

SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

Application for Energy Conservation Assistance

Name: _____	File #: _____
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 Do you pay your own utilities? _____

Heat Purchased from: _____ Address: _____

Electric Utility Company: _____ Address: _____

<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
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RENTAL AGREEMENT ON FILE? YES NO DATE: _____ LANDLORD PARTICIPATION? YES NO AMOUNT \$ _____

APPLICATION STATUS: APPROVED DISAPPROVED – REASON: _____

BY: _____, Weatherization Coordinator DATE: _____