

APPLICATION FOR WEATHERIZATION ASSISTANCE

Blount County Community Action Agency, Inc.

(Name of Agency)

Part 1 - Applicant Information (Please Print):

Applicant Name: _____

Telephone Number: _____

Applicant Address: _____

City

State

Zip

Race (Check One):

American Indian or Alaskan Native: _____; Asian or Pacific Islander _____;

Black (Non- Hispanic): _____; Hispanic: _____; or Caucasian: _____.

(This information is for data collection purposes only).

Number of children five (5) years old or younger at the time of application: _____

Part 2 - Housing Information (Please check as appropriate):

Type of Structure: Single Family ___ Owner Occupied ___ Rental ___

Public Housing: Private Multi-Unit ___ One Story ___ Two Story ___

Three Story ___ Split Level ___ Mobile Home ___

Exterior Type: Wood/Masonite ___ Aluminum/Steel/Vinyl ___ Stucco ___

Brick/Stone ___ None ___ or Other ___

Square Feet: _____

If you rent your dwelling unit, please provide the following landlord information:

Landlord Name: _____ Telephone Number: _____

Landlord Address: _____

City

State

Zip

Part 3A - Categorical Eligibility

Part 2 of 3

- Does any member of your household receive Supplemental Security Income (SSI) or cash assistance under the Families First Program; Yes ___ No ___. If "Yes", please attach any documentation of this income, and sign and date the statement in Part 4. You do not have to complete Part 3B.
- Adult Protective Service Referral? Yes ___ No ___
- Household with high energy burden? Yes ___ No ___
- Do you receive regular financial assistance for a disability? Yes ___ No ___.
- Do you have a permanent disability? Yes ___ No ___.
- If you claim handicapped status, describe your disability in your own words. (Formal verification not required.) _____

Part 3B - Income Eligibility

If no member of your household receives income from the SSI or Families First Programs, please complete this part for all household members, and sign and date the statement in Part 4.

Income Documentation: Y / N

Name	SSN*	Birthday	Relation to Applicant	Monthly Income
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	\$ _____

Part 4 – Applicant Certification Statement

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that any one who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status.

Applicant Signature

Date

*Services may not be delayed or denied due to a client's inability or refusal to provide a Social Security Number.

FOR AGENCY USE ONLY

Are there any known plans for the government acquisition or clearance of dwelling unit:
Yes ___ No ___ (If "Yes", the TDHS is to be notified before any action is taken on the application.)

Total Annual Household Income Determined: \$ _____ Categorically Eligible:
Yes ___ No ___

Application Status: Approved ___ Denied ___ Priority Points: _____

Signature of Intake Worker

Date

Signature of Determining Official

Date