

Weatherization Assistance Application

Agency _____

Interviewer _____

Date ____/____/____

Home phone _____

Applicant's name _____

Cell phone _____

Address _____

Job number _____

City _____ GA, _____

Income Information
Source(s) of Income
(check all that apply)

1. Supplemental Security Income (SSI)
2. AFDC
3. Wages
4. No Income
5. Self-Employment
6. Social Security or Railroad Retirement
7. Unemployment Insurance
8. Pension or VA Benefits
9. Other Public Assistance (LIHEAP)
10. Other (specify) _____

Total Yearly Income of Entire Household: \$ _____

Verification Attached? Y N

Eligibility Level \$ _____

Eligible? Y N

Approved: Y N

Denied: Y N

Date: _____/_____/_____

Reason: _____

Has dwelling been weatherized prior to September 1994? Y N

Signature of Agency Representative/Interviewer

Denial of assistance letter MUST be on file if applicable.

Household Information (Duplicated count)

Number of Elderly (60 or older): _____

Number of Children 2 years or less _____

Number of Handicapped: _____

Number of Children 3 – 5 years _____

Number of Native Americans: _____

Number of Others: _____ List Ages _____

Number of Migrant/Seasonal Farmworkers: _____

Total Number in Household _____

Total Number of Elderly, Disabled or Young Children (Unduplicated count) _____

Check All That Apply:

House Type: Trailer Wood Frame Masonry Other _____

Owned Rented Single Family Dwelling Multi-Family Dwelling

Major Heat Source: Nat. Gas LP or Bottle Gas Electricity Coal or Coke

Wood Fuel Oil, Kerosene, etc. Other (specify) _____

Air Conditioning: Central No. of A/C Window Units Roof Condition – Leaks? Y N

Detailed of specific directions to dwelling _____

Condition of house (describe problems briefly): _____

Applicant's signature

I declare to the best of my knowledge the above information is true and this is an accurate statement of my total household income.

******Please bring a copy of most recent gas and electric bills.**