



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 ____ / ____ / ____ MM DD YYYY	Staff Completing Intake _____
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Address / Demographics

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Mailing Address	_____ _____ _____ CITY STATE ZIP CODE	Physical Address	_____ _____ _____ CITY STATE ZIP CODE
Phone	Home- (____) ____ - _____ Cell- (____) ____ - _____ Work- (____) ____ - _____ X__	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- _____ <input type="checkbox"/> Block from Search
SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Additional Household Member

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

Phone	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- _____ <input type="checkbox"/> Block from Search
SS#	____ - ____ - ____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Household Type	<input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR		<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old

Income	
Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources..... <i>(No-Income Affidavit Required)</i> <input type="checkbox"/> Employment Earnings..... \$ _____ .00 <input type="checkbox"/> Other Income Sources <input type="checkbox"/> TANF..... \$ _____ .00 <input type="checkbox"/> SSI..... \$ _____ .00 <input type="checkbox"/> SSDI..... \$ _____ .00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ .00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ .00 <input type="checkbox"/> Private Disability Insurance..... \$ _____ .00 <input type="checkbox"/> Worker's Compensation..... \$ _____ .00 <input type="checkbox"/> Retirement Income from Social Security..... \$ _____ .00 <input type="checkbox"/> Pension..... \$ _____ .00 <input type="checkbox"/> Child Support..... \$ _____ .00 <input type="checkbox"/> Alimony or other Spousal Support..... \$ _____ .00 <input type="checkbox"/> Unemployment Insurance..... \$ _____ .00 <input type="checkbox"/> EITC..... \$ _____ .00 <input type="checkbox"/> Other..... \$ _____ .00 <input type="checkbox"/> Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other Total Monthly Income..... \$ _____ .00

Employment	
Work Status	<p>Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)</p>
Current Employer Name:	<hr/> <p style="text-align: center;">Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY</p>
2nd Current Employer Name:	<hr/> <p style="text-align: center;">Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY</p>

Additional Household Member

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

Phone	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X____	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- _____ <input type="checkbox"/> Block from Search
SS#	____ - ____ - ____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
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Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
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Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
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Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Household Type	<input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old	

Income

Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources..... <i>(No-Income Affidavit Required)</i> <input type="checkbox"/> Employment Earnings..... \$ _____ .00 <input type="checkbox"/> Other Income Sources <ul style="list-style-type: none"> <input type="checkbox"/> TANF..... \$ _____ .00 <input type="checkbox"/> SSI..... \$ _____ .00 <input type="checkbox"/> SSDI..... \$ _____ .00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ .00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ .00 <input type="checkbox"/> Private Disability Insurance..... \$ _____ .00 <input type="checkbox"/> Worker's Compensation..... \$ _____ .00 <input type="checkbox"/> Retirement Income from Social Security..... \$ _____ .00 <input type="checkbox"/> Pension..... \$ _____ .00 <input type="checkbox"/> Child Support..... \$ _____ .00 <input type="checkbox"/> Alimony or other Spousal Support..... \$ _____ .00 <input type="checkbox"/> Unemployment Insurance..... \$ _____ .00 <input type="checkbox"/> EITC..... \$ _____ .00 <input type="checkbox"/> Other..... \$ _____ .00 										
	<input type="checkbox"/> Non-Cash Benefits <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> SNAP</td> <td><input type="checkbox"/> Permanent Supportive Housing</td> </tr> <tr> <td><input type="checkbox"/> WIC</td> <td><input type="checkbox"/> HUD-VASH</td> </tr> <tr> <td><input type="checkbox"/> LIHEAP</td> <td><input type="checkbox"/> Childcare Voucher</td> </tr> <tr> <td><input type="checkbox"/> Housing Choice Voucher</td> <td><input type="checkbox"/> Affordable Care Act Subsidy</td> </tr> <tr> <td><input type="checkbox"/> Public Housing</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> SNAP	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> WIC	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Childcare Voucher	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Other
<input type="checkbox"/> SNAP	<input type="checkbox"/> Permanent Supportive Housing										
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<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Childcare Voucher										
<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Affordable Care Act Subsidy										
<input type="checkbox"/> Public Housing	<input type="checkbox"/> Other										
	Total Monthly Income \$ _____ .00										

Employment

Work Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)	Current Employer Name: <hr/> Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY
		2nd Current Employer Name: <hr/> Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY

Residence Information / Residence Energy Information

Dwelling Type	<input type="checkbox"/> Site Built (built from bottom up) <input type="checkbox"/> Modular Home (no wheels) <input type="checkbox"/> Doublewide <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Mobile Home with add-on <input type="checkbox"/> Row House <input type="checkbox"/> Multi-Family Unit (5 or more homes in 1) <input type="checkbox"/> Duplex (2 homes under 1 roof)	<input type="checkbox"/> 3 to 4 Unit Rental <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Other	
Structure	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Wood Frame	# of Stories	<input type="checkbox"/> 1 story <input type="checkbox"/> 1.5 stories <input type="checkbox"/> 2 stories <input type="checkbox"/> 3 stories <input type="checkbox"/> 4 stories	Do you live in? <input type="checkbox"/> City/Town <input type="checkbox"/> Suburb <input type="checkbox"/> Rural Area
Smokers in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	Was the dwelling previously Weatherized?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Were DOE funds used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are non-electric, unvented space heaters in use? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____
If previously Weatherized, was the dwelling subsequently damaged by fire, flood, wind or any other Act of God?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____	Does the Government assist with the rent or mortgage payment?		<input type="checkbox"/> Yes <input type="checkbox"/> No How much is monthly Rent or Mortgage Payment? \$ _____
If dwelling is rented and being Weatherized, what is Owner's Contribution?	\$ _____	House Exposure		<input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Shielded
Primary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood	Who is your Primary Heating Vendor?		Vendor _____ Acct. #- _____
Secondary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood	Who is your Secondary Heating Vendor?		Vendor _____ Acct. #- _____
Cooling Energy	<input type="checkbox"/> Electric <input type="checkbox"/> None Vendor _____ Acct. #- _____	How much is your monthly energy bill?		\$ _____

<p>Please provide detailed directions to your dwelling.</p>	<hr/> <hr/> <hr/> <hr/>
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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 primary and secondary household heating bill (if applicable)
-

I _____ understand that I am entitled 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 utility 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 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. I further understand that the weatherization 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

Date

Customer Consent Form

DBA FACS Pro Client Intake Form

I, _____ give Nicholas CAP, Inc. consent to release, obtain and share all pertinent identifying and non-personally identifying social, educational, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by Nicholas CAP, Inc. I release Nicholas CAP, Inc. and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to Nicholas CAP, Inc. that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

Customer Signature

Date

Signature of CAA Staff Member

Date

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 _____