



Creating Better Communities

When applying for **Weatherization**, the following documentation is required to be submitted with the application and general intake form:

1. Heat and electric usage-contact your electric and heat suppliers and request consumption and billing histories for one full calendar year. If you have not lived at the address for 12 months then we will contact you to get the information when your name nears the top of our waiting list. They can fax this information to our office at 701-746-0406 Attn: WX Dept. *Note: if your supplier is Xcel Energy, we can look this information up for you if you provide your account number on the application.*
2. Income Verification- If you are on fuel/heating assistance, provide us with a copy of your "Client Notice of Action" that you received from County Social Services. If you are not on fuel assistance, you must submit one or more of the following to prove household income:
 - a) Federal Income Tax Return-1st page only from previous year
 - b) Social Security, Disability, or Veteran's Benefit Statement-copy of your approval letter
 - c) SSI, School Grants or Alimony
 - d) Unemployment or Workers Comp.
3. Landlord and applicant-if you are renting or leasing-you must sign the Rental Agreement (enclosed). All three copies must be sent in with the weatherization application and your copies will be returned when the weatherization services have been completed.
4. Verification of home ownership, (include one of the following):
 - a) Copy of Deed
 - b) Copy of title if mobile home
 - c) Verification from local county Register of Deeds Office
 - d) Copy of Contract for Deed- must be signed and dated by the grantor and the grantee
 - e) Current Copy of Property Tax Statement.

When applying for the **Furnace & Water Heater Program**, you must provide verification of home ownership and a copy of your "Client Notice of Action" that you received from County Social Services; along with your application and general intake form.

If your application is missing any of the required items, it will not be processed. Once we've received all of the information and your application is approved, you will receive an approval letter. If your application is denied, you will receive notification by mail. If you change your address, phone number(s) or other pertinent information after you submit your application, please call our office and inform us as soon as possible. If you have questions, please contact our office 701-746-5431 or 800-450-1823.

Application for North Dakota Low Income Weatherization or Furnace/Water Heater Program

Red River Valley Community Action, 4212 Gateway Dr, Grand Forks ND 58203 Phone: 701-746-5431

Service Requested (check all that apply):

Furnace (homeowners only, must be on LIHEAP)

Water Heater (homeowners only, must be on LIHEAP)

Weatherization (homeowners and renters) If renter, landlord agreement required.

Household Demographics (check all that apply)

Elderly Disabled Native American

Other (specify) _____

Total number of people in the household: _____

Ages of all household members _____

Name _____ **Social Security Number** _____ - _____ - _____

Date of Birth _____ **Primary Phone** _____ **2nd Phone** _____

Street Address _____ **Mailing Address** _____

City _____ **State:** North Dakota **Zip Code** _____

County (check one): Grand Forks Walsh Pembina Nelson

Directions to your home: _____

Are you currently on LIHEAP (Fuel/Heating Assistance)? Yes No
If yes, please provide a copy of the "Client Notice of Action" you received from Social Services.

Occupancy Status: Homeowner Renter Years at Address _____

Dwelling Type (check one)

Single Family Home

Year Built _____

Mobile Home

Number of bathrooms _____

Multi-Unit Complex

Number of exhaust fans in kitchen and bathroom _____

Primary Heat Source (check one)

Electricity Natural Gas Propane Oil Wood

Other (specify) _____

Office Use Only HEU HEB E D NA CH

Approved By _____ Date _____ Income Level _____% Total PP _____

Income _____

Heating System (check one)

_____ Hot Air _____ Hot Water (Boiler) _____ Baseboard Electric _____ Space Heater
_____ Other (specify) _____

Water Heater (check one)

_____ Electric _____ Propane _____ Natural Gas

Vendors (Main Energy Suppliers)

Fuel Vendor

_____ Xcel Energy Xcel Energy Account Number _____
_____ MDU MDU Account Number _____
_____ CHS Ag Services CHS Ag Service Account Number _____
_____ Other (specify) _____ Account Number _____

Electric Vendor

_____ Xcel Energy Xcel Energy Account Number _____
_____ Ottertail Power Ottertail Power Account Number _____
_____ Nodak Electric Nodak Electric Account Number _____
_____ Other (specify) _____ Account Number _____

Any and all information regarding clients will be kept confidential. All application and eligibility determination information will be protected against discriminate access by RRVCA staff and will not be made available for public view.

THE INFORMATION PROVIDED ME TO ESTABLISH MY ELIGIBILITY IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.*

I authorize the release of all employment/income, utility/fuel records for the purpose of obtaining data required to determine eligibility and for evaluation of energy conserving effectiveness of the work done.

The undersigned specifically acknowledges the residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal, state or local programs and has not been weatherized in the last 15 years.

I agree to allow my home to be photographed/video taped for pre-and post-work documentation. I also agree to authorize RRVCA's employees to enter my home as needed to perform their work. I further consent to the inspection and weatherization of my home by authorized personnel for the purpose of estimating and performing the weatherization work, including the final inspection.

Do you or any member of the household have any existing health problems that may become exacerbated by the weatherization measures that may be performed on your home? If so, please explain:

Signature of Applicant

Date of Application

Verification of No Income

(To be completed by adult household members who are claiming zero income from any source, if appropriate)

Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, etc.);
 - b. Income from operations of business;
 - c. Rental income from real of personal property;
 - d. Interest of dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds; pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources;
 - j. Any other source not named above.

2. Choose one:

() Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

() Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities:

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information constitutes an act of fraud.

Client Signature

Date

RRVCA Staff

Date

General Intake Form 2022

Red River Valley Community Action Agency, 4212 Gateway Dr, 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				
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 / Indigenous <input type="checkbox"/> Asian /Asian American <input type="checkbox"/> Black / African American / African <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	