

<b>WEATHERIZATION ASSISTANCE PROGRAM</b> APPLICATION (PRINT IN INK)	1. AGENCY NO.: _____	2. COUNTY NO.: _____	3. DATE(Month/Day/Year) ____ / ____ / ____
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4. LAST NAME:	5. FIRST NAME:	6. MI.: _____	7. SOCIAL SECURITY NO.: [ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	8. AGE: _____
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9. HOME MAILING ADDRESS:	10. CITY/TOWN:	11. ZIP CODE:	12. TELEPHONE NO.: Area Code: ( [ ][ ] ) [ ][ ][ ][ ][ ][ ][ ][ ][ ]
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APPLICANT HOUSING STATUS	TYPE OF DWELLING THAT APPLICANT LIVES IN
<input type="checkbox"/> 13. OWNER <input type="checkbox"/> 14. RENTER	<input type="checkbox"/> 15. Brick, Wood, or Vinyl <input type="checkbox"/> 16. MOBILE HOME

**APPLICATION AND HOUSEHOLD INFORMATION (CHECK YES OR NO)**

17. ELDERLY (Applicant That Is Age 60 or Older)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. DISABLED (Applicant Only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. CHILDREN ((Applicant that has child(ren) 17 years of age or younger))	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. OTHER (Applicant that is a high energy user or has a high energy burden)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. HAS APPLICANT'S HOUSE BEEN WEATHERIZED SINCE 1993?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. TOTAL NUMBER OF HOUSEHOLD MEMBERS:	[ ]	
23. TOTAL HOUSEHOLD MONTHLY INCOME:	\$ [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ]	

**PROVIDE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD FAMILY MEMBER:**

NAME (First and Last)	SSN	AGE	NAME (First and Last)	SSN	AGE
(1)			(6)		
(2)			(7)		
(3)			(8)		
(4)			(9)		
(5)			(10)		

24. APPLICANT CERTIFICATION: I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND MAY BE USED FOR HOUSEHOLD AND INCOME VERIFICATION AND FOR STATISTICAL PURPOSES. IF I SUPPLY FRAUDULENT INFORMATION, I UNDERSTAND THAT I COULD BE PENALIZED FROM PARTICIPATION IN THE PROGRAM.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

25. I CERTIFY THAT REASONABLE ATTEMPTS HAVE BEEN MADE TO VERIFY THE ABOVE REPORTED HOUSEHOLD AND INCOME INFORMATION.

AGENCY REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_