

DATE: _____

COUNTY: _____

PREPARED BY: _____ CLIENT FILE #: _____

INTAKE CENTER: Sherman Gainesville Bonham Mail-In

 Last Name _____ First Name _____ MI _____

Street Address _____

Mailing Address _____

City _____ State Texas Zip Code _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____

Has this residence ever received services from the Weatherization Program? Yes No Date: _____

Would you like to be referred to our Weatherization Program? Yes No

HOUSEHOLD DEMOGRAPHICS

Household Member	M/F	DOB	Relationship	Citizen	Veteran	Disabled	Race	Hisp or None	Health Insurance	Level of Education
			SELF							

Applicant:

INCOME List the income for all household members 18 and over (please print)			
Household Member	*Pay Cycle	Amount	†Income Source

* Weekly, Bi-Weekly, Monthly, Bi-Monthly † Wages, Worker's Comp, SSI Benefits, VA Benefits, Unemployment, Social Security Benefits, Pension, TANF, No Income

DOES ANYONE IN HOUSEHOLD RECEIVE FOOD STAMPS? Yes No **Number of Household Members** _____

HOUSEHOLD TYPE

Single Parent/Female Single Parent/Male Two-Parent Household
 Single Person Adults Only Extended Family

HOUSING TYPE **HOUSING STATUS** **ENERGY USED TO HEAT** **TYPE OF AIR CONDITIONING**

Single Family Home Rent Natural Gas None
 Mobile Home Own Electricity Central Unit
 Multi-Dwelling Bottled Gas Window Unit
What year was your home built? _____ Other (Specify) Evaporative Cooler

UTILITY TYPES

Electricity **Company:** _____ **Account #:** _____
 Gas **Company:** _____ **Account #:** _____
 Propane **Company:** _____ **Account #:** _____

CLIENT CERTIFICATION, AUTHORIZATION, UNDERSTANDING, & AGREEMENT

My answers to all of the previous questions and the statements I have made are TRUE and CORRECT to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for WEATHERIZATION services, I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state or federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, gender or political belief.

I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received or a delay of service delivery.

PENALTIES FOR FRAUD: Whoever obtains or attempts to obtain Energy Services (utility assistance or weatherization services) for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

Signature of Applicant

Date

Applicant:

***** FOR OFFICE USE ONLY *****

RECOMMENDED COMPONENT

- CEAP Household Crisis Component
- CEAP General Assistance Component
- CSBG Assistance
- Utility Company Energy Aid Programs
- Weatherization
- DENIED**

EDUCATION MATERIALS

- Energy Conservation
- Budgeting Tips
- Benefits Program Information
- Heat Wave Tips
- Lead-Based Paint Brochure

TOTAL ANNUAL HOUSEHOLD INCOME

LEVEL OF HOUSEHOLD INCOME

- 0 - 50%
- 51 - 75%
- 76 - 150%
- 151% & Over

ENERGY BURDEN %:

- 1 - 10%
- 11 - 19%
- 20 - 29%
- 30% & Over

DESCRIPTION OF HOUSEHOLD SITUATION/ELIGIBILITY DETERMINATION

IF DENIED, GIVE REASON:

DATE NOTICE OF DENIAL WAS MAILED: _____

Client Specialist

Application Completion Date