

Community Action Allegan County 323 Water st Allegan, MI 49010 (269) 673-5472	For Office Use Only	
	JOB NUMBER:	
	APPLICATION DATE:	
	ELIGIBILITY DETERMINATION DATE:	

The Local Weatherization Operator, partners, and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, or marital status. If you, the applicant, feel you were treated unfairly or denied service(s), please notify the agency in your county of residence and request a fair hearing. If you need help with reading, writing, hearing, etc. under the American Disabilities Act, you are invited to make your needs known.

QUESTIONNAIRE FOR WEATHERIZATION ASSISTANCE

INSTRUCTIONS: THIS QUESTIONNAIRE MUST BE COMPLETED IN INK. THE APPLICANT SHALL COMPLETE PART I AND II. DOCUMENTATION OF ALL SOURCES OF INCOME MUST BE INCLUDED WITH THIS QUESTIONNAIRE. THE APPLICANT WILL RECEIVE WRITTEN NOTIFICATION OF ELIGIBILITY DETERMINATION.

PART I - GENERAL INFORMATION

(1) NAME (Last, First and Middle)	(2) APPLICANT ADDRESS (Street Number and Name)
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(3) CITY	MI	(4) ZIP	(5) COUNTY	DIRECTIONS TO THE DWELLING/SPECIAL PROBLEMS & CONSIDERATION

(7) HOME PHONE NUMBER	(8) MESSAGE PHONE NUMBER	(9) NAME OF CONTACT PERSON	(10) TOTAL # OF PERSONS IN HOUSEHOLD

(11) NUMBER OF PERSONS IN THE HOUSEHOLD WHO ARE OR RECEIVE:	ELDERLY (60+)	DISABLED	NATIVE AMERICAN	PREGNANT	FIP*	SSI*	SDA	FOOD ASSISTANCE PROGRAM(FAP)	VETERAN

(12) **HAS THE APPLICANT OR OTHER HOUSEHOLD MEMBER(S) RECEIVED ASSISTANCE UNDER TITLE IV-A (FAMILY INDEPENDENCE PROGRAM), TITLE XVI (SUPPLEMENTAL SECURITY INCOME) OF THE SOCIAL SECURITY ACT IN THE LAST 12 MONTHS?**

YES NO ***NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBLE**

(13) TYPE OF DWELLING SINGLE FAMILY MOBILE HOME MULTI-FAMILY TOTAL NUMBER OF UNITS FOR MULTI-FAMILY BUILDING:	(14) DWELLING OWNERSHIP: OWN RENT LAND CONTRACT	(15) RENTAL INFORMATION: LANDLORD NAME ADDRESS: PHONE:
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(16) **IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS?**
YES NO

(17) **Complete the information below regarding your main heating source. Please include copies of your LAST 12 months fuel or HEATING bill with this application.** (18) **Complete the information below regarding your electric company. Please include a copy of your LAST 12 months ELECTRIC bills with this application.**

Company:	Account Number:	Company:	Account Number:
Are your heating costs included in your rent? Yes No	Is the name on your heating bill different from the Applicant's name? If yes, give that name:	Is your electricity included in your rent? Yes No	Is the name on your electric bill different from the Applicant's name? If yes, give that name:
Do you share a main heat source meter with another household? Yes No	ANNUAL USAGE:	Do you share an electric meter with another household? Yes No	ANNUAL USAGE (kwh):

Yearly Heating Cost:	Yearly Electric Cost:
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QUESTIONNAIRE FOR WEATHERIZATION ASSISTANCE

PART I (Continued)

(19) IDENTIFY SOURCE(S) AND AMOUNT OF INCOME FOR EACH MEMBER OF THE HOUSEHOLD (AS OF THE DATE OF APPLICATION) FOR THE PRIOR 3 MONTHS. THIS INCOME IS THEN MULTIPLIED BY 4 TO ANNUALIZE. ALL HOUSEHOLD MEMBERS MUST BE LISTED, INCLUDING THOSE WITH NO INCOME

HOUSEHOLD MEMBER - List all including children	DATE OF BIRTH	SOURCE(S) OF INCOME	Source #1 Of Income	Source #2 Of Income

PART II - APPLICANT'S SIGNATURE SECTION

I HEREBY UNDERSTAND THAT I AM ENTITLED TO A FAIR HEARING REGARDING THE DECISION MADE CONCERNING THIS APPLICATION FOR WEATHERIZATION ASSISTANCE. I HEREBY AUTHORIZE THE AGENCY INDICATED ABOVE TO OBTAIN INFORMATION REGARDING MY PAST, PRESENT, AND FUTURE UTILITY BILLS. I FURTHER AUTHORIZE WORK TO BE PERFORMED ON THE DWELLING LISTED ABOVE IN ACCORDANCE WITH FEDERAL AND STATE WEATHERIZATION PRIORITIES AND WITHIN EXISTING AND FUTURE FUNDING LIMITATIONS. I AGREE THAT I CANNOT HOLD THE AGENCY LIABLE FOR EXISTING PROGRAM - IDENTIFIED HEALTH AND SAFETY VIOLATIONS THAT ARE NOT CORRECTED BY THE AGENCY WEATHERIZATION PROGRAM. I ALSO UNDERSTAND I CANNOT HOLD THE AGENCY RESPONSIBLE FOR EXISTING CONDITIONS PRIOR TO WEATHERIZATION WORK OR WEATHERIZATION WORK AFTER 18 MONTHS FROM THE DATE OF COMPLETION. I FURTHER UNDERSTAND THAT THE WEATHERIZATION CREW MAY NEED TO USE MY ELECTRICITY TO PERFORM WEATHERIZATION MEASURES. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION FURNISHED BY ME IS TRUE AND I ACKNOWLEDGE THAT FALSIFICATION OF INFORMATION IS SUBJECT TO PROSECUTION. I HEREBY AUTHORIZE ALL UTILITY COMPANIES TO PROVIDE COPIES OF BILLS OR OTHER INFORMATION ON PRIMARY HEATING FUEL CONSUMPTION FOR A MINIMUM OF 12 MONTHS PRIOR TO WEATHERIZATION AND 12 MONTHS AFTER WEATHERIZATION OF MY HOUSEHOLD. I HEREBY GIVE THE AGENCY CONSENT TO RELEASE, OBTAIN, AND SHARE ALL PERTINENT IDENTIFYING AND NON-CONFIDENTIAL SOCIAL, MEDICAL, AND OTHER INFORMATION ABOUT MYSELF AND INFORMATION THAT I HAVE PROVIDED ABOUT FAMILY MEMBERS THAT WILL ALLOW ME AND MY FAMILY TO BENEFIT FROM SERVICES OFFERED. IN GRANTING SUCH PERMISSION, I UNDERSTAND THAT SUCH INFORMATION WILL REMAIN CONFIDENTIAL AND THAT SUCH INFORMATION WILL ONLY BE USED TO BENEFIT ME OR MY FAMILY. ONLY A PERSONNEL WILL SHARE CLIENT INFORMATION NEEDED FOR SERVICE DELIVERY, TO TRACK DEMOGRAPHIC TRENDS, SERVICE PATTERNS, AND THE CLIENT OUTCOMES ACHIEVED. I RELEASE THE AGENCY AND ITS STAFF FROM ANY LEGAL LIABILITY FOR DISCLOSING OR ACQUIRING INFORMATION THAT I HAVE PERMITTED BY SIGNING THIS FORM. UNLESS I MAKE A FORMAL REQUEST TO THE AGENCY THAT I NO LONGER WANT TO PARTICIPATE IN THE SERVICES OFFERED, THIS RELEASE WILL REMAIN IN FORCE FOR THREE YEARS FROM TODAY. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION FURNISHED BY ME IS TRUE AND I ACKNOWLEDGE THAT FALSIFICATION OF THE INFORMATION IS SUBJECT TO PROSECUTION.

APPLICANT'S SIGNATURE:	DATE	INTAKE WORKER'S SIGNATURE:	DATE

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(A) HOME OWNERSHIP SELF-CERTIFIED <input type="checkbox"/>	DOCUMENT REVIEWED <input type="checkbox"/>	(B) WAS HOME OWNERSHIP DOCUMENTATION OBTAINED FOR THE CLIENT/JOB FILE YES <input type="checkbox"/>	NO <input type="checkbox"/>
		IF NO, DESCRIBE: _____	

(C) NUMBER IN household:	(D) Number in household Under age 18 <input type="checkbox"/> Pregnant <input type="checkbox"/>	HOUSEHOLD INCLUDES CHILDREN:	
		(E) AGES 3-5 YES <input type="checkbox"/>	NO <input type="checkbox"/>
		(F) AGE 2 OR YOUNGER YES <input type="checkbox"/>	NO <input type="checkbox"/>

(G) INCOME POVERTY GUIDELINE:	(H) AMOUNT OF INCOME	(I) APPLICANT ELIGIBLE YES <input type="checkbox"/>	NO <input type="checkbox"/>	(J) TOTAL PRIORITY POINTS: _____
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(K) CHECK HOUSEHOLD INCOME LEVEL
 LESS THAN 75% 76-100% 101-125% 126-150% 151-200% OVER 200%

(L) WRITTEN ELIGIBILITY NOTIFICATION SENT? YES <input type="checkbox"/>	IF YES, DATE: _____	(M) APPLICANT PROVIDED WITH THE APPEAL PROCEDURE? YES <input type="checkbox"/>	NO <input type="checkbox"/>
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(N) DWELLING PREVIOUSLY WEATHERIZED? YES <input type="checkbox"/>	IF YES, DATE: _____	(O) REFERRED TO MDHHS? YES <input type="checkbox"/>	NO <input type="checkbox"/>	(P) REFERRED TO UTILITY COMPANY? YES <input type="checkbox"/>	NO <input type="checkbox"/>
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(Q) IS THIS DWELLING A HIGH RESIDENTIAL ENERGY USE? YES <input type="checkbox"/>	NO <input type="checkbox"/>	(R) IS THIS A HOUSEHOLD WITH A HIGH ENERGY BURDEN? YES <input type="checkbox"/>	NO <input type="checkbox"/>
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(S) LOCAL WEATHERIZATION REPRESENTATIVE	(T) DATE DETERMINED ELIGIBLE: _____
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(U) MULTI-FAMILY BUILDING ONLY - IDENTIFY JOB/CLIENT NUMBER(S) OF THE OTHER UNITS BEING WEATHERIZED IN THE BUILDING