

SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

Application for Energy Conservation Assistance

Name: _____	File #: _____ Office Use
Street Address: _____	Code: _____
Mailing Address (if different): _____	Telephone Number: _____
City/State/Zip: _____	Cell Number: _____
	Social Security Number: _____

Fuel assistance approval date (LIHEAP): _____ Weatherized: _____

I heat my home with: Fuel oil Natural gas Propane (LP) Electricity Other

Heat Purchased from: _____ Xcel Account # (if applicable): _____

Electric Utility Company: _____ Name as it exactly appears on Xcel bill: _____

<input type="checkbox"/> 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	<input type="checkbox"/> MOBILE HOME <input type="checkbox"/> A SINGLE WIDE <input type="checkbox"/> B DOUBLE WIDE	<input type="checkbox"/> DUPLEX <input type="checkbox"/> A UP & DOWN <input type="checkbox"/> B SIDE BY SIDE	<input type="checkbox"/> 3 OR MORE UNITS How many units are there in this building? _____	WATER HEATER <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER _____	
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		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: _____	

I own my home I rent my home (Please check the appropriate box)

How long have you lived at this address? _____

Do you or any member of the household have any existing health problems that may become elevated by the weatherization measures that may be performed on your home? If so, what are they?

Fill in the landlord information only if you rent your home!

LANDLORD NAME: _____

LANDLORD MAILING ADDRESS: _____

LANDLORD CITY, STATE, ZIP: _____

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.

Any and all information regarding clients will be kept confidential. All application and eligibility determination information will be protected against indiscriminate access by CAA staff, and will not be made available for public review.

I also grant SENDCAA permission to request proof of or verify my household income and/or LIHEAP eligibility with the social service agency if needed to process my energy and rehab application.

_____ Applicant signature	_____ Date
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Office Use RENTAL AGREEMENT ON FILE? YES NO DATE: _____

APPLICATION STATUS: APPROVED DISAPPROVED

BY: _____ DATE: _____

SENDCAA Energy & Home Rehabilitation Agreement to Services

ALL clients need to sign this form to receive services.

The client agrees to give permission to the SENDCAA staff for the purpose of performing an energy audit, inspecting and monitoring weatherization services, inspecting a heating system repair/replacement, water heater replacement, cooling system repair/replacement as required by the ND Department of Commerce and ND LIHEAP Program.

SENDCAA may choose not to provide services under certain circumstances; however, the client will be given the opportunity to correct the condition(s) within 30 calendar days so that program services may proceed unless otherwise noted. This list is not intended to be all inclusive of those circumstances in which SENDCAA may choose not to provide services.

- A dwelling unit is vacant or is for sale. SENDCAA will not pay for any services if it is documented that a home is up for sale.
- A dwelling unit is scheduled for demolition. A dwelling unit is uninhabitable by being condemned or deemed uninhabitable by SENDCAA staff.
- The client is uncooperative with SENDCAA, either in demanding that certain work be done and refusing higher priority work which is needed, or by being abusive to the SENDCAA staff, contractors or subcontractors, or by being unreasonable in allowing access to the unit. Every attempt will be made to explain the program and the benefits of the work. If this fails, work will be suspended and documentation explaining the situation will be recorded in the client file.
- If, at any time prior to the beginning of work, SENDCAA determines that the client is no longer eligible or agency personnel believe that circumstances may have changed, services shall not be provided until updated information can be obtained from the client.
- There are reptiles or animals not properly contained on the premises. If there is existing insect or vermin infestation on the premises.
- There are health or safety hazards that must be corrected before services may begin (e.g., including the existence of feces and/or other excrement, piles of laundry, garbage, standing water in the home, standing water/sewage under a mobile home, or mold).
- There are illegal drugs or illegal activities occurring on the premises.
- There needs to be an adult on the premises to supervise any minor children that are present.
- There are unusual situations, which in the judgment of SENDCAA, must be corrected before proceeding with rehabilitation.
- The agency will reconsider weatherizing a home upon receipt of proof that the items noted have been corrected.

In the event the client does not agree with the determination of SENDCAA staff not to provide services, the client may file an appeal. Appeals should be submitted, in writing, to the SENDCAA Director, 3233 South University Drive, Fargo, ND 58104.

I have read and understand the terms and conditions stated above regarding proposed services on our home.

(Applicant Signature)

(Date)

(Printed Name)



Household Demographic Form

Date		First Name, M.I., Last Name					
Birthdate ____/____/____		Age		Social Security Number ____-____-____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is your Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			U.S Military <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military		Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many in the Household?	
What is your primary race? <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above) <input type="checkbox"/> Unknown			What is your highest level of education? <input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary		What is your medical coverage? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> ND Healthy Steps <input type="checkbox"/> Military Health Care (VA) <input type="checkbox"/> Direct Purchase (ACA/Marketplace) <input type="checkbox"/> Employer Insurance <input type="checkbox"/> None <input type="checkbox"/> Other		
What is your family type? <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____			What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Work Status? <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed(Short Term, 6 months or less) <input type="checkbox"/> Unemployed(Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired		
Mailing Address				City	State ND	Zip Code	County
Primary Phone Number:				Secondary Phone Number:		Email Address:	
What INCOME do you receive?		How much?	How often?	What BENEFITS do you receive?		How much?	How often?
<input type="checkbox"/> I have no income at this time				<input type="checkbox"/> Affordable Care Act Subsidy		\$	
<input type="checkbox"/> Employment		\$		<input type="checkbox"/> Childcare Voucher		\$	
<input type="checkbox"/> Social Security		\$		<input type="checkbox"/> Housing Choice Voucher (Section 8)		\$	
<input type="checkbox"/> SSI		\$		<input type="checkbox"/> HUD-VASH		\$	
<input type="checkbox"/> SSDI		\$		<input type="checkbox"/> LIHEAP		\$	
<input type="checkbox"/> VA Service-Connected		\$		<input type="checkbox"/> Public Housing		\$	
<input type="checkbox"/> Child Support		\$		<input type="checkbox"/> SNAP		\$	
<input type="checkbox"/> Alimony/Spousal		\$		<input type="checkbox"/> WIC		\$	
<input type="checkbox"/> TANF		\$		<input type="checkbox"/> Other: _____		\$	
<input type="checkbox"/> Worker's Compensation		\$		<input type="checkbox"/> None			
<input type="checkbox"/> Unemployment		\$					
<input type="checkbox"/> Other:		\$					

Additional Household Members

First Name MI Last Name			Relationship to Head of Household		
Birthdate ____/____/____	Age	Social Security Number ____-____-____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		U.S Military <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military	What is your Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
What is your primary race? <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-race (two or more of the above)		What is your highest level of education? <input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary		What is your medical coverage? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> ND Healthy Steps <input type="checkbox"/> Military Health Care (Dept of Defense, VA) <input type="checkbox"/> Direct Purchase (Health Exchange or ACA) <input type="checkbox"/> Employment Based (through employer) <input type="checkbox"/> Other	
What INCOME do you receive?	How much?	How often?	What BENEFITS do you receive?	How much?	How often?
	\$			\$	

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