## SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

**Application for Cooling Assistance** 

Name:				File #:			
				Code: Telephone Number:			
Street Address:							
Mailing Address:				Cell Number:			
City/State/7in-							
City/State/Zip:				Social Security Number:			
Fuel assistance approval date (LIHEAP):				Weatherized:			
☐ SINGLE FAMILY	□ MOBILE HOME	□ DUPLEX		3 OR MORE UNITS How many units are there	CONSTRUCTION		
☐ <b>A</b> ONE STORY	☐ A SINGLE WIDE	□ A UP & DOWN	in 4		☐ WOOD FRAME/STUCCO		
□ <b>B</b> 1½ STORY	□ <b>B</b> DOUBLE WIDE	☐ <b>B</b> SIDE BY SIDE	in t	his building?	☐ MASONRY VENEER		
□ C TWO STORY					☐ 8" MASONRY		
□ <b>D</b> THREE STORY					☐ MODULAR		
□ <b>E</b> BI-LEVEL					□ OTHER		
☐ I own my home. ☐ I rent my home. (Please check the appropriate box.)				CONDITIONING	TYPE OF HEATING SYSTEM		
				CENTRAL	☐ HOT WATER/STEAM		
How long have you lived at this address?  Fill in the landlord information only if you rent your home!				WALL	☐ FORCED AIR		
	ion only if you rent	your nome:		WINDOW	□ BASEBOARD		
LANDLORD NAME:				NONE	☐ PARLOR STOVE/ SPACE HEATER		
			WA	TER HEATER	1		
				ELECTRIC	OTHER:		
LANDLORD MAILING ADDRESS:				OTHER	What company supplies electricity to your home?		
LANDLORD CITY, STATE, ZIP:							
I heat my home with: ☐ Fuel oil ☐ Natural gas ☐ Propane (LP) ☐ Electricity ☐ Other							
Purchased from:							
APPLICATION CERTIFICATION  I, the applicant, declare that I understand the eligibility requirements for cooling 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 also give my permission to SENDCAA to discuss my application with any of the following: County Social Service Office, Southeast Human Service Center or my Direct Case Manager. I further consent to the inspection of my home by authorized personnel of Southeastern North Dakota Community Action Agency for the purpose of estimating and performing the cooling assistance work. 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 energy & rehab program.							
Applicant signature			ate				
FOR AGENCY USE ONLY							
	reement On File:    YES   NO Application Status:   Approved						
LIHEAP Approval Letter On File:   Y		□ Dei	nied-	Reason:			
Medical Certification On File:	ES □ NO						
Bv:	Date:	:					