

SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

Online Application for Energy Conservation Assistance

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|---|--|---|--|
| 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: _____ | | For Agency Use Only | |
| Gender and age of household members: _____ | | Fuel assistance approval date (LIHEAP): _____ Weatherized: _____ | |
| Name: _____ Address: _____ City/State/Zip: _____ | | Telephone Number (list in this box) _____ Social Security Number (list in this box) _____ Street Address (if not listed to the left) _____ | |
| <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 | | <input type="checkbox"/> 04 3 OR MORE UNITS How many units are there in this building? _____ <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 | <input type="checkbox"/> OTHER: _____ What company supplies electricity to your home? _____ |
| LANDLORD NAME: _____ LANDLORD MAILING ADDRESS: _____ LANDLORD CITY, STATE, ZIP: _____ | | How many persons in this household over 18 years of age are employed (write 0 if no one is employed): _____ Full time? _____ Part-time? | |
| 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 Purchased from: _____ | | 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: _____

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 |
|------------------|------------------|-------------------------------|---|------------|
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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 (no roof)
 Homeless Owner
 Renter Unknown
 Other

County _____

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