

For Office Use Only

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD
Please complete all items and questions and attach required proof
An incomplete application will delay assistance

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YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

#

Please Print or Type	First Name	Initial	Last Name	Your Social Security Number		
	Present Mailing Address (no. and street, including route)			Apartment		
	City	State OHIO	Zip code	Ohio County TRUMBULL		
	Daytime Telephone Including Area Code		Date of Birth Mo. Day Yr.			
	Present Service Address (if different from above)			Apartment		
	City	State	Zip code	Ohio County		

- 1) Including yourself, how many people live in your household?
(Include all persons listed on question number 2.)
- 2) Including yourself, list names, ages, social security numbers, and gross incomes for the last 3 or 12 months of everyone living in your household. (Use separate sheet if necessary. Include all income of all persons living in your household, except wage or salary income earned by dependent minors under 18. **(Attach proof of income - see instructions)**)

Household Members	Social Security Number	Date of Birth	Income Source	Current Mo.	Last 3 Mo.	Last 12 Mo.
1						
2						
3						
4						
5						
6						
7						
8						

- 3) What was your total gross household income for the past 12 months?
- 4) 1 yes 2 no Do you receive Public Assistance? Case Number

- 5) **INCOME SOURCE (Check the Income Source(s) For Your Household)** **DOCUMENTATION MUST BE PROVIDED!**
- Wages Pension Social Security Child Support Employment Disability
- Self Employment VA Pension SSDI Workers'Comp Interest/Other
- Unemployment VA Disability SSI TANF/DA Self Declaration

- 6) 1 yes 2 no Is anyone in the household a citizen of a country other than the United States? If no, skip to question 9.
- 7) 1 yes 2 no If question 6 is yes, does that person(s) have permanent U.S. resident status?
- 8) 1 yes 2 no If question 6 is yes, does that person(s) have temporary U.S. resident status?

- 9) Number of Native Americans (as defined by the U.S. Bureau of Indian Affairs) in the household?
- 10) Number of migrant farm workers in the household?
- 11) Number of disabled people in the household?

- 12) 1 yes 2 no Are any household members indicated in number 11 totally and permanently disabled? (If yes, include proof - see Instructions)

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March, 2001

WEATHERIZATION QUESTIONNAIRE

Name _____ Job # _____

DIRECTIONS: _____

Electrical: Fuses Breakers Unknown Any problems? If so, explain: _____

Heating: Is your gas on or do you have fuel to test the furnace? Yes No

Any furnace problems? Yes No If so, explain: _____

Asbestos: To your knowledge, does your home have any existing asbestos? Yes No

NOTE: EXISTING ASBESTOS MAY PREVENT US FROM PROVIDING WEATHERIZATION SERVICES AT YOUR ADDRESS

Hot Water Tank: Gas Electric Other: _____

Any tank leak and/or plumbing problems? Yes No If so, explain: _____

Roof: Any leaks? Yes No _____

Basement: Any leaks or standing water? Yes No _____

Insulation: Any attic insulation? Yes No If YES, what type, amount and who installed it. _____

Vents: Any attic ventilation? Yes No

Attic access: Hatch Drop Steps Stairway Other: _____

Insulation: Any sidewall insulation? Yes No If YES, what type, amount and who installed it. _____

Siding: Wood Aluminum Vinyl Brick/Block

Insul-brick Asbestos Wood/Shake Vertical Aluminum

Kitchen Range/Oven: Gas Electric Does your oven work? Yes No

NOTE: GAS RANGES AND OVENS MUST BE CLEANED FOR CARBON MONOXIDE TESTING BEFORE OUR INSPECTOR ARRIVES

Lead paint: To your knowledge, does your home have any existing lead paint inside or outside? Yes No

Have you or anyone in your household been tested and/or treated for lead poisoning at this address? Yes No

NOTE: EXISTING LEAD PAINT MAY PREVENT US FROM PROVIDING WEATHERIZATION SERVICES AT YOUR ADDRESS

COMMENTS: _____

Applicant's Signature: _____ Date: _____