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					
AGENCY NAME:			JOB NO:		
CLIENT NAME:		OWNER'S NAME:			
SOCIAL SECURITY #: (last 4 digits)		PHONE NO.:			
UNIT ADDRESS:		MAILING ADDRESS:			
		COUNTY:	ZIP		
		OWNERSHIP PROOF (source)	YEAR BUILT:		
	-ama	· · · · · ·	<u> </u>		
INCOME ELIGIBILITY: Must include annual inc Type of Income:	Come	Client	Others in	household	
A. EMPLOYMENT		Olicit	Others in	Houselloid	
B. UNEMPLOYMENT COMPENSATION					
C. SOCIAL SECURITY			 		
			 		
D. SUPPLEMENTAL INCOME (SSI) E. RETIREMENT					
F. T.A.N.F.			 		
			<u> </u>		
G. OTHER (type)			<u> </u>		
TOTAL HOUSEHOLD INCOME = \$	totals:				
·		No. of Co	Oth		
Main Heating Fuel Source (Check one) Propane TOTAL # OF PEOPLE		Natural Gas Electric Wood Other CLIENT CHARACTERISTICS:			
RESIDING IN HOUSE:			Check each characteristic of the client who qualifies for assistance.		
		(Client may be counted in more than one category. Client is not a child.)			
Utility Bill at time of application \$		ELDERLY (60 & older)			
CHARACTERISTICS OF All PEOPLE IN HOUSE:		DISABLED			
(Each person may be counted in more than one category)		AMERICAN INDIAN			
ELDERLY (60 & older)		HIGH ENERGY BURDEN HOUSEHOLD			
DISABLED		RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)			
NATIVE AMERICAN INDIAN		OTHER (Income qualified only)			
CHILDREN (2 & under)		UNITS BY OCCUPANCY: check only one below:			
CHILDREN (3 to 5 years)		OWNER OCCUPIED HOME			
CHILDREN (6 to 12 years)		SINGLE FAMILY RENTER			
All other people not included in above		MULTI FAMILY			
categories		OWNER MOBILE HOME			
		RENTER MOBILE HOME			
CLIENT AGREEMENT: 1. I voluntarily waive the provisions of the Privacy Act in order t 2. I certify that my household meets the income guidelines of th 3. I hereby give permission to enter these premises for the purp 4. I authorize this agency or its representatives to obtain inform 5. There are are not occupant health issues that will be	his progrose of nation re	gram. f conducting and energy audit and having my home weathe egarding my utility usage as needed from the appropriate o		y.	

A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT.

DATE:

Form CIF-11

CLIENT SIGNATURE: