

Nicholas

Community Action Partnership, Inc.
Support * Empower * Grow

Attached is the Weatherization Application that you requested:

Please complete ALL information and answer ALL questions. We CANNOT process any Application without all the forms being completed and all Required documents being submitted.

You must Provide:

- Proof of Income for every individual living in the home Copies of pay stubs, Award letters for Social Security as examples (NO Bank Statements).
- All individuals over the age of 18 with no income will be required to sign a Zero income affidavit. This form can be obtained at your local Community Action Agency.
- Recent copy of your heating bill (gas, propane, etc.) and an electric bill.
- Photo ID
- Proof of Ownership or signed Rental Release Agreement from the owner.

We must receive all information in order to complete the applications process. Failure to send acceptable copies of the household income, electric bill documentation and all other required documents will result in denial of your application.

Please provide detailed directions to your home.

Application can be delivered or mailed to:
 Nicholas CAP, Inc.
 1205 Broad St
 Summersville, WV 26651

Should you have any questions. Please call 304-872-1162 Ext 1107 for assistance.

| Intake Date | / | ff Completing | j Intake |
|------------------------|---|----------------------------|---|
| Address / De | mographics | | |
| First Name | MI <u>Las</u> | t Name | Suffix |
| Mailing Address | | Physical Address | |
| | CITY STATE ZIP CODE | | CITY STATE ZIP CODE |
| Phone | Home- (Cell- () Work- () - X | Message | Accept Text Messages? |
| SS# | ☐ Partial SSN Reported ☐ Confidential ☐ Unavailable ☐ Refused ☐ Unknown | Date of Birth | MM DD YYYY Full DOB Reported Partial DOB Reported Don't Know Refused |
| Gender | ☐ Male ☐ Female ☐ Other | Ethnicity | □ Non-Hispanic/Non-Latino □ Hispanic/Latino |
| Race | □ American Indian or Alaska Native □ Asian □ Bi-racial or Multi-racial □ Black or African-American □ Caucasian or White | Marital Status Tribe | ☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Partner ☐ Widowed ☐ None ☐ Blackfoot |
| | Middle EasternNative Hawalian or Pacific IslanderUnspecified | 50 | ☐ Cherokee ☐ Choctaw ☐ Pawnee ☐ Pima |
| Primary Language | ☐ African ☐ North American/Alaska☐ Caribbean ☐ Other☐ Creole☐ Pacific Island☐ East Asian☐ Spanish☐ European/Slavic☐ German☐ Middle Eastern/South Asian☐ Native Central/South American or Mexican☐ | Secondary Language | ☐ African ☐ North American/Alaska☐ Caribbean ☐ Other☐ Creole☐ Pacific Island☐ East Asian☐ Spanish☐ European/Slavic☐ German☐ Middle Eastern/South Asian☐ Native Central/South American or Mexican☐ |
| Health Insurance | ☐ Direct-Purchase ☐ None ☐ Employment Based ☐ Unknown ☐ Medicaid ☐ Medicare ☐ Military Health Care ☐ State Children's Health Insurance Program ☐ State Health Insurance for Adults | Education Level | ☐ 0-8 ☐ 9-12 Non-Graduate ☐ High School Graduate/GED ☐ Some College/Certificate/Trade ☐ 2-4 Year College Graduate ☐ Post Graduate Degree ☐ Unknown |
| Disabling Condition | ☐ Yes ☐ No ☐ Unknown | Military Status | ☐ Active Military ☐ None ☐ Unknown |

| | ☐ Single Person (living alone) | Housing Own | | | | |
|-------------|---|--|--|--|--|--|
| Туре | ☐ Single Person (living with partner) | ☐ Rent- Subsidized (HUD, Section 8, etc.) | | | | |
| | ☐ Single Person (living with others) | ☐ Rent- Unsubsidized | | | | |
| | ☐ Two Adults (NO children) | ☐ Homeless | | | | |
| | ☐ Single parent Female (living with children) | ☐ Incarcerated | | | | |
| | ☐ Single parent Male (living with children) | ☐ Living with Friends or Family | | | | |
| | ☐ Two Parent Household (living with children) | ☐ Transitional / Shelter | | | | |
| | ☐ Multiple Adults (living with children) | ☐ Unknown | | | | |
| | ☐ Grandparent(s) (raising grandchildren) | | | | | |
| Charact. | ☐ Applicant | ☐ Vision Impaired | | | | |
| (check all | □ Debarred | □ Hearing Impaired | | | | |
| that apply) | ☐ Employee, Relative of Board Member | ☐ Head Start /EHS — Foster Parent of Child | | | | |
| alor oppiy) | ☐ Youth (14-24) not working or in school | ☐ Head Start /EHS — Parent of Child | | | | |
| | ☐ No Heat Emergency | ☐ Head Start /EHS - Dual Custody Agreement | | | | |
| | ☐ Foster Child | ☐ Head Start /EHS — Guardian of Child | | | | |
| | ☐ Dwelling Type Override | ☐ Head Start /EHS — Over Income Exception | | | | |
| | ☐ Referred by DHHR | ☐ Head Start - Board of Edu. 4 yr. old | | | | |
| | a referred by britis | Li Nead Start - board of Edd. 4 yr. old | | | | |
| Income | | | | | | |
| | — Na Planaid Danier | | | | | |
| Monthly | □ No Financial Resources | | | | | |
| Sources for | ☐ Employment Earnings | \$.00 | | | | |
| Household | , , | ······································ | | | | |
| Member | ☐ Other Income Sources | | | | | |
| Mentine | ☐ TANF | \$00 | | | | |
| | □ SSI | | | | | |
| | ☐ SSDI | | | | | |
| | □ VA Service-Connected Disability Compensation \$00 | | | | | |
| | □ VA Non-Service Connected Disability Pensio | n \$00 | | | | |
| | ☐ Private Disability Insurance | | | | | |
| | ☐ Worker's Compensation | \$00 | | | | |
| | ☐ Retirement Income from Social Security | | | | | |
| | ☐ Pension | | | | | |
| | ☐ Child Support | | | | | |
| | ☐ Alimony or other Spousal Support | | | | | |
| | ☐ Unemployment Insurance | \$00 | | | | |
| } | □ ETTC | | | | | |
| | ☐ Other | \$00 | | | | |
| | m Non Cook Bonofite | | | | | |
| 1 | ☐ Non-Cash Benefits | h Commandian Harrison | | | | |
| | | t Supportive Housing | | | | |
| | ☐ WIC ☐ HUD-VASH | | | | | |
| | ☐ LIHEAP ☐ Childcare | | | | | |
| | | e Care Act Subsidy | | | | |
| | ☐ Public Housing ☐ Other | | | | | |
| | Total Monthly Income | \$00 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| Employment | | | | | | |
| Work | | Current Employer Name: | | | | |
| Status | G ☐ Yes ☐ No ☐ Unknown | | | | | |
| | If yes or no, what is her/his status? | Employed Singer | | | | |
| | ☐ Employed Full-time with benefits | Employed Since:/_/ | | | | |
| | ☐ Employed Full-time without benefits | ווא עט איז איז פאר איז | | | | |
| | ☐ Employed Part-time | 300 Cumant Employer Names | | | | |
| | ☐ Migrant Seasonal Farm Worker | 2 nd Current Employer Name: | | | | |
| | □ Retired | | | | | |
| | ☐ Unemployed (Long-term more than 6 months) | Facility of Circuit Ci | | | | |
| | ☐ Unemployed (Not in Labor Force) | Employed Since:/ | | | | |
| | ☐ Unemployed (Short-term 6 months or less) | MM DD YYYY | | | | |
| | | | | | | |

| Additional H | Additional Household Member | | | | | | | |
|------------------------|---|---|---|---------------------|-------------|---|-------------------------------------|--|
| First Name | | | MILa | st Name | | | Suffix | |
| Relationship of H | p to Head ousehold | ☐ Aunt | ☐ Foster Child ☐ Foster Parent ☐ Grandchild ☐ Grandparent ☐ In-law ☐ Mother | | | Nephew Niece Other Partner Sister Son | ☐ Spouse ☐ Stepchild ☐ Uncle | |
| Phone | Home- (_ Cell- (_ Work- (_ | | x | Messag | | Accept Text Messages? E-mail- Block from Search | | |
| SS# | ☐ Partial ! | SSN Reported Confiden | | Date (Birt | th . | MM DD Full DOB Reported Don't Know | YYYY Partial DOB Reported Refused | |
| Gender | ☐ Male ☐ Female ☐ Other | | | Marita Statu | us 📗 | ☐ Married ☐ | Divorced Separated Widowed | |
| Race | ☐ American Indian or Alaska Native ☐ Asian ☐ Bi-racial or Multi-racial ☐ Black or African-American ☐ Caucasian or White ☐ Middle Eastem ☐ Native Hawalian or Pacific Islander | | r | Ethnicit | se [| ☐ Cherokee ☐ | atino Blackfoot Choctaw Pima | |
| Primary Language | | Pan Spanish I North Americ Other Pacific Island Spanish | d | Secondar Languag | | ☐ Caribbean ☐ Creole ☐ | | |
| Health Insurance | ☐ Medicali ☐ Medicar ☐ Military ☐ State Cl | ment Based Unknown | own | Education Leve | ei C | ☐ 0-8 ☐ 9-12 Non-Graduate ☐ High School Graduate ☐ Some College/Certific ☐ 2-4 Year College Grad ☐ Post Graduate Degred ☐ Unknown | cate/Trade duate | |
| Disabling Condition | ☐ Yes ☐ No ☐ Unknow | vn | | Militar Statu | | | □ None □ Unknown | |

| Household Type | ☐ Single Person (living with partner) ☐ Single Person (living with others) ☐ Two Adults (NO children) | Housing | ☐ Own ☐ Rent- Subsidized (HUD, Section 8, etc.) ☐ Rent- Unsubsidized ☐ Homeless | |
|------------------------|---|--|---|--|
| | ☐ Single parent Female (living with children) | | ☐ Incarcerated | |
| | Single parent Male (living with children) Two Parent Household (living with children) | • | ☐ Living with Friends or Family ☐ Transitional / Shelter | |
| 1 | ☐ Multiple Adults (living with children) | | ☐ Unknown | |
| | ☐ Grandparent(s) (raising grandchildren) | ! | | |
| Charact. | ☐ Applicant | ☐ Vision Imp | | |
| (check all that apply) | ☐ Debarred ☐ Employee, Relative of Board Member | ☐ Hearing In | npaired :/EHS - Foster Parent of Child | |
| Giat appiy) | ☐ Youth (14-24) not working or in school | | : /EHS - Parent of Child | |
| | ☐ No Heat Emergency | ☐ Head Start | :/EHS – Dual Custody Agreement | |
| | ☐ Foster Child ☐ Dwelling Type Override | | :/EHS Guardian of Child :/EHS Over Income Exception | |
| | ☐ Referred by DHHR | | : - Board of Edu. 4 yr. old | |
| | | | | |
| Income | I - N. E | (1) | France Affilia is Described | |
| Monthly | | | -Income Affidavit Required) | |
| Sources for | 1 ' ' | \$ | 00 | |
| Household Member | I m other fucome sources | | | |
| Menue | □ TANF | <u>\$</u> | 00 | |
| | □ SSI | | 00 .00 | |
| | ☐ VA Service-Connected Disability Compensat | | 00 | |
| | ☐ VA Non-Service Connected Disability Pension | on \$00 | | |
| | ☐ Private Disability Insurance | | | |
| | ☐ Retirement Income from Social Security | | 00 .00 | |
| | ☐ Pension | \$ | 00 | |
| , | ☐ Child Support ☐ Alimony or other Spousal Support | \$ | | |
| | ☐ Unemployment Insurance | | | |
| | D EITC | \$ | 00 | |
| | ☐ Other | \$ | 00 | |
| | □ Non-Cash Benefits | | | |
| | ☐ SNAP ☐ Permanen ☐ HUD-VASI | t Supportive H | ousing | |
| | ☐ LIHEAP ☐ Childcare | • | | |
| | | Care Act Subs | idy | |
| | ☐ Public Housing ☐ Other | | | |
| | Total Monthly Income | <u>\$</u> | 00 | |
| Employment | | | | |
| Wor | | Current Emp | ployer Name: | |
| Statu | | | | |
| | If yes or no, what is her/his status? □ Employed Full-time with benefits | Em ₁ | ployed Since:/ | |
| | ☐ Employed Full-time without benefits | | MM DD YYYY | |
| | ☐ Employed Part-time | 2 nd Current Employer Name: | | |
| | ☐ Migrant Seasonal Farm Worker ☐ Retired | | • | |
| | ☐ Unemployed (Long-term more than 6 months) | P | induced Change | |
| | ☐ Unemployed (Not in Labor Force) ☐ Unemployed (Short-term 6 months or less) | l tm | iployed Since:/ | |
| ı | i — overvitosea (ocore-centro monars or (ess) | i | | |

| Additional H | ousehold | Member | | | | |
|--------------------------------------|---|--|-------------------|-----------------------|---|---|
| First Name | | | MI <u>Las</u> | t Name | | Suffix |
| Relationship to Head of Household | | □ Aunt □ Foster Child □ Brother □ Foster Pare □ Custodial Parent □ Grandchild □ Daughter □ Grandparen □ Father □ In-law □ Former Spouse □ Mother | | nt □ Niece □ Other | | Spouse Stepchild Unde |
| Phone | Home- (_ Celi- (_ Work- (_ | <u> </u> | x | Messagu | Accept Text Message E-mail- Block from Searce | |
| SS# | | SSN Reported Confidence Refused U | | Date o Birti | - 8 | YYYY Partial DOB Reported Refused |
| Gender | r | | | Marita Status | S □ Married | ☐ Divorced ☐ Separated ☐ Widowed |
| Race | Race American Indian or Alaska Native Asian Bi-racial or Multi-racial Black or African-American | | e | Ethnicity | / Non-Hispanic/Non- Hispanic/Latino | Latino |
| | ☐ Middle I | Hawaiian or Pacific Island | ler | Tribe | □ None □ Cherokee □ Pawnee | ☐ Blackfoot ☐ Choctaw ☐ Pima |
| Primary Language | | an 🗆 Other □ Pacific Isla ian □ Spanish an/Slavic | ind | Secondary Language | ☐ Caribbean ☐ Creole ☐ East Asian ☐ English ☐ European/Slavic ☐ German ☐ Middle Eastern/Sou | ☐ North American/Alaska ☐ Other ☐ Pacific Island ☐ Spanish th Asian th American or Mexican |
| Health Insurance | ☐ Medicate ☐ Medicare ☐ Military ☐ State Ch | ment Based □ Unk d | nown e Program | Education Level | | ate/GED ficate/Trade aduate |
| Disabling Condition | ☐ Yes ☐ No | ın. | | Military Status | | □ None □ Unknown |

| Household | ☐ Single Person (living alone) | Housing Own | | |
|-------------|---|--|--|--|
| | ☐ Single Person (living with partner) | ☐ Rent- Subsidized (HUD, Section 8, etc.) | | |
| -76- | ☐ Single Person (living with others) | Rent- Unsubsidized | | |
| 1 | ☐ Two Adults (NO children) | ☐ Homeless | | |
| 1 | | | | |
| 1 | ☐ Single parent Female (living with children) | ☐ Incarcerated | | |
| ł l | ☐ Single parent Male (living with children) | ☐ Living with Friends or Family | | |
| 1 | ☐ Two Parent Household (living with children) | ☐ Transitional / Shelter | | |
| 1 | ☐ Multiple Adults (living with children) | Unknown | | |
| 1 | ☐ Grandparent(s) (raising grandchildren) | | | |
| | a cremperences (reasing granucimaters) | | | |
| Charact. | ☐ Applicant | ☐ Vision Impaired | | |
| (check all | ☐ Debarred | ☐ Hearing Impaired | | |
| | ☐ Employee, Relative of Board Member | ☐ Head Start /EHS - Foster Parent of Child | | |
| | ☐ Youth (14-24) not working or in school | ☐ Head Start /EHS — Parent of Child | | |
| 1 | | | | |
| 1 | O No Heat Emergency | ☐ Head Start /EHS — Dual Custody Agreement | | |
| 1 | □ Foster Child | D Head Start /EHS - Guardian of Child | | |
| 1 | ☐ Dwelling Type Override | ☐ Head Start /EHS — Over Income Exception | | |
| 1 | □ Referred by DHHR | ☐ Head Start - Board of Edu. 4 yr. old | | |
| <u> </u> | | | | |
| Income | | | | |
| Monthly | □ No Financial Resources | (No-Income Affidavit Required) | | |
| Income | LI NO Financial Resources | (No Interne Allegant Nequieu) | | |
| Sources for | □ Employment Earnings | \$00 | | |
| 1 | | | | |
| Household | Other Income Sources | | | |
| Member | □ TANF | \$00 | | |
| | | | | |
| | | | | |
| | | | | |
| 1 | ☐ VA Service-Connected Disability Compensat | | | |
| | VA Non-Service Connected Disability Pensio | n \$00 | | |
| | ☐ Private Disability Insurance | | | |
|] | ☐ Worker's Compensation | | | |
| ì | ☐ Retirement Income from Social Security | | | |
| 1 | ☐ Pension | | | |
| 1 . | ☐ Child Support | | | |
| | ☐ Alimony or other Spousal Support | \$00 | | |
| 1 | ☐ Unemployment Insurance | \$00 | | |
| | | | | |
| | | | | |
| | ☐ Other | \$00 | | |
| | □ Non-Cash Benefits | | | |
| | | t Supportive Housing | | |
| | | | | |
| 1 | D WIC D HUD-VASH | | | |
| | ☐ LIHEAP ☐ Childcare 1 | | | |
| i | | Care Act Subsidy | | |
| ì | ☐ Public Housing ☐ Other | | | |
| 1 | Takel Manthly Turanus | A 00 | | |
| L | Total Monthly Income | \$00 | | |
| Employment | | | | |
| Employment | 1 | | | |
| Work | | Current Employer Name: | | |
| Status | ☐ Yes ☐ No ☐ Unknown | | | |
| | If yes or no, what is her/his status? | | | |
| | | Employed Since:/ | | |
| I | ☐ Employed Full-time with benefits | MM DD YYYY | | |
| 1 | ☐ Employed Full-time without benefits | | | |
| 1 | ☐ Employed Part-time | 2 nd Current Employer Name: | | |
| | ☐ Migrant Seasonal Farm Worker | · · · · · · · · · · · · · · · · · · · | | |
| 1 | ☐ Retired | | | |
| [| ☐ Unemployed (Long-term more than 6 months) | Complement Classes | | |
| 1 | ☐ Unemployed (Not in Labor Force) | Employed Since: | | |
| | ☐ Unemployed (Short-term 6 months or less) | MM DD YYYY | | |

| Additional Household Member | | | | | | | |
|--------------------------------------|--|--|---|---------------------|--|--|--|
| First Name | | | MI Las | t Name | | Suffix | |
| Relationship to Head of Household | | ☐ Aunt ☐ Brother ☐ Custodial Parent ☐ Daughter ☐ Father ☐ Former Spouse | ☐ Foster Child ☐ Foster Parent ☐ Grandchild ☐ Grandparent ☐ In-law ☐ Mother | | ☐ Nephew ☐ Niece ☐ Other ☐ Partner ☐ Sister ☐ Son | ☐ Spouse☐ Stepchild☐ Uncle☐ | |
| Phone | Home- (_ Cell- (_ Work- (_ | <u> </u> | x | Messag | E-mail- Block from Se | | |
| SS# | | SSN Reported Confi | | Date o Birt | fi | / | |
| Gender | ☐ Male ☐ Female ☐ Other | | | Marita Statu | | ☐ Civorced ☐ Separated ☐ Widowed | |
| Race | ☐ Asian ☐ Bi-racia ☐ Black o | en Indian or Alaska Nati i or Multi-racial r African-American ian or White Eastern | ive | Ethnicit Trib | ☐ Hispanic/Latino | | |
| | ☐ Native i | Hawalian or Pacific Islar ified | nder | | □ Pawnee | ☐ Pima | |
| Primary Language | | an | | Secondar Languag | e | • | |
| Health Insurance | ☐ Medicali ☐ Medicar ☐ Military ☐ State Cl | ment Based □ Ur d | nknown ice Program | Education Leve | ☐ 9-12 Non-Gradu ☐ High School Gra ☐ Some College/C ☐ 2-4 Year College ☐ Post Graduate C ☐ Unknown | iduate/GED ertificate/Trade e Graduate Degree | |
| Disabling Condition | ☐ Yes ☐ No ☐ Unknow | | | Militar Statu | | □ None □ Unknown | |

| | | ☐ Single Person (living alone) ☐ Single Person (living with partner) ☐ Single Person (living with others) | Housing | Own Rent- Subsidized (HUD, Section 8, etc.) Rent- Unsubsidized |
|----|-----------------------|---|-------------------------|--|
| 1 | | ☐ Two Adults (NO children) | | ☐ Homeless |
| | | ☐ Single parent Female (living with children) | | ☐ Incarcerated |
| | l | ☐ Single parent Male (living with children) | | ☐ Living with Friends or Family |
| | Ì | ☐ Two Parent Household (living with children) | | ☐ Transitional / Shelter |
| | 1 | ☐ Multiple Adults (living with children) ☐ Grandparent(s) (raising grandchildren) | | □ Unknown |
| L | | | | |
| | Charact. | ☐ Applicant ☐ Debarred | ☐ Vision Imp | |
| ۱. | (check all hat apply) | ☐ Employee, Relative of Board Member | ☐ Hearing Im | paired :/EHS — Foster Parent of Child |
| ' | opp.// | ☐ Youth (14-24) not working or in school | | /EHS - Parent of Child |
| 1 | l | ☐ No Heat Emergency | ☐ Head Start | /EHS - Dual Custody Agreement |
| | | □ Foster Child | | /EHS Guardian of Child |
| | 1 | ☐ Dwelling Type Override | | /EHS - Over Income Exception |
| | | □ Referred by DHHR | Li neau Start | - Board of Edu. 4 yr. old |
| In | come | | | |
| | Monthly Income | □ No Financial Resources | (No- | Income Affidavit Required) |
| | Sources for | ☐ Employment Earnings | \$ | 00 |
| | Household | Other Income Sources | | |
| | Member | □ TANF | s | 00 |
| 1 | | □ SSI | \$ <u> </u> | 00 |
| 1 | | | \$ <u></u> | 00 |
| | | ☐ VA Service-Connected Disability Compensati | | |
| i | | ☐ VA Non-Service Connected Disability Pension ☐ Private Disability Insurance | | 00 00 |
| | | D Worker's Compensation | \$ | 00 |
| | | ☐ Retirement Income from Social Security | | .00 |
| | | ☐ Pension | \$ | 00 |
| | • | □ Child Support | | |
| | | ☐ Alimony or other Spousal Support ☐ Unemployment Insurance | \$ | |
| 1 | | D ETC. | \$ | 00 |
| | | ☐ Other | | .00 |
| | | □ Non-Cash Benefits | | |
| | | | t Supportive Ho | pusina |
| | | ☐ WIC ☐ HUÐ-VASH | ł ^{**} | |
| | | ☐ LIHEAP ☐ Childcare \ | | |
| | | ☐ Housing Choice Voucher ☐ Affordable ☐ Public Housing ☐ Other | Care Act Subsi | idy |
| | | • | | |
| L | | Total Monthly Income | <u>\$</u> | 00 |
| En | nployment | | <u> </u> | |
| | Work | | Current Emp | ployer Name: |
| | Status | ☐ Yes ☐ No ☐ Unknown | - | |
| | | If yes or no, what is her/his status? | Foor | ployed Since:// |
| 1 | | ☐ Employed Full-time with benefits | | MM DD YYYY |
| | | ☐ Employed Full-time without benefits☐ Employed Part-time | | |
| | | ☐ Migrant Seasonal Farm Worker | Z ^{na} Current | Employer Name: |
| | | ☐ Retired | | |
| | | ☐ Unemployed (Long-term more than 6 months) | Fm | ployed Since:/ |
| | | ☐ Unemployed (Not in Labor Force) ☐ Unemployed (Short-term 6 months or less) | 411 | MM DD YYYY |

| Residenc | e Informati | on / Resi | dence Ener | gy Information | | | | |
|--|---|--|------------------------------|---|---|---|--|---|
| Dwelling Type Structure | Type ☐ Modular Home (no wheels) ☐ Row ☐ Doublewide ☐ Mul ☐ Mobile Home ☐ Dup Structure ☐ Brick # of ☐ Masonry ☐ 1 ☐ Mobile Home ☐ 2 | | | it (5 or 1 | more homes in 1 1 roof) Do you live in? Year of | | ☐ 3 to 4 Unit Rental ☐ Shelter ☐ Transitional ☐ Other City/Town ☐ Suburb Rural Area | |
| Smokers in House- | □ Wood Fran | | Was the | - - 100 - 110 | | Are non- |] | YYYY |
| hold? | If Yes, How Many? _ | | previousi Weather ized | - 1 30, Wildin | 5 | electric, unvented space heaters in use? | | Yes, How Many? |
| Weather dwelling : damaged ! | If previously ized, was the subsequently by fire, flood, other Act of God? | | □ No n? | | assi | es the Governme ist with the rent cortgage paymen | OF | ☐ Yes ☐ No How much is monthly Rent or Mortgage Payment? |
| If dwelling is rented and being Weatherized, what is Owner's Contribution? | | \$ | | | | House Exposu | re | ☐ Exposed ☐ Normal ☐ Shielded |
| Primary Heating | | ☐ Electricity ☐ None ☐ Fuel Oil ☐ Other Fuel ☐ Kerosene ☐ Propane/LPG ☐ Natural Gas ☐ Wood | | Who is your Primary Heating Vendor? | | | Vendor | |
| Secondary Heating | | ☐ Electricity ☐ None ☐ Fuel Oil ☐ Other Fuel ☐ Kerosene ☐ Propane/LPG ☐ Natural Gas ☐ Wood | | Who is your Secondary Heating Vendor? | | 9 | Vendor | |
| Coo | ling Energy | ☐ Electric Vendor Acct.#- | □ None | | | ow much is you thly energy bil | | \$ |

| N | Ji | cho | olas | CAP | Inc. |
|---|----|-----|------|-----|------|
|---|----|-----|------|-----|------|

DBA FACS Pro Client Intake Form (Residence/Energy Information)

| Please provide detailed directions to your dwelling. | |
|--|--|
| | |

Weatherization Consent Form DBA FACS Pro Client Intake Form

| Attach the following to this application: | | | | | | |
|--|--|--|--|--|--|--|
| Proof of Income for all Household Members | | | | | | |
| A copy of most recent electric utility bill AND | A copy of most recent electric utility bill AND | | | | | |
| A copy of most recent primary and secondary household heating bill (| A copy of most recent primary and secondary household heating bill (if applicable) | | | | | |
| • | | | | | | |
| Iunderstand that I am entitle | ed to a fair hearing regarding the | | | | | |
| decision made concerning this application for weatherization assistance. | I hereby authorize the agency | | | | | |
| indicated above to obtain information regarding past, present and future | e utility bills. I further authorize | | | | | |
| work to be performed on the dwelling listed above in accordance with fe | ederal and state weatherization | | | | | |
| priorities and within existing and future funding limitations. I agree that | I cannot hold the agency liable for | | | | | |
| existing program-identified health and safety violations that are NOT con | rected by the agency | | | | | |
| Weatherization Program. I also understand that I cannot hold the agency | responsible for existing conditions | | | | | |
| prior to weatherization work. I further understand that the weatherization | on crew may need to use my | | | | | |
| electricity to perform weatherization measures. I certify that to best of my knowledge all information | | | | | | |
| furnished by me is true and I acknowledge that falsification of information is subject to prosecution. | | | | | | |
| | | | | | | |
| Customer Signature | Date | | | | | |
| | | | | | | |
| Signature of CAA Staff Member | | | | | | |

Customer Consent Form DBA FACS Pro Client Intake Form

| l, give Nicholas C. pertinent identifying and non-personally identifying social about myself or other members of my household that will granting such permission, I understand that such information will only be used for my benefit or to benefit authorized personnel will share client information needed demographic trends, service patterns and the client outcomformation may also be used for the purposes of research current and potential program funding sources and other Nicholas CAP, Inc. and its staff from any legal liability for expermitted by signing this form. Unless I make a formal reto participate in the services offered, this release will rem statements made by me on this consent form are true, or as of the date signed. | ill allow me to benefit from services offered. In ation will remain confidential and that such to other members of my household. Only d for service delivery, program eligibility, to track omes achieved. Non-personally identifying the and reporting to other service agencies, r programs offered by Nicholas CAP, Inc. I release disclosing or acquiring information that I have quest to Nicholas CAP, Inc. that I no longer want main in force indefinitely as of today. The |
|---|---|
| Customer Signature | Date |
| Signature of CAA Staff Member | |

General Disclaimer

I understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. I hereby authorize NICHOLAS COMMUNITY ACTION PARTNERSHIP, INC. to obtain information regarding past, present, and future fuel bills. I further authorize work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations. I understand that I cannot hold the agency liable for unidentified health and safety conditions arising out of or in connection with the services performed under this agreement. I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency Weatherization Program. I also understand that I cannot hold the agency responsible for existing conditions prior to weatherization work or for conditions that may arise from weatherization work after one year from the date of completion. I further understand that the weatherization crew may need to use my electricity to perform weatherization measures. I certify that to the best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

| Signature of Applicant_ | | |
|-------------------------|-------------|--|
| Date | | |