker

Agency Name

Date of Signature