

**Documentation of all income (12 months), proof of identity, home ownership, copies of Social Security Cards for all household members, and a copy of the most recent electric bill must be provided to the local agency with this application.**

## WEATHERIZATION ASSISTANCE PROGRAMS

CLIENT INTAKE FORM													
<b>AGENCY NAME:</b> <i>Meals on Wheels, Etc.</i>								<b>JOB NO:</b>					
<b>CLIENT'S NAME:</b>						<b>OWNER'S NAME:</b>							
<b>SOCIAL SECURITY #:(last 4 digits only)</b>						<b>PHONE NUMBER:</b>							
<b>STREET ADDRESS:</b>						<b>MAILING ADDRESS:</b>							
<b>CITY:</b>				<b>ZIP:</b>		<b>COUNTY:</b> <b>Seminole</b>				<b>Living Sq. Ft.</b>			
<b>LANDLORD AGREEMENT:</b>						<b>OWNERSHIP PROOF:</b> (source)				<b>Year Built:</b>			
<b>INCOME ELIGIBILITY:</b> Must include <u>annual</u> income for <b>ALL</b> household members. <div style="float: right;"><b>Others in household</b></div>													
<b>TYPE OF INCOME:</b>						<b>Client</b> (Annual Income)			(Annual Income)				
<b>A. EMPLOYMENT</b>													
<b>B. UNEMPLOYMENT COMPENSATION</b>													
<b>C. SOCIAL SECURITY</b>													
<b>D. SUPPLEMENTAL INCOME (SSI)</b>													
<b>E. RETIREMENT</b>													
<b>F. T.A.N.F.</b>													
<b>G. OTHER (TYPE):</b>													
<b>Subtotals:</b>													
<b>YEARLY HOUSEHOLD INCOME:</b>				<b>Monthly:</b>									
<b>Main Heating Fuel Source (Check one)</b>				<b>Propane</b>		<b>Natural Gas</b>		<b>Electric</b>		<b>Wood</b>		<b>Other</b>	
<b>TOTAL # OF PEOPLE RESIDING IN HOUSE:</b>				<b>CLIENT CHARACTERISTICS</b> 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: \$				<b>Elderly (60 &amp; older)</b>									
Utility Company Name:				<b>DISABLED</b>									
<b>CHARACTERISTICS OF ALL PEOPLE IN HOUSE:</b>				<b>N. AMERICAN INDIAN</b>									
(Each person may be counted in more than one category)				<b>HIGH ENERGY BURDEN HOUSEHOLD</b>									
<b>EIDERLY (60 &amp; older)</b>				<b>RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)</b>									
<b>DISABLED</b>				<b>OTHER (Income Qualified Only)</b>									
<b>NATIVE AMERICAN INDIAN</b>				<b>UNITS BY OCCUPANCY: check only one below:</b>									
<b>CHILDREN ( 2 &amp; under )</b>				<b>OWNER OCCUPIED HOME</b>									
<b>CHILDREN ( 3 to 5 years )</b>				<b>SINGLE FAMILY RENTER</b>									
<b>CHILDREN ( 6 to 12 years )</b>				<b>MULTI FAMILY</b>									
All other people not included in above categories:				<b>OWNER MOBILE HOME</b>									
				<b>RENTER MOBILE HOME</b>									
<b>CLIENT AGREEMENT:</b> 1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility. 2. I certify that my household meets the income guidelines of this program. 3. I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized. 4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company. 5. There are ____are not____occupant health issues that will prevent performing diagnostic testing													
<b>CLIENT SIGNATURE:</b>						<b>DATE:</b>							
A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT.      Form CIF-11 Mod GBD													