

SENDCAA

Please read each statement below and initial in each box.

- Permission to enter the premises for the purpose of performing an energy audit, inspecting and monitoring weatherization options, inspecting a furnace, water heater or air conditioner.
- Take responsibility for upkeep and maintenance of weatherization material and options once they have been installed.
- To insure the safety of children as well as crew members. The client agrees to keep children away from crews and equipment.
- Client understands that items discussed at the time of the estimate will be the weatherization measures to be applied to the home to the best of the crew's ability.
- Once installed, Southeastern North Dakota CAA or its designee waive liability for materials or products installed.
- I understand that the weatherization work does not deal with rehabilitation or cosmetic work on my home. It deals strictly with the stopping of cold air and heat loss in order to reduce my heating costs.
- The home must be sanitary, free of any rats, mice, roaches, insects, etc. There must not be any animal feces or sewage present. Any animals that may pose a threat will be properly contained in a cage/crate.
- There must not be any maintenance/housekeeping practices that limit access to the dwelling or create an unhealthy work environment. Any piles of laundry, garbage, etc. will need to be cleaned up prior to the weatherization estimation being performed.
- No standing water, major mold, or other moisture issues that cannot be addressed with weatherization funding.
- No electrical or plumbing hazards or structural failures that cannot be addressed as a part of weatherization services.
- There cannot be any major remodeling in progress, which limits the proper completion of weatherization services.

Signature of Applicant

Date

Print Name

SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

Application for Energy Conservation Assistance

Name: _____	File #: _____ Office Use
Street Address: _____	Code: _____
Mailing Address (if different): _____	Telephone Number: _____
City/State/Zip: _____	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: _____

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



Office Use RENTAL AGREEMENT ON FILE? YES NO DATE: _____

APPLICATION STATUS: APPROVED DISAPPROVED

BY: _____ DATE: _____



Household Demographic Form

Date		First Name, M.I., Last Name					
Birthdate ____/____/____		Age	Social Security Number ____-____-____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Pronouns: _____		
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 <input type="checkbox"/> 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:		\$					

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 <input type="checkbox"/> Male <input type="checkbox"/> Female Pronouns: _____		
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	
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	\$			\$	

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