

Enclosed is an application for the Cooling Assistance Program.

Please send the following documentation back with the cooling application:

- Fuel Assistance approval Notice of Action for the 2025/2026 season or LIHEAP approval letter stating your **"Income Eligible"**. You may contact your local Social Service office to get this letter.

If you didn't have Fuel Assistance (LIHEAP) this past season, you will need to be approved as "Income Eligible" through Social Services and provide a copy of that approval letter with this cooling application to SENDCAA.

Applications and documentation can be emailed to cathyb@sendcaa.org or katies@sendcaa.org.

If you have any questions, please call 701-232-2452.

Thank you!

Self-Sufficiency | Energy and Rehab | Child Care | Housing | CACFP



Website: www.sendcaa.org
Email: agency@sendcaa.org



Phone (701) 232-2452
Toll Free (800) 726-7960
Fax (701) 298-3115



3233 University Drive South
Fargo, ND 58104-6221

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)

Southeastern North Dakota Community Action Agency
LIHEAP Cooling Assistance Program Rental Agreement

**Complete Only
If You Are A
Renter**

This agreement is made on _____ (month), _____ (day), _____ (year) between:

(hereinafter LANDLORD)

(hereinafter TENANT)
Southeastern North Dakota Community Action Agency (hereinafter AGENCY)

The parties listed above in this LIHEAP Cooling Assistance Program Rental Agreement for good and valuable consideration agree that the cooling assistance improvements are subject to the following conditions:

1. The LANDLORD and TENANT consent and agree that the improvements/services shall be done by the AGENCY or its representatives to the property located at _____ (hereinafter PREMISES).
2. The LANDLORD and TENANT will permit employees of the AGENCY or its representatives to enter upon the PREMISES as required to perform cooling assistance work and the inspection of the cooling assistance work upon its completion.
3. The AGENCY agrees to provide cooling services/improvements, subject to material limitations defined by North Dakota Cooling Assistance Program requirements and limitations, and the professional discretion of the Community Action Weatherization Coordinator, to the property of the LANDLORD that is occupied by the TENANT.
4. In consideration of the cooling services/improvements provided by the AGENCY, the LANDLORD agrees to the following:
 - A. Other agreements
The terms of this agreement will be incorporated into any other Agreement between the LANDLORD and TENANT, and if there is any conflict between the Agreement and the provisions of such other Agreement, the provisions of this Agreement shall govern.
 - B. Termination of tenancy
The LANDLORD agrees that for the term of this Agreement there shall be no termination of TENANT'S tenancy except for one of the following reasons:
 1. The TENANT fails to pay rent to which the LANDLORD is legally entitled.
 2. The TENANT is causing substantial damage to the PREMISES, causing or permitting a nuisance to exist, or is interfering with the safety or comfort of the occupants of the same or adjoining PREMISES.
 3. The TENANT has been convicted of using the PREMISES to commit a felony.
 4. The TENANT has violated a covenant of tenancy of lease.
 5. The TENANT has refused the LANDLORD reasonable access to make an inspection or repairs.
5. Right of ownership
Upon termination of the TENANT'S tenancy, the TENANT shall maintain ownership to any room air conditioner and associated accessories required for its operation, installed on the premises as part of the cooling assistance provided by the AGENCY. The LANDLORD shall maintain ownership of any improvements to the physical structure and any cooling device existing at the time assistance is provided and any subsequent improvements resulting from the assistance.
6. Failure on the part of the LANDLORD to follow the terms of this agreement may result in the cost of cooling assistance improvements installed to be reimbursed by the LANDLORD to the AGENCY.
7. This agreement shall begin on _____ (month), _____ (day), _____ (year) and expire twelve months from the date the cooling services are completed; except item #5 which remains as stated. The completion date is defined as the date on which the final inspection was completed by the AGENCY.

Landlord Signature	Date	Address	City	State	Zip
Tenant Signature	Date	Address	City	State	Zip
Authorized Staff Of SENDCAA	Date	Address	City	State	Zip



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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	\$			\$	