

Home Weatherization Application

(APPLICATION CANNOT BE PROCESSED WITHOUT PREVIOUS 12-MONTHS INCOME)

PLEASE COMPLETE AND RETURN TO:
 Salish & Kootenai Housing Authority
 PO Box 38, Pablo MT 59855
 Weatherization Program

Age of your home (OR year built) _____

Do you live in a mobile home? YES NO

IF YOU LIVE IN A MOBILE HOME, THE WEATHERIZATION PROGRAM CANNOT SKIRT YOUR HOME; HOWEVER IF YOU NEED MINOR SKIRTING REPAIRS, THIS MAY BE FEASIBLE. WE WILL NOT BE ABLE TO DETERMINE UNTIL YOUR ENERGY AUDIT IS COMPLETED.

Name: _____

Phone #: _____

Address: _____

City: _____

Zip Code: _____

Birth day: _____

SS #: _____

Monthly Income: _____

Source of Income: _____

****Proof of income 12 months prior to today's date is REQUIRED****

Number of Persons in your home: _____ Enrolled?: _____ 1st Descendant?: _____

Tribal Affiliation: _____ Enrollment# _____

****Proof of enrollment and/or proof of descendency are required****

List All Others in Home and All Income

Name	Date of Birth	Social Security No.	Income	Tribal Yes/No

Are you or anyone in your household permanently disabled or handicapped: Yes No

*If so please provide name and a brief description:

Do You Own or Rent your home?

If renting, please list the name and address of your Landlord:

Type of Heat (Your main source only)

____ Propane ____ Oil Furnace ____ Oil Stove
____ Electric ____ Forced Air ____ Wood Only

Has your home been Weatherized by this Program before? _____
*If so please give the date: _____

Have you ever received Home Improvement Assistance(HIP)? ____ Yes ____ No
**If so please give short detail of work and approximate date completed:

PLEASE GIVE COMPLETE DIRECTIONS TO YOUR HOME. PLEASE BE SURE TO INCLUDE WHAT SIDE OF STREET HOME IS ON, STREET NUMBER, HOUSE NUMBER, COLOR, ETC. OF HOME:

Having a working home, cell, or message number is very important. Keeping us informed of any changes will allow us to keep your file current, otherwise it could slow down the processing of your application; communication is important.
(Please initial that you have read this statement)

Initial

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I CERTIFY THAT INFORMATION PROVED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL PROVIDE PROOF OF MY INCOME. I AUTHORIZE THE WEATHERIZATION PROGRAM TO OBTAIN INFORMATION NECESSARY TO VERIFY ANY OF THESE STATEMENTS WHEN NECESSAR; AND ALSO TO OBTAIN INFORMATION FROM OTHER TRIBAL ENTITY THAT MAY BENEFIT THE WEATHERIZATION PROGRAM. I UNDERSTAND I HAVE THE RIGHT TO APPEAL ANY DECISION MADE ON THIS APPLICATION. WE PROTECT THE RIGHT OF CONFIDENTUALITY.

Applicant Signature

Date

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FOR OFFICE USE ONLY

Approved: _____ *Denied:* _____

Reason For Denial: _____

Program Representative: _____

APPEAL DATE: _____

APPEAL RESPONSE: _____