

SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

Online Application for Energy Conservation Assistance

FAMILY: <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped <input type="checkbox"/> Other: <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American _____		HEAD OF HOUSEHOLD AGE RANGE: <input type="checkbox"/> 40 or less <input type="checkbox"/> 41 – 59 <input type="checkbox"/> 60 – 64 <input type="checkbox"/> 65 or over	
Family size: Gender and age of household members:		For Agency Use Only	
Fuel assistance approval date (LIHEAP): _____ Weatherized: _____		Telephone Number (list in this box) _____	
Name: _____		Social Security Number (list in this box) _____	
Address: _____		Street Address (if not listed to the left) _____	
City/State/Zip: _____		_____	
<input type="checkbox"/> 01 SINGLE FAMILY <input type="checkbox"/> A ONE STORY <input type="checkbox"/> B 1½ STORY <input type="checkbox"/> C TWO STORY <input type="checkbox"/> D THREE STORY <input type="checkbox"/> E BI-LEVEL	BUILDING TYPE: <input type="checkbox"/> 02 MOBILE HOME <input type="checkbox"/> 03 DUPLEX <input type="checkbox"/> A SINGLE WIDE <input type="checkbox"/> A UP & DOWN <input type="checkbox"/> B DOUBLE WIDE <input type="checkbox"/> B SIDE BY SIDE		CONSTRUCTION <input type="checkbox"/> WOOD FRAME/STUCCO <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> 8" MASONRY <input type="checkbox"/> MODULAR <input type="checkbox"/> OTHER
<input type="checkbox"/> I own my home. <input type="checkbox"/> I rent my home. (Please check the appropriate box.) Do you pay your own heat bill? _____ How long have you lived at this address? _____		AIR CONDITIONING <input type="checkbox"/> CENTRAL <input type="checkbox"/> WALL <input type="checkbox"/> WINDOW <input type="checkbox"/> NONE	TYPE OF HEATING SYSTEM <input type="checkbox"/> HOT WATER/STEAM <input type="checkbox"/> FORCED AIR <input type="checkbox"/> BASEBOARD <input type="checkbox"/> PARLOR STOVE/ SPACE HEATER <input type="checkbox"/> OTHER: _____
Fill in the landlord information only if you rent your home!		WATER HEATER <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER _____	
LANDLORD NAME: _____ LANDLORD MAILING ADDRESS: _____ LANDLORD CITY, STATE, ZIP: _____		What company supplies electricity to your home? _____	
I heat my home with: <input type="checkbox"/> Fuel oil <input type="checkbox"/> Natural gas <input type="checkbox"/> Propane (LP) <input type="checkbox"/> Electricity <input type="checkbox"/> Other		How many persons in this household over 18 years of age are employed (write 0 if no one is employed): _____ Full time? _____ Part-time?	
APPLICATION CERTIFICATION			
I, the applicant, declare that I understand the eligibility requirements for energy conservation 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 house by authorized personnel of the Agency for the purpose of estimating, completing and inspecting the energy conservation project. 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 energy conservation work for the sole purpose of obtaining data required to evaluate the energy conservation effectiveness of the project, and direct the pertinent fuel and utility companies to provide records to the administering agency or its designee. I also grant SENDCAA or its designee permission to use photographs of materials installed on my home and grant SENDCAA or its designee permission to forward photographs of materials installed on my home to its funding sources for use in promoting the weatherization assistance program.			
_____ Applicant signature		_____ Date	

FOR AGENCY USE ONLY

RENTAL AGREEMENT ON FILE? YES NO DATE: _____ LANDLORD PARTICIPATION? YES NO AMOUNT \$ _____

APPLICATION STATUS: APPROVED DISAPPROVED – REASON: _____

BY: _____, Weatherization Coordinator DATE: _____

COMMUNITY ACTION UNIVERSAL INTAKE FORM

Date _____ / _____ / _____ CAA Program _____ Staff Name To Put In Tracker _____



Relation	Race	Education	Medical Coverage
C= Child	W= White	A= 0 to Eight	MC= Medicare
O= Other	A= Asian	B= 9-12 (non-grad)	MA= Medicaid
P= Parent	B= Black	C= High School Grad or GED	N= None
R= Relative	M= Multi-Racial	D= 12+ Post Secondary	U= Unknown
S= Spouse	N= Native American	E= Unknown	Y= Yes/Other
	O= Other	F= College Degree	

Please use the key above to complete the following information

Last Name <small>(do not write in gray area)</small>	First Name	Social Security Number	Date Of Birth	Relation To Household	Head of Household	Gender	Disabled (Optional)	Race (Optional)	Hispanic/Latino	Education	Food Stamps	Health Insurance	Veteran
1.						M/F	Y/N		Y/N		Y/N		Y/N
2.						M/F	Y/N		Y/N		Y/N		Y/N
3.						M/F	Y/N		Y/N		Y/N		Y/N
4.						M/F	Y/N		Y/N		Y/N		Y/N
5.						M/F	Y/N		Y/N		Y/N		Y/N
6.						M/F	Y/N		Y/N		Y/N		Y/N
7.						M/F	Y/N		Y/N		Y/N		Y/N
8.						M/F	Y/N		Y/N		Y/N		Y/N

Household Income Information

Pay Period	Source Of Income	
A= Weekly	A= Employment	F= SSI/SSD
B= Bi-Weekly	B= Unemployment	G= Food Stamps
C= Monthly	C= Social Security	H= Medicaid
D= Annually	D= TANF	I= Other
	E= General Assistance	

Complete Section Below for each household member with income

Household Member	Amount Of Income	Pay Period (see key above)	Source(s) Of Income (list all that apply using the key above)	Occupation

HOUSEHOLD INFORMATION:

Address _____

City _____ Zip _____

Telephone _____

Household Type (check one):

Female Single Parent _____ Male Single Parent _____

Two Parent _____ Couple _____

Single _____ Other _____

Housing (check one):

Homeless (with roof) _____

Homeless _____

Renter _____

Other _____

Homeless (no roof) _____

Owner _____

Unknown _____

County _____

RENTERS: Rent Amount: \$ _____ Subsidized (circle one): Yes/No