

To be submitted with the completed Client Intake Form: Applicant photo identification and social security cards for all household members, proof of home ownership, total household income for past twelve months and a copy of the last utility bill.

## WEATHERIZATION ASSISTANCE PROGRAMS

### CLIENT INTAKE FORM

|  |                    |  |
|--|--------------------|--|
| <b>AGENCY NAME:</b>  |                    | <b>JOB NO:</b>   |
| CLIENT NAME:   |                    | OWNER'S NAME:  |
| SOCIAL SECURITY #: (last 4 digits)   |                    | PHONE NO.:   |
| UNIT ADDRESS:  |                    | MAILING ADDRESS:   |
| CITY:  | ZIP                | COUNTY: ZIP  |
| LANDLORD AGREEMENT   | YES _____ NO _____ | OWNERSHIP PROOF (source) YEAR BUILT:   |
| <b>INCOME ELIGIBILITY:</b> Must include <u>annual</u> income for <b>ALL</b> household members.   |                    |  |
| <b>Type of Income:</b>   | <b>Client</b>      | <b>Others in household</b>   |
| A. EMPLOYMENT  |                    |  |
| B. UNEMPLOYMENT COMPENSATION   |                    |  |
| C. SOCIAL SECURITY   |                    |  |
| D. SUPPLEMENTAL INCOME (SSI)   |                    |  |
| E. RETIREMENT  |                    |  |
| F. T.A.N.F.  |                    |  |
| G. OTHER (type)  |                    |  |
| <b>Subtotals:</b>  |                    |  |
| <b>TOTAL HOUSEHOLD INCOME = \$</b>   |                    |  |
| <b>Main Heating Fuel Source (Check one) Propane _____ Natural Gas _____ Electric _____ Wood _____ Other _____</b>                                  |                    |  |
| <b>TOTAL # OF PEOPLE</b>   |                    | <b>CLIENT CHARACTERISTICS:</b>   |
| <b>RESIDING IN HOUSE:</b>  |                    | Check each characteristic of the client who qualifies for assistance.<br>(Client may be counted in more than one category. Client is not a child.) |
| Utility Bill at time of application \$   |                    | <b>ELDERLY (60 &amp; older)</b>  |
| <b>CHARACTERISTICS OF ALL PEOPLE IN HOUSE:</b>   |                    | <b>DISABLED</b>  |
| (Each person may be counted in more than one category)   |                    | <b>N. AMERICAN INDIAN</b>  |
| <b>ELDERLY (60 &amp; older)</b>  |                    | <b>HIGH ENERGY BURDEN HOUSEHOLD</b>  |
| <b>DISABLED</b>  |                    | <b>RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)</b>  |
| <b>NATIVE AMERICAN INDIAN</b>  |                    | <b>OTHER (Income qualified only)</b>   |
| <b>CHILDREN (2 &amp; under )</b>   |                    | <b>UNITS BY OCCUPANCY: check only one below:</b>   |
| <b>CHILDREN (3 to 5 years )</b>  |                    | <b>OWNER OCCUPIED HOME</b>   |
| <b>CHILDREN (6 to 12 years)</b>  |                    | <b>SINGLE FAMILY RENTER</b>  |
| All other people not included in above categories  |                    | <b>MULTI FAMILY</b>  |
|  |                    | <b>OWNER MOBILE HOME</b>   |
|  |                    | <b>RENTER MOBILE HOME</b>  |
| <b>CLIENT AGREEMENT:</b>   |                    |  |
| 1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.                                 |                    |  |
| 2. I certify that my household meets the income guidelines of this program.  |                    |  |
| 3. I hereby give permission to enter these premises for the purpose of conducting and energy audit and having my home weatherize.                  |                    |  |
| 4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company. |                    |  |
| 5. There are _____ are not _____ occupant health issues that will prevent performing diagnostic testing.   |                    |  |
| <b>CLIENT SIGNATURE:</b>   |                    | <b>DATE:</b>   |
| <b>A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT.</b>                                 |                    |  |