

-
Weatherization Application

Name: _____

Address: _____

City : _____ Zip code: _____ Telephone(____) _____

Social Security Number: _____

Total Number of People in Household: _____

How Many ? Under 20 _____ 20 to 29 _____ 30 to 39 _____ 40 to 49 _____
50 to 59 _____ Over 60 _____ Disabled _____

Do you: Own _____ or Rent _____ your home?

Total Household Income: Week _____ Month _____

Source of income: _____

Is Head of Household: Employed _____ Unemployed _____

I AGREE TO RELEASE THE AGENTS/AGENCIES, AND ITS
VOLUNTEERS/EMPLOYEES FROM ANY LIABILITY OR DAMAGE
NAME OF AGENCY: _____

I Authorize the Release And Exchange Of Information To Determine My Eligibility To
Receive Weatherization Assistance.

Applicant Signature: _____ Date: _____

Date Approved: _____

Comments: _____

Organization Name: _____

Agency Signature: _____

Application # _____