SENDCAA
SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

Attached is an application for our Energy & Rehab Program
(Weatherization/Furnace/Water Heater/Cooling)

If any items below are marked with an "X" please submit copies with your application:

☐ LIHEAP heating assistance approval letter/referral from the County.

☐ Energy records for the past 12 months showing the usage/quantity and cost from your **heating** supplier.

☐ Other _____.

**Please fill out the entire application, any missing information can cause a delay in services.*

Applications and documentation can be emailed to Cathy at cathyb@sendcaa.org and/or to Katie at katies@sendcaa.org.

If you have any questions, feel free to email or call 701-232-2452.

Thank you!

Serving counties in Cass, Ransom, Richland, Sargent, Steele, Traill, Grand Forks, Nelson, Pembina, and Walsh.

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

SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

Application for Energy Conservation Assistance

Name: _____

Street Address: _____

Mailing Address (if different): _____

City/State/Zip: _____

File #: _____ *Office Use*

Code: _____

Telephone Number:

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:** _____

☐ **SINGLE FAMILY** ☐ **A** ONE STORY ☐ **B** 1½ STORY ☐ **C** TWO STORY ☐ **D** THREE STORY ☐ **E** BI-LEVEL	☐ **MOBILE HOME** ☐ **A** SINGLE WIDE ☐ **B** DOUBLE WIDE	☐ **DUPLEX** ☐ **A** UP & DOWN ☐ **B** SIDE BY SIDE	☐ **3 OR MORE UNITS** How many units are there in this building? _____	**WATER HEATER** ☐ ELECTRIC ☐ OTHER _____
	CONSTRUCTION ☐ WOOD FRAME/STUCCO ☐ MASONRY VENEER ☐ 8" MASONRY ☐ MODULAR ☐ OTHER	**AIR CONDITIONING** ☐ CENTRAL ☐ WALL ☐ WINDOW ☐ NONE	**TYPE OF HEATING SYSTEM** ☐ HOT WATER/STEAM ☐ FORCED AIR ☐ BASEBOARD ☐ PARLOR STOVE/SPACE HEATER ☐ 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**

EQUAL HOUSING OPPORTUNITY

Offfice Use *RENTAL AGREEMENT ON FILE?* ☐ *YES* ☐ *NO* *DATE:* _____

APPLICATION STATUS: ☐ *APPROVED* ☐ *DISAPPROVED*

BY: _____ *DATE:* _____

SENDCAA Energy & Home Rehabilitation

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 or 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 ☐ Male ☐ Female

What is your Ethnicity?	U.S Military	Are you disabled?	How many in the Household?
☐ Hispanic ☐ Non-Hispanic	☐ Active ☐ Veteran ☐ None Military	☐ Yes ☐ No	

What is your primary race?
- ☐ American Indian / Alaska Native
- ☐ Asian
- ☐ Black / African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White
- ☐ Other:_____
- ☐ Multi-race (two or more of the above)
- ☐ Unknown

What is your highest level of education?
- ☐ 0-8th
- ☐ 9th-12th non-grad
- ☐ HS grad/GED
- ☐ 12 grade + some Post-Secondary
- ☐ 2 or 4 years College Graduate
- ☐ Graduate of other Post-Secondary

What is your medical coverage?
- ☐ Medicaid
- ☐ Medicare
- ☐ ND Healthy Steps
- ☐ Military Health Care (VA)
- ☐ Direct Purchase (ACA/Marketplace)
- ☐ Employer Insurance
- ☐ None
- ☐ Other

What is your family type?
- ☐ Single Person
- ☐ Single Parent Female
- ☐ Single Parent Male
- ☐ Two Adults. No Children
- ☐ Two Parent Household
- ☐ Non-related Adults with Children
- ☐ Multigenerational Household
- ☐ Other: _____

What is your current housing situation?
- ☐ Own
- ☐ Rent
- ☐ Other Permanent housing
- ☐ Homeless
- ☐ Other
- ☐ Unknown

Work Status?
- ☐ Employed Full Time
- ☐ Employed Part Time
- ☐ Migrant Seasonal Farm Worker
- ☐ Unemployed(Short Term, 6 months or less)
- ☐ Unemployed(Long Term, more than 6 months)
- ☐ Unemployed (Not in Labor Force)
- ☐ 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?
☐ I have no income at this time			☐ Affordable Care Act Subsidy	$	
☐ Employment	$		☐ Childcare Voucher	$	
☐ Social Security	$		☐ Housing Choice Voucher (Section 8)	$	
☐ SSI	$		☐ HUD-VASH	$	
☐ SSDI	$		☐ LIHEAP	$	
☐ VA Service-Connected	$		☐ Public Housing	$	
☐ Child Support	$		☐ SNAP	$	
☐ Alimony/Spousal	$		☐ WIC	$	
☐ TANF	$		☐ Other:_____	$	
☐ Worker's Compensation	$		☐ None		
☐ Unemployment	$				
☐ Other:	$				

You certify that the information you have disclosed is correct and complete to the best of your knowledge. You understand that failure to provide the needed documentation or knowingly providing false information will result in denial of assistance and your case will be closed due to fraud. All information provided will be kept in the strictest of confidence. You agree to sign this form at your own will. Your file may be monitored by state agencies for funding and quality review purposes

Applicant Signature: _____ Date: _____

Additional Household Members

First Name MI Last Name			Relationship to Head of Household
Birthdate ___/___/_____	**Age**	**Social Security Number** _____-_____-_____	**Gender** ☐Male ☐ Female

Are you disabled?	U.S Military	What is your Ethnicity?
☐ Yes ☐ No	☐ Active ☐ Veteran ☐ None Military	☐ Hispanic ☐ Non-Hispanic

What is your primary race?	What is your highest level of education?	What is your medical coverage?
☐ American Indian / Alaska Native	☐ 0-8th	☐ Medicaid
☐ Asian	☐ 9th-12th non-grad	☐ Medicare
☐ Black / African American	☐ HS grad/GED	☐ ND Healthy Steps
☐ Native Hawaiian / Other Pacific Islander	☐ 12 grade + some Post-Secondary	☐ Military Health Care (Dept of Defense, VA)
☐ White	☐ 2 or 4 years College Graduate	☐ Direct Purchase (Health Exchange or ACA)
☐ Other	☐ Graduate of other Post-Secondary	☐ Employment Based (through employer)
☐ Multi-race (two or more of the above)		☐ Other

What INCOME do you receive?	How much?	How often?	What BENEFITS do you receive?	How much?	How often?
	$			$	

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