



Weatherization Assistance Program

REQUIRED INFORMATION FOR APPLICATION



The following information is needed to complete your Weatherization Intake File. Please complete the documents as instructed below, provide all copies as requested, sign the provided forms and return the information to:

**Weatherization Program
Community Action Council 3020
Willamette Dr. NE
Lacey, WA 98516**

PROOF OF HOUSEHOLD'S INCOME, ALL SOURCES (PAST 3 CALENDAR MONTHS LISTED BELOW)

Examples of acceptable documentation include: paystubs; payroll statements; award letters; direct deposits on bank statements; employer statements on company letterhead (gross earnings by month); W-2 tax information forms; printouts from Social Security or Employment Security. If there is NO income for the household OR there is NO documentation of the income; you should contact CAC for the appropriate forms which must be completed, signed and notarized.

SIGN AND DATE (ONLY) the HOUSEHOLD (HIF) & INCOME (8213) INFORMATION FORMS (Our staff will fill in the blanks with the information requested above.) Please date for month of _____ as the date determines which months of income are required.

Please fill out the **Client Social Service Tracking - Intake Form (CSST)**

The enclosed *WEATHERIZATION CONSENT FORMS* should be signed and dated by either the:

HOMEOWNER(s)

OR provided to the **LANDLORD(s)** for their signatures

Please contact us at (360) 438-1100 x 2100 with any questions.

HOUSEHOLD INFORMATION FORM (HIF) (7/2016)

| | | | |
|----------|--|--|---------------------|
| *Agency: | Assistance Provided: <input type="checkbox"/> *Energy Assistance OR <input type="checkbox"/> *Crisis - Imminent OR <input type="checkbox"/> *Crisis - No Heat <input type="checkbox"/> Other Emergency Services <input type="checkbox"/> Conservation Education | <input type="checkbox"/> Interested in Weatherization <input type="checkbox"/> Tribal Member <input type="checkbox"/> Received Food Assistance <input type="checkbox"/> Heat with rent <input type="checkbox"/> Received EAP last program year | File Number: |
| *County: | | | Certification Date: |

SECTION A: Household Contact & Eligibility Information

*Primary Applicant: _____
 (Last Name) (First Name) (Middle Initial)

*Residence Address: _____
 City, State, Zip: _____

Mailing Address: _____
 (If different)
 City, State, Zip: _____

Phone Number: () - () Message Phone: () - () Lived at Residence: Years: Months:

| | | | |
|--|--|--|--|
| *Housing Status: 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Roomer/Boarder 5 <input type="checkbox"/> Temp Housing Cost per Month: \$ | *Housing Type: 1 <input type="checkbox"/> 1-3 Family 2 <input type="checkbox"/> 4+ Family 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV Number of Bedrooms: _____ | *Income/Benefits: <input type="checkbox"/> SSI <input type="checkbox"/> Earned Income <input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> GA <input type="checkbox"/> Self Employed <input type="checkbox"/> VA <input type="checkbox"/> Child Support <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Unemployment <input type="checkbox"/> Military <input type="checkbox"/> Other | *Total Number of People in the Household: *Household's Monthly Income: \$ |
|--|--|--|--|

| | | |
|--|---|--|
| Target Group #1: <input type="checkbox"/> Yes <input type="checkbox"/> No | *Primary Heat Source: 1 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Oil 2 <input type="checkbox"/> Natural Gas 5 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Propane 6 <input type="checkbox"/> Coal | *Annual Heat Cost: \$ <input type="checkbox"/> Back Up Heat Cost Total Energy Cost: \$ <input type="checkbox"/> Used Surrogate Data *Total Annual Electric Costs: \$ |
| Target Group #2: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION B: Energy Assistance (EAP)

Staff: _____ P.O.#: _____

Payment to Vendor(s):

| | |
|-------------------|----------------------------------|
| #1 _____ Acct. #: | HOUSEHOLD ELIGIBILITY AMOUNT: \$ |
| #2 _____ Acct. #: | Direct Pay to Applicant: \$ |
| | TOTAL EAP PAID TO DATE: \$ |

SECTION C: Other Emergency Services (OES)

Staff: _____ P.O.#: _____

| | | |
|---|-----------|----|
| Heat System: Repairs <input type="checkbox"/> | Vendor #: | \$ |
| Replacement <input type="checkbox"/> | Vendor #: | \$ |
| Other Repairs & Services: | Vendor #: | \$ |
| | Vendor #: | \$ |
| Shelter Assistance: | Vendor #: | \$ |

TOTAL OES PAID TO DATE: \$

I certify that I have provided and reviewed all information on each page of this document and it is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I further understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I feel I am eligible. I give my permission for this agency and Washington State Department of Commerce (COMMERCE) to request/release necessary information that may result in my receiving benefits from this assistance request and from similar and related programs administered by the State of Washington, including food assistance. I also give the above listed heating vendor(s) permission to establish a line of credit, and/or to release my account information to this agency or COMMERCE for current and future data analysis and eligibility determination. I understand that provision of my social security number is necessary to avoid duplicate energy assistance benefit payments to the same applicant household. I hereby authorize energy program staff to also use my social security number for income verification purposes (including Employment Security Unemployment Insurance and DSHS Food Assistance). I further authorize this agency and COMMERCE to use my personal information within their organizations for the purpose of identifying and reporting unduplicated non-personal applicant data.

*Applicant Signature: _____ Date: _____
 (Note: All fields designated with an (*) are required information.)



Community Action Council

Of Lewis, Mason & Thurston Counties

Energy Assistance Program

Client Social Service Tracking ~ Information Intake Form

The information requested on this form is used for statistical purposes and is shared between the programs within Community Action Council only. Please provide as accurate data as possible as this data may affect your application for services. The information you provide will help us better serve you.

| | | | | |
|--|---|---------------------------------|-------------------|--|
| Social Security # _____ - _____ - _____ | Name (Primary Applicant): _____ (First Name) (MI) (Last Name) | Date of Birth: _ / _ / _ | Age: _____ | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
|--|---|---------------------------------|-------------------|--|

| | |
|---|--|
| Residential Address: _____ (Street) _____ (City) (State) (Zip Code) | Phone Number: (____) _____ - _____ Email: _____ Total number of people in your household: _____ Does everyone in the home have a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive Energy Assistance through us last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you or someone in your household a member of a Native American Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive Food Assistance in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your home been weatherized? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in FREE weatherization services? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mailing Address (if different): _____ (Street) _____ (City) (State) (Zip Code) | |
| Signature _____ Date _____ | |

| | | | |
|---|--|---|---|
| Client Characteristics (check all that apply): <input type="checkbox"/> I am disabled. <input type="checkbox"/> I am a military veteran. <input type="checkbox"/> I am Hispanic or Latino. <input type="checkbox"/> I have health insurance. <input type="checkbox"/> I have a Provider One card. <input type="checkbox"/> I do NOT have health insurance. | Race (check all that apply): <input type="checkbox"/> American Indian or Alaskan Native (Tribe: _____) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____ | Highest Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 / Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> 12+ some post-secondary <input type="checkbox"/> 2 or 4 year college graduate |
|---|--|---|---|

| | | | |
|---|---|---|--|
| Housing Status: <input type="checkbox"/> Own/Buy <input type="checkbox"/> Boarder <input type="checkbox"/> Subsidized <input type="checkbox"/> Temporary <input type="checkbox"/> Rental <input type="checkbox"/> Other Monthly Payment \$ _____ | Housing Type: <input type="checkbox"/> House <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Apartment (2 story building or less) <input type="checkbox"/> Hi-Rise (3 stories or more) <input type="checkbox"/> Mobile <input type="checkbox"/> RV/Less than 40' <input type="checkbox"/> Other | Number of bedrooms: _____ Date moved into current residence: _____ | Language: <input type="checkbox"/> English <input type="checkbox"/> Other _____ |
|---|---|---|--|

| | |
|---|--|
| What is your MAIN source of HEAT? _____ Other Energy Types: <input type="checkbox"/> All Electric <input type="checkbox"/> Natural Gas Only <input type="checkbox"/> Electric & Gas <input type="checkbox"/> Other _____ | What is your MAIN source of COOLING? _____ <input checked="" type="checkbox"/> Central AC <input type="checkbox"/> Ductless AC <input type="checkbox"/> Portable AC <input checked="" type="checkbox"/> Fans <input type="checkbox"/> Other _____ <input type="checkbox"/> None Are you in need of a portable air conditioner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Name on Energy Bill if different: _____ If yes, are they currently living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please list ALL OTHER Household Members' information on reverse side.

