



## Weatherization Program

Home Delivered Meals ● Congregate Meals ● Transportation ● Home Improvements  
and Other Services for Seniors in Seminole County

### Preliminary Application

Application name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

or  Same as above

Home Phone: ( )- -

Cell Phone: ( )- -

*Please check which number is best to contact you*

### Household Information

*Fill in the following information*

Name	Age	Sex: M/F	Relation	Social Security #	Source of Income	Gross Annual Income

*Check to complete the following statements*

I  rent  own my house.

I  do  do not have a mortgage.

I  do  do not have home insurance.

**My assets include:**

Checking Account  Saving Account  Trust Fund

Rental Property  Real Estate  Other Investment

**Head of Household Statistical Information**

*Check all that apply*

- Race/Ethnicity:**    White                       Black/African American                       Other  
                                   Asian                                       Hispanic/Latino American  
                                   American Indian/Alaska Native       Native Hawaiian/Pacific Islander

**Conditions of House**

*Fill in the following information*

Type of Structure	# of Bedrooms	# of Bathrooms	Approx. Year Built	Repairs Needed
<input type="checkbox"/> Block	<input type="checkbox"/> 1	<input type="checkbox"/> 1	_____	<input type="checkbox"/> Roof
<input type="checkbox"/> Wood	<input type="checkbox"/> 2	<input type="checkbox"/> 2		<input type="checkbox"/> Electrical
<input type="checkbox"/> Brick	<input type="checkbox"/> 3	<input type="checkbox"/> 3		<input type="checkbox"/> Other _____
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> 4	<input type="checkbox"/> 4		Emergency Situation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 5	<input type="checkbox"/> 5		Life Threatening Situation? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Acknowledgement Statement**

*Please read carefully before signing application below.*

I/We certify that the statements above are true and compete to the best of my/our knowledge and belief under penalty of perjury, including fines and/or imprisonment.

Further, I/We are aware that submission of this application does not guarantee that the work requested will be performed.

**Applicant(s) Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Grants and funding provided by Dept. of Energy and the Florida Dept. of Community Affairs*

***End of application. Office use only below this line.***

\_\_\_\_\_  
Recorder's Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time