



Nutritious Meals • Transportation • Home Improvements • and Other Services for Seniors in Seminole County

## Weatherization Program Preliminary Application

Applicant Name: \_\_\_\_\_

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

Mailing address \_\_\_\_\_

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    ☐ Savings Account    ☐ Trust Fund  
                                 ☐ Rental Property    ☐ Real Estate    ☐ Other Investment

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## 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 the application below

I/We certify that the statements above are true and complete to the best of my/our knowledge and belief under penalty or 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: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Date: \_\_\_\_\_

Time: \_\_\_\_\_

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