

WEATHERIZATION ENERGY ASSISTANCE BLOCK GRANT PARTICIPANT ASSESSMENT APPLICATION

Do you have a disconnection notice or less than 48 hours of bulk fuel? Yes No Application Date: _____

Applicant Last Name:		Applicant First Name:	M.I. :
MAILING Address:			
City:	State:	Zip Code:	
PHYSICAL Address: (if same as mailing address, leave blank)			
City:	State:	Zip Code:	
County:	Home Phone:	Other Phone:	

- Household Members - Please provide vital details regarding those who live in your home.

Household Member Name	Applicant	Household Member	Household Member	Household Member
Relationship	Applicant / Self			
Date of Birth				
Social Security #				
Race				
Gender				
US Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non Cash Benefits (Check All That Apply)	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Section 8 / Public Housing <input type="checkbox"/> TAFI / TANF	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Section 8 / Public Housing <input type="checkbox"/> TAFI / TANF	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Section 8 / Public Housing <input type="checkbox"/> TAFI / TANF	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Section 8 / Public Housing <input type="checkbox"/> TAFI / TANF
Health Insurance (Include Type of Health Ins.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Employment (Check All That Apply)	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Self <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking
Farm Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education (Highest Grade Completed)				
Social Security (Check All That Apply)	<input type="checkbox"/> SS Retirement <input type="checkbox"/> SSDI (Disability) <input type="checkbox"/> SSI (Supplemental Sec. Income)	<input type="checkbox"/> SS Retirement <input type="checkbox"/> SSDI (Disability) <input type="checkbox"/> SSI (Supplemental Sec. Income)	<input type="checkbox"/> SS Retirement <input type="checkbox"/> SSDI (Disability) <input type="checkbox"/> SSI (Supplemental Sec. Income)	<input type="checkbox"/> SS Retirement <input type="checkbox"/> SSDI (Disability) <input type="checkbox"/> SSI (Supplemental Sec. Income)

Office Use Only - Total in EA Household:

Total Household Members*:

**If there are more household members that cannot be included on this form, please ask for an additional page.*

- Household Income -Provide *Gross Income* totals for the Previous 3 Months. If household income was zero for that time, enter zero for total household income, complete the rest of this page and complete the **Zero Income Declaration** section on the next page.

Household Member Name					3 Month Total Gross Income
Source of Income					
Employment	\$	\$	\$	\$	\$
TAFI	\$	\$	\$	\$	\$
SSI / AABD	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$
Self-Employment	\$	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$	\$
Unemployment Compensation	\$	\$	\$	\$	\$
Interest Income	\$	\$	\$	\$	\$
Other: (Please List)	\$	\$	\$	\$	\$
3 Month Total Gross Income	\$	\$	\$	\$	\$
3 Month Total Household Gross Income:					\$

**If there is more household member income that cannot be included on this Household Income Form, please ask for an additional page.*

- Housing Details - Please provide details about your home.

Occupancy Status: Rent Own Staying or Living with Another N/A Other: _____

Housing Type:
 Manufactured Home/Mobile Home Travel Trailer/RV (Under 40ft) Single Family Home
 Duplex Triplex (3 Unit) Apartment Complex 4 Unit 4+ Apartment Complex

Rental Amount: \$ _____ **Rent Subsidized?** (Based on Income) Yes No **Heat Included In Rent?** Yes No

Landlord's Name: _____ **Landlord's Phone #:** _____

Landlord's Address: _____

- Heating Details - Please provide details on how you heat your home.

PRIMARY Source of Heat:
 Electricity Natural Gas Propane (Delivered) Propane (Small Bottles)
 Oil Wood Pellets Energy Logs

PRIMARY Heating Vendor: _____ **Account Number:** _____

Do you have a disconnection notice? Yes* No *If Yes, What is your Disconnect Date? _____

Are you out of Bulk Heating Fuel? Propane Oil Wood Pellets Energy Logs _____

Electricity Vendor: _____ **Account Number:** _____

Primary Heating Equipment Status? <input type="checkbox"/> Working <input type="checkbox"/> Not Working <input type="checkbox"/> N/A	Water Heater Status? <input type="checkbox"/> Working <input type="checkbox"/> Not Working <input type="checkbox"/> N/A	Cooling Source:
--	---	------------------------

- Zero Income Declaration - *Please complete if there was ZERO income in the household over the previous 3 Months*

I DECLARE THAT THE GROSS INCOME FOR MY HOUSEHOLD HAS BEEN ZERO THE PREVIOUS 3 MONTHS.
 I understand that willful misrepresentation and/or concealment of facts can result in criminal and civil penalties.
 My household basic living needs for the previous 3 months have been met by: (Give a brief explanation below)

Shelter _____ Food _____ Utilities _____

Signature: _____ Date: _____

I (we) certify that the information provided in this application is true and correct. I understand that willful misrepresentation and/or concealment of facts on this application can result in criminal and civil penalties.

Signature of Applicant: _____ Date: _____

Signature of Agency Representative: _____ Date: _____

NONDISCRIMINATION

If you believe you have been discriminated against because of race, color, sex, handicap, national origin, religious creed, or political belief, you can file a complaint. Complaint forms are available from the address listed below or at the assistance provider listed above.

DEPARTMENT OF HEALTH AND WELFARE
 CIVIL RIGHTS AFFIRMATIVE ACTION SECTION
 P.O. BOX 83720 BOISE, ID 83720-0036

YOUR RIGHTS

If your application for assistance is denied, you will be notified in writing of the reason for the denial. If you are dissatisfied with this decision or feel you have been discriminated against in any way, you have thirty (30) days from the date the notice is mailed in which to request a fair hearing using form HW 0406. If you file a fair hearing request, you will have a right to find out if your eligibility for LOW INCOME HOME ENERGY ASSISTANCE and/or WEATHERIZATION ASSISTANCE was incorrectly determined according to State and Federal law and policy.

PRIVACY ACT AND INFORMATION RELEASE

Under Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552 a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested. You may retain this statement for your records.

Authority: The specific authority for the maintenance of this report is in sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct Federal and State agencies, which are sponsoring these programs, to monitor the effectiveness of the programs, and to require the local Non-Profit agency implementing the programs to keep records to enable program monitoring.

Your responses to the request for information are entirely voluntary, however should you decline to provide the information requested, you will not be considered for assistance.

_____ I understand that completion of this application does not constitute immediate approval for the Community Action Agency Programs.

_____ I hereby give my permission for the release of any information needed to process this application to a Representative of the Department of Health and Welfare and/or Non-Profit agency, organization or their designee or to any state and federal agency, as required by law.

_____ I understand my information will be held in accordance with DHW Confidentiality Regulations.

_____ I hereby authorize my electric and/or primary heating fuel utility to provide my billing and usage data to the representative of the Department of Health and Welfare and/or non-profit agency or their designee.

Under penalty of perjury, I certify that the information contained in this application is true and correct. I understand that I am applying for federal benefits and I could be sanctioned and required to return any benefits I receive if I willfully misrepresent and/or conceal facts. Sanctions may include administrative, civil, or criminal actions against me, including prosecution.

Participant Signature: _____ Date: ____/____/____

Address: _____

Primary Heat Utility: _____ Account Number: _____

Electric Utility: _____ Account Number: _____

Agency Representative: _____ Date: ____/____/____