SENDCAA
SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

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 2024/2025 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 in PDF format to cathyb@sendcaa.org.

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

Thank you!

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 Cooling Assistance

Name: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

File #: _____

Code: _____

Telephone Number:

Cell Number:

Social Security Number:

Fuel assistance approval date (LIHEAP):

Weatherized:

☐ **SINGLE FAMILY**	☐ **MOBILE HOME**	☐ **DUPLEX**	☐ **3 OR MORE UNITS**	**CONSTRUCTION**
☐ **A** ONE STORY	☐ **A** SINGLE WIDE	☐ **A** UP & DOWN	How many units are there in this building?	☐ WOOD FRAME/STUCCO
☐ **B** 1½ STORY	☐ **B** DOUBLE WIDE	☐ **B** SIDE BY SIDE		☐ MASONRY VENEER
☐ **C** TWO STORY				☐ 8" MASONRY
☐ **D** THREE STORY				☐ MODULAR
☐ **E** BI-LEVEL				☐ OTHER

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

How long have you lived at this address? _____

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

LANDLORD NAME: _____

LANDLORD MAILING ADDRESS: _____

LANDLORD CITY, STATE, ZIP: _____

AIR CONDITIONING

☐ CENTRAL

☐ WALL

☐ WINDOW

☐ NONE

WATER HEATER

☐ ELECTRIC

☐ OTHER

_____

TYPE OF HEATING SYSTEM

☐ HOT WATER/STEAM

☐ FORCED AIR

☐ BASEBOARD

☐ PARLOR STOVE/ SPACE HEATER

☐ OTHER: _____

What company supplies electricity to your home?

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 Date

FOR AGENCY USE ONLY

Rental Agreement On File: □ YES □ NO

LIHEAP Approval Letter On File: □ YES □ NO

Medical Certification On File: □ YES □ NO

Application Status: □ Approved

□ Denied-Reason:

By: _____ Date: _____

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
		3233 S. UNIVERSITY DR.-FARGO, ND 58104			
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 ☐ 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?
	$			$	

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?
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	$			$	

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	$			$	

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Birthdate ____/____/_____	**Age**	**Social Security Number** _____- _____-_____	**Gender** ☐Male ☐ Female

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U.S Military
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U.S Military
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What INCOME do you receive?	How much?	How often?	What BENEFITS do you receive?	How much?	How often?
	$			$	