

## Fill-In Form Instructions

1. Complete the form.
2. Save completed form to your computer under a different name.
3. Email the form as an attachment to  
kjohnson@rrvca.com or psolga@rrvca.com

Questions? Contact our office at 701.746.5431.



## *Creating Better Communities*

Please complete, sign, and date this application and intake form and submit all the information that pertains to you.

1. Weatherization Application Form
2. 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: Kathie or Pam.
3. 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 of the following:
  - a) Federal Income Tax Return-1<sup>st</sup> 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.
4. 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.
5. 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.
6. Intake Form

If your application is missing any of these 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 Program

**Red River Valley Community Action**  
**4212 Gateway Dr**  
**Grand Forks, ND 58203**

**Emergency Service Requested:**  
**Furnace**  
**Water Heater**

|                                                                                                                                                                                                    |                                                                                                                                             |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <u>Name:</u>                                                                                                                                                                                       | <u>Phone #:</u>                                                                                                                             | <u>Cell #:</u>                                                                                        |
| <u>Address:</u>                                                                                                                                                                                    |                                                                                                                                             |                                                                                                       |
| <u>City:</u>                                                                                                                                                                                       | <u>State:</u> North Dakota                                                                                                                  | <u>Zip Code:</u>                                                                                      |
| <u>Social Security #:</u>                                                                                                                                                                          | <u>County:</u>                                                                                                                              |                                                                                                       |
| <u>Directions to your Home:</u>                                                                                                                                                                    |                                                                                                                                             |                                                                                                       |
| <u>Eligibility Data:</u>                                                                                                                                                                           |                                                                                                                                             |                                                                                                       |
| Please Check all that apply:                                                                                                                                                                       |                                                                                                                                             |                                                                                                       |
| <input type="checkbox"/> Elderly<br><input type="checkbox"/> Handicapped<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Other _____ | Social Security: _____<br>Disability: _____<br>SSI: _____<br>Retirement: _____<br>Vet Benefits: _____<br>TANF: _____<br>Unemployment: _____ | <u>Income: Please enclose copies of income verification.</u><br><br>Employment: _____<br>Other: _____ |
| Total number of people living in household: _____                                                                                                                                                  |                                                                                                                                             |                                                                                                       |
| Ages (s) of everyone in household: _____                                                                                                                                                           |                                                                                                                                             |                                                                                                       |
| Are you currently on Fuel/Heating Assistance? _____ Yes _____ No (If yes, provide a copy of the "Client Notice of Action" you received from Social Services.)                                      |                                                                                                                                             |                                                                                                       |
| <u>Occupancy Status:</u>                                                                                                                                                                           | OWNER      RENTER                                                                                                                           | <u>Years at Address:</u> _____                                                                        |
| <u>Dwelling Type:</u> (Check one)                                                                                                                                                                  | Number of rooms with doors _____                                                                                                            |                                                                                                       |
| <input type="checkbox"/> Single Family Home                                                                                                                                                        | Number of windows _____                                                                                                                     |                                                                                                       |
| <input type="checkbox"/> Mobile Home                                                                                                                                                               | Number of stories _____                                                                                                                     |                                                                                                       |
| <input type="checkbox"/> Multi-Unit Complex                                                                                                                                                        | Number of Bathrooms _____                                                                                                                   |                                                                                                       |
| Year Built: _____                                                                                                                                                                                  | Number of exhaust fans in bathroom & kitchen _____                                                                                          |                                                                                                       |

**\*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 previously (unless work was performed prior to Sept. 30, 1994).

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: \_\_\_\_\_

\_\_\_\_\_

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**Signature of Applicant** **Date**

# Fuel Form

## 1. Primary Heating Source:

- Electricity                       Propane                       Wood  
 Oil                                       Natural Gas                       Other \_\_\_\_\_

## 2. Heating System:

- Hot Water                       Baseboard Electric                       Other \_\_\_\_\_  
 Hot Air                       Space Heater

### **ENERGY COST PER YEAR REQUIRED**

You, the applicant, will be responsible for providing us with a utility report of the last **12-months** of **electricity & fuel usage/costs**. **If you are an Xcel Energy customer please provide us with your account number (below) so we can get the usage for you.** Your suppliers can fax the information to **(746-0406)**. Attention Kathie or Mike.

## 3. Vendors (Main Energy Suppliers): REQUIRED

### Electric Vendors:

- Xcel Energy  
 Ottertail Power  
 Nodak Electric  
 Other: \_\_\_\_\_

Xcel Account #: \_\_\_\_\_

### Fuel Vendors (N. Gas, Propane, Oil, etc):

- Xcel Energy  
 MDU  
 Mutch Oil  
 Ferrell Gas

Other: \_\_\_\_\_

## 4. Monthly Payments:

Electric payment per month: \$ \_\_\_\_\_

Heat payment per month: \$ \_\_\_\_\_

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.

### Agency Review:

Application Status: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved-Reason: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

## 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:

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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: \_\_\_\_\_**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                  |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------|---------------|
| <b>Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>First Name</b>                                                                                                              |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                    | <b>M.I.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | <b>Last Name</b> |               |
| <b>Birthdate</b><br>____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Age</b>                                                                                                                     | <b>Social Security Number</b><br>____-____-____ |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | <b>Gender</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Transgender |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                  |               |
| <b>Are you disabled?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>U.S Military</b><br><input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>What is your Ethnicity?</b><br><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>How many in the Household?</b> |                  |               |
| <b>What is your primary race?</b><br><input type="checkbox"/> American Indian / Alaska Native / Indigenous<br><input type="checkbox"/> Asian /Asian American<br><input type="checkbox"/> Black / African American / African<br><input type="checkbox"/> Native Hawaiian / Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Multi-race (two or more of the above)                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                 | <b>What is your highest level of education?</b><br><input type="checkbox"/> 0-8 <sup>th</sup><br><input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> non-grad<br><input type="checkbox"/> HS grad/GED<br><input type="checkbox"/> 12 grade + some Post-Secondary<br><input type="checkbox"/> 2 or 4 years College Graduate<br><input type="checkbox"/> Graduate of other Post-Secondary |                                                                                                           |                                                                                                                                                    | <b>What is your medical coverage?</b><br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Medicare<br><input type="checkbox"/> CHIP<br><input type="checkbox"/> State Health Insurance for Adults<br><input type="checkbox"/> Military Health Care<br><input type="checkbox"/> Employment Based<br><input type="checkbox"/> Other                                                                                                                                                |                                   |                  |               |
| <b>What is your family type?</b><br><input type="checkbox"/> Single Person<br><input type="checkbox"/> Single Parent Female<br><input type="checkbox"/> Single Parent Male<br><input type="checkbox"/> Two Adults. No Children<br><input type="checkbox"/> Two Parent Household<br><input type="checkbox"/> Non-related Adults with Children<br><input type="checkbox"/> Multigenerational Household<br><input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                                 | <b>What is your current housing situation?</b><br><input type="checkbox"/> Own<br><input type="checkbox"/> Rent<br><input type="checkbox"/> Other Permanent housing<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown                                                                                                                 |                                                                                                           |                                                                                                                                                    | <b>Work Status?</b><br><input type="checkbox"/> Employed Full Time<br><input type="checkbox"/> Employed Part Time<br><input type="checkbox"/> Migrant Seasonal Farm Worker<br><input type="checkbox"/> Unemployed (Short Term, 6 months or less)<br><input type="checkbox"/> Unemployed(Long Term, more than 6 months)<br><input type="checkbox"/> Unemployed (Not in Labor Force)<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Youth (14-24) neither working or in school |                                   |                  |               |
| <b>Mailing Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>City</b>                                                                                               |                                                                                                                                                    | <b>State</b><br>ND                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Zip Code</b>                   |                  | <b>County</b> |
| <b>Primary Phone Number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                | <b>Secondary Phone Number:</b>                                                                            |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Email Address:</b>             |                  |               |
| <b>What income do you receive?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                | <b>How much?</b>                                | <b>How often?</b>                                                                                                                                                                                                                                                                                                                                                                              | <b>What Benefits do you receive?</b>                                                                      |                                                                                                                                                    | <b>How much?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>How often?</b>                 |                  |               |
| <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> |                                                                                                                                |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                  |               |
| <b>Applicant Signature:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Date:</b> _____                |                  |               |

**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                   |  |