



4212 Gateway Dr
 Grand Forks ND 58203
 (701) 746-5431

Low-Income Residential Cooling Program Cooling Assistance Application

Assistance under the Low-Income Residential Cooling Program can only be granted to households whose income and assets are within the guidelines of the Heating Assistance component, as described in Sections H-1 and H-2 of the North Dakota LIHEAP Plan of Operation. ****This application is for a cooling device, not utility assistance.***

Fulfillment is subject to funding limits and availability of AC units. There is a limit of one AC unit per household.

1. Head of Household

Name		Rent	Own	
Address	City	State	Zip Code	
Social Security Number	Date of Birth	Phone Number		
I am interested in (check one):	fan	window or portable AC unit	central AC repair (homeowners only)	
Primary heat/fuel source in home (check one):	natural gas	propane	fuel oil	electricity

2. Eligibility

Are you on LIHEAP (Fuel Assistance)	Yes	No*
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****If you are NOT on LIHEAP, you need a referral from social services. Contact them at their Customer Support Center by calling 1-866-614-6005. An eligibility worker must process a LIHEAP Heating Assistance application to determine income eligibility. If you are eligible, they will send a referral to RRVCA. They can fax the referral to 701-746-0406 Attn: Pam, or email it to psolga@rrvca.com. Your cooling application will not be processed until we receive the eligibility referral.***

3. Release of Information

As an applicant for assistance under the Low-Income Residential Cooling Program, I authorize persons having custody or knowledge of information, to include but not limited to medical and other confidential information, to release information to the North Dakota Department of Health and Consolidated Laboratories, Red River Valley Community Action, or the authorized agents of either, for determining eligibility for cooling assistance.

Signature of Applicant	Date
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Office Use Only	Funding	_____ LIHEAP	_____ ARPA
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If you are a renter, this form is required.

LIHEAP Cooling Program Landlord Release Form

Landlord Name/Company _____

Landlord Address _____

City/State/Zip Code _____

Landlord Phone _____

Agreement

I (landlord named above) agree to allow (tenant name) _____

the installation of an air conditioner supplied by Red River Valley Community Action at

Unit # _____

Address _____

City/State/Zip Code _____

This agreement acknowledges that the tenant is the rightful owner of the air conditioner and as the owner, has the right to take the air conditioner with them when they move out of the above stated residence.

Signatures

Tenant _____ Date _____

Landlord _____ Date _____

General Intake Form 2022

Red River Valley Community Action Agency, 1013 N 5th St, Grand Forks, ND 58203

701-746-5431 - Phone 701-746-0406 - FAX Services seeking: _____

Date		First Name				M.I.		Last Name	
Birthdate ____/____/____		Age		Social Security Number ____-____-____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
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			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)			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"/> CHIP <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <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 <input type="checkbox"/> Youth (14-24) neither working or in school			
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"/> Employment		\$		<input type="checkbox"/> SNAP			\$		
<input type="checkbox"/> Social Security/SSI/SSDI (circle)		\$		<input type="checkbox"/> WIC			\$		
<input type="checkbox"/> VA Benefits		\$		<input type="checkbox"/> LIHEAP			\$		
<input type="checkbox"/> Child / Spousal Support (circle)		\$		<input type="checkbox"/> Section 8/ Public Housing			\$		
<input type="checkbox"/> TANF		\$		<input type="checkbox"/> Permanent Supportive Housing			\$		
<input type="checkbox"/> Pension / Retirement (circle)		\$		<input type="checkbox"/> HUD-VASH			\$		
<input type="checkbox"/> Unemployment		\$		<input type="checkbox"/> Childcare Voucher			\$		
<input type="checkbox"/> Other: _____		\$		<input type="checkbox"/> Other: _____			\$		
<input type="checkbox"/> I have no income at this time (initial here): _____				<input type="checkbox"/> I have no benefits at this time (initial here): _____					
<p>I, _____ [print name], understand Red River Valley Community Action (RRVCA) will maintain the confidentiality of personal and financial information I provide, except that RRVCA may share information with individuals within RRVCA or acting for RRVCA as necessary to provide services to me, to keep me updated about RRVCA programs, services and initiatives and to administer its programs and RRVCA may disclose information upon request of or as required by RRVCA's funding sources and/or for purposes of internal or external audits, monitoring, investigations or evaluations, and as authorized or required by law, legal process, or court order. For any other purpose, RRVCA will only disclose information with my written consent.</p>									
Applicant Signature: _____						Date: _____			

Additional Household Members

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount/How often	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	