



Washtenaw County Weatherization Program Application  
 336 Harriet St. Ypsilanti Michigan 48197  
 734-544-2948

| For Office Use Only             |  |
|---------------------------------|--|
| JOB NUMBER:                     |  |
| APPLICATION DATE:               |  |
| ELIGIBILITY DETERMINATION DATE: |  |

The Local Weatherization Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help in reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to the Local Weatherization Agency in your area.

**APPLICATION FOR WEATHERIZATION ASSISTANCE**

**INSTRUCTIONS:** THIS APPLICATION MUST BE COMPLETED IN INK. THE APPLICANT SHALL COMPLETE PART I AND II. DOCUMENTATION OF ALL SOURCES OF INCOME MUST BE INCLUDED WITH THIS APPLICATION. THE APPLICANT WILL RECEIVE WRITTEN NOTIFICATION OF ELIGIBILITY DETERMINATION.

**PART I - GENERAL INFORMATION**

|                                   |    |              |  |   |  |
|-----------------------------------|----|--------------|--|---|--|
| (1) NAME (Last, First and Middle) |    |              | (2) APPLICANT ADDRESS (Street Number and Name) |   |  |
| (3) CITY                          | MI | (4) ZIP CODE | (5) COUNTY                                     | (6) DIRECTIONS TO THE DWELLING/SPECIAL PROBLEMS & CONSIDERATIONS: |  |

Email Address:

|   |               |                          |                 |                            |      |                                      |      |                              |
|---|---------------|--------------------------|-----------------|----------------------------|------|--------------------------------------|------|------------------------------|
| (7) HOME PHONE NUMBER                                       |               | (8) MESSAGE PHONE NUMBER |                 | (9) NAME OF CONTACT PERSON |      | (10) TOTAL # OF PERSONS IN HOUSEHOLD |      |                              |
| (11) NUMBER OF PERSONS IN THE HOUSEHOLD WHO ARE OR RECEIVE: | ELDERLY (60+) | DISABLED                 | NATIVE AMERICAN | PREGNANT                   | FIP* | SSI*                                 | SDA* | FOOD ASSISTANCE PROGRAM(FAP) |

(12) HAS THE APPLICANT OR OTHER HOUSEHOLD MEMBER(S) RECEIVED ASSISTANCE UNDER TITLE IV-A (FAMILY INDEPENDENCE PROGRAM), TITLE XVI (SUPPLEMENTAL SECURITY INCOME) OF THE SOCIAL SECURITY ACT, OR STATE DISABILITY ASSISTANCE WITHIN THE LAST 12 MONTHS?  
 YES  NO  **\*NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBLE**

|  |  |   |  |
|--|--|---|--|
| (13) TYPE OF DWELLING<br>SINGLE FAMILY <input type="checkbox"/><br>MOBILE HOME <input type="checkbox"/><br>MULTI-FAMILY <input type="checkbox"/><br>TOTAL NUMBER OF UNITS FOR MULTI-FAMILY BUILDING: |  | (14) DWELLING OWNERSHIP:<br>OWN <input type="checkbox"/><br>RENT <input type="checkbox"/><br>LAND CONTRACT <input type="checkbox"/> | (15) RENTAL INFORMATION:<br>LANDLORD NAME<br>Contact person:<br>ADDRESS:<br>PHONE: |
|--|--|---|--|

(16) IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS?  
 YES  NO

|  |  |  |   |
|--|--|--|---|
| (17) Complete the information below regarding your main heating source.<br><b>Please include a copy of your LAST fuel or HEATING bill with this application.</b> |  | (18) Complete the information below regarding your electric company.<br>Please include a copy of your LAST electric bill with this application |   |
| Company:   | Account Number:  | Company:   | Account Number:   |
| Are your heating costs included in your rent?<br>Yes <input type="checkbox"/><br>No <input type="checkbox"/>   | Is the name on your heating bill different from the Applicant's name?<br>If yes, give that name: | Is your electricity included in your rent?<br>Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                      | Is the name on your electric bill different from the Applicant's name?<br>If yes, give that name: |
| Do you share a main heat source meter with another household?<br>Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                     | ESTIMATED ANNUAL USAGE:  | Do you share an electric meter with another household?<br>Yes <input type="checkbox"/><br>No <input type="checkbox"/>                          | ESTIMATED ANNUAL USAGE (kwh):   |
| Yearly Heating Cost:   |  | Yearly Electric Cost:  |   |

**APPLICATION FOR WEATHERIZATION ASSISTANCE**

**PART I (Continued)**

(19) IDENTIFY SOURCE(S) AND AMOUNT OF INCOME FOR EACH MEMBER OF THE HOUSEHOLD (AS OF THE DATE OF APPLICATION) FOR THE PREVIOUS 12 MONTHS. ALL HOUSEHOLD MEMBERS MUST BE LISTED, INCLUDING THOSE WITH NO INCOME.

| HOUSEHOLD MEMBER | DATE OF BIRTH | SOURCE(S) OF INCOME | Source #1<br>Previous 3 months | Source #2<br>Previous 3 months |
|------------------|---------------|---------------------|--------------------------------|--------------------------------|
|                  |               |                     |                                |                                |
|                  |               |                     |                                |                                |
|                  |               |                     |                                |                                |
|                  |               |                     |                                |                                |
|                  |               |                     |                                |                                |

**PART II - APPLICANT'S SIGNATURE SECTION**

(20) I HEREBY MAKE APPLICATION FOR WEATHERIZATION SERVICES. I UNDERSTAND THAT THE SERVICES ARE PROVIDED FREE OF CHARGE. AND ELIGIBILITY IS BASED ON THE TOTAL INCOME OF ALL MEMBERS OF THE HOUSEHOLD FOR THE PREVIOUS THREE MONTHS. I CERTIFY THAT ALL THE INFORMATION I PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THE LOCAL WEATHERIZATION OPERATOR AND/OR DESIGNATED AGENT MAY VERIFY THE INFORMATION IF DEEMED NECESSARY.

I HEREBY AUTHORIZE THE MICHIGAN DEPARTMENT OF HUMAN SERVICES AND/OR SOCIAL SECURITY ADMINISTRATION TO RELEASE INFORMATION RELATIVE TO ASSISTANCE PAYMENTS RECEIVED.

I HEREBY AUTHORIZE ALL UTILITY COMPANIES TO PROVIDE COPIES OF BILLS OR OTHER INFORMATION ON CONSUMPTION OF FUEL FOR A MINIMUM PERIOD OF 12 MONTHS PRIOR TO WEATHERIZATION AND 12 MONTHS AFTER WEATHERIZATION OF MY HOUSEHOLD.

I HEREBY GRANT PERMISSION FOR THE LOCAL WEATHERIZATION OPERATOR OR ITS SUBCONTRACTORS TO ENTER MY HOME FOR THE PURPOSE OF WEATHERIZATION ASSISTANCE IN ACCORDANCE WITH STATE AND FEDERAL POLICIES. THE LOCAL WEATHERIZATION OPERATOR HAS MY PERMISSION TO PROVIDE STATE OR FEDERAL REPRESENTATIVES WITH MY NAME, ADDRESS, AND PHONE NUMBER. I UNDERSTAND THAT STATE OR FEDERAL AUTHORITIES MAY WISH TO CONTACT ME DIRECTLY ABOUT THE QUALITY AND TYPE OF SERVICES I RECEIVED.

|                        |      |                            |      |
|------------------------|------|----------------------------|------|
| APPLICANT'S SIGNATURE: | DATE | INTAKE WORKER'S SIGNATURE: | DATE |
|                        |      |                            |      |

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|---|--|---|
| (A) HOME OWNERSHIP<br>SELF-CERTIFIED <input type="checkbox"/> | DOCUMENT REVIEWED <input type="checkbox"/> | (B) WAS HOME OWNERSHIP DOCUMENTATION OBTAINED FOR THE CLIENT/JOB FILE<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|   |  | IF NO, DESCRIBE: _____  |

|                          |   |                              |  |
|--------------------------|---|------------------------------|--|
| (C) NUMBER IN household: | (D) Number in household   | HOUSEHOLD INCLUDES CHILDREN: |  |
|                          | Under age 18 <input type="checkbox"/> Pregnant <input type="checkbox"/> | (E) AGES 3-5                 | YES <input type="checkbox"/> NO <input type="checkbox"/> |
|                          |   | (F) AGE 2 OR YOUNGER         | YES <input type="checkbox"/> NO <input type="checkbox"/> |

|                               |                       |  |                              |
|-------------------------------|-----------------------|--|------------------------------|
| (G) INCOME POVERTY GUIDELINE: | (H) AMOUNT OF INCOME: | (I) APPLICANT ELIGIBLE<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | (J) PRIORITY GROUP ASSIGNED: |
|-------------------------------|-----------------------|--|------------------------------|

(K) CHECK HOUSEHOLD INCOME LEVEL  
 LESS THAN 75%  76-100%  101-125%  126-150%  151-200%  OVER 200%

|   |  |
|---|--|
| (L) WRITTEN ELIGIBILITY NOTIFICATION SENT?<br>YES <input type="checkbox"/> IF YES, DATE: _____<br>NO <input type="checkbox"/> | (M) APPLICANT PROVIDED WITH THE APPEAL PROCEDURE?<br>YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
|---|--|

|   |  |   |
|---|--|---|
| (N) DWELLING PREVIOUSLY WEATHERIZED?<br>YES <input type="checkbox"/> IF YES, DATE: _____<br>NO <input type="checkbox"/> | (O) REFERRED TO MDHS?<br>YES <input type="checkbox"/><br>NO <input type="checkbox"/> | (P) REFERRED TO UTILITY COMPANY?<br>YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
|---|--|---|

|   |   |
|---|---|
| (Q) IS THIS DWELLING A HIGH RESIDENTIAL ENERGY USER?<br>YES <input type="checkbox"/><br>NO <input type="checkbox"/> | (R) IS THIS A HOUSEHOLD WITH A HIGH ENERGY BURDEN?<br>YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
|---|---|

|   |                               |
|---|-------------------------------|
| (S) LOCAL WEATHERIZATION REPRESENTATIVE | (T) DATE DETERMINED ELIGIBLE: |
|   |                               |

(U) MULTI-FAMILY BUILDING ONLY - IDENTIFY JOB/CLIENT NUMBER(S) OF THE OTHER UNITS BEING WEATHERIZED IN THE BUILDING