Dear Weatherization Client,

In order to process your application, we need to receive **all** of the following:

1. Intake Form

2. Weatherization Application Form

3. Heating Bills – October 1 – June 30 of the previous year. Contact your vendor for a printout. If you did not live in your home that year, contact your vendor and request fuel usage for that home during that period.

4. Income Verification – You must submit **one** of the following:

    1. Fuel Assistance acceptance letter from County Social Services

    2. Federal Income Tax Return – 1st page only from previous year

5. Rental Agreement – must be signed by landlord and applicant, do **not** include $100. That will be requested at the time of weatherization.

If your application is missing any one of these items, it will not be processed until everything is received. This will only prolong your waiting period, so please include everything right away.

Sincerely,

Al Franks
Weatherization Coordinator

APPLICATION FOR NORTH DAKOTA LOW INCOME WEATHERIZATION PROGRAM
Red River Valley Community Action
1013 North Fifth Street
Grand Forks, ND 58203

NAME	PHONE
ADDRESS	
CITY ZIP	STATE
SOCIAL SECURITY #	DIRECTIONS
AGE OF EACH FAMILY MEMBER:	
ELIGIBILITY DATA INCOME VERIFICATION Please check one: _____ _____ ( ) ELDERLY _____ ( ) HANDICAPPED _____ ( ) CAUCASIAN _____ ( ) AMERICAN INDIAN _____ ( ) OTHER_____ _____ _____ Household size: _____ circle one: _____ 1 2 3 4 5 6 7 8 9 10 11 12 $_____ $_____	INCOME: ENCLOSED Social Security Disability SSI Retirement Vet Benefits AFDC Gen Assistance Unemployment Employment Other Total AGENCY USE ONLY: POVERTY GUIDELINES
OCCUPANCY STATUS: circle one OWNER RENTER	YEARS AT ADDRESS_____
IF RENTER, WHO IS YOUR LANDLORD? _____ HOW LONG?_____	

DWELLING TYPE: check one	FUEL: check one or two
( ) Single Family Home	( ) Oil ( ) Electricity
( ) Mobile Home	( ) LP Gas ( ) Coal
( ) 2-4 Family Units	( ) Natural Gas

Enclose Verification From Supplier of Heating Bills From Oct 1 – June 1
My Main Energy Supplier is:_____ I Pay $ _____ per month

The information provided me to establish my eligibility is true and accurate to the best of my knowledge.

I grant permission to the administering agency or its designee to inspect heating fuel and billing records for my home for up to five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done, and direct the pertinent utility and fuel companies to make records available to the administering agency.

_____
SIGNATURE OF APPLICANT

DATE SIGNED

_____

_____
AGENCY REVIEW:
Application Status: _____Approved _____Disapproved –
Reason_____

By _____ Weatherization Coordinator
Date _____