**APPLICANT INFORMATION (please print)**

|  |
| --- |
| Last Name: First Name: Middle Initial: |
| Street Address: (location of home) Unit # or Mobile Lot #  |
| City: County: Zip: |
| Home Phone: Work Phone: Cell Phone or Message #: |
| Mailing Address (PO Box) City: Zip: |

**UTILITY INFORMATION**

|  |
| --- |
| Natural Gas or Propane provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Electric Company provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_High Energy Users Category as reported to DOE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High Energy Burden as reported to DOE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**QUALIFICATION INFORMATION:**

|  |
| --- |
| ***To AUTOMATICALLY QUALIFY* *through PUBLIC ASSISTANCE, check all that apply.*** *You must provide proof for one of the following by submitting a copy of a recent approval letter with this application.* |
| **[ ]  TANF [ ]  AND [ ]  OAP [ ]  SSI (Supplemental Security Income)**  |
| **[ ]  LIHEAP # or LIHEAP Application Attached:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****To Income Qualify:***You must send income proof if you are not on one of the programs listed above. Send in pay stubs for the past 3 months of each employed household member. Household income is received from: [ ]  Job income [ ]  Social Security [ ]  Retirement (all types) [ ]  Disability [ ]  Alimony [ ]  Workers Comp [ ]  Net Rental Income [ ]  Net gambling or lottery winnings [ ]  Unemployment [ ]  Royalties [ ]  Periodic payments from estates or trusts [ ]  Self-employedIf employed, what date did you start your current job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gross monthly income:** $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(before tax and other deductions)** |

**HOUSEHOLD INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name(List yourself and all household members. Please attach separate sheet if more than six people.) |  AGE | Do you have an income? YES NO | Are you disabled? YES NO | Are you Native American? YES NO | Are you a single parent? YES NO |
|  |  |  |  |  |  |  |  |  |  |
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**DESCRIPTION OF HOME:**

|  |
| --- |
| *Do you own or rent your home*? [ ]  **OWN** or[ ]  **RENT** **\*If you are renting your landlord will need to fill out the Weatherization Permission Form\*** **\*If this home is currently for sale weatherization services cannot be provided\******\*****Has this address been weatherized before*? [ ]  Yes [ ]  No If yes, name of Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year) \_\_\_\_\_ ***\*****The home I live in is:* [ ]  Ranch style (one level) [ ]  Bi-Level [ ]  Tri-level [ ]  House divided into 2 units [ ]  Mobile Home [ ]  Singlewide [ ]  Doublewide [ ]  House [ ]  Townhouse [ ]  Apartment [ ]  Condo [ ]  Duplex [ ]  Multiplex [ ] Cabin [ ]  Modular [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\*****What is the approximate age of your home*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\*The home I live in has*: [ ]  Finished basement [ ]  Unfinished basement [ ]  Crawlspace [ ]  Pitched roof [ ]  Flat roof***\*****The exterior siding of my home is*: [ ]  Brick [ ]  Wood [ ]  Stucco [ ]  Vinyl [ ]  Aluminum [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_***\*****Location of Furnace*: [ ]  Basement [ ] Crawl space [ ]  Wall [ ]  Floor [ ] Closet Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\*****Type of Heating System* (check all that apply): [ ]  Forced Air Furnace [ ]  Electric Baseboard Heat [ ]  Boiler [ ]  Gravity [ ]  Space Heater [ ]  Wood burner / Wood Stove [ ]  Coal Heater [ ]  No Furnace [ ]  Propane [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***\*****Type of hot water heater*: [ ]  gas [ ]  propane [ ]  electric ***\*****Type of cooking stove*: [ ]  gas [ ]  propane [ ]  electric ***\*****Are you currently remodeling or doing construction on any part of your home*? [ ] No [ ]  Yes **\*Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****\*****Is anyone in the household on oxygen* [ ]  Yes [ ]  No *Please list* *allergies in the household including dust, fiberglass, cellulose, mold, chemical sensitivity and latex.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HOME ACCESS AUTHORIZATION:**

|  |
| --- |
| ***Before weatherization work can begin, all homes must meet minimum standards of housekeeping.*** |
| [ ]  I agree [ ]  Disability present *(please describe in comments below)* | *Do you agree to and understand that areas are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed?* (Where these conditions exist because of a disability, reasonable accommodations may apply.) |
| **Access to your home:**[ ]  I agree **Permission to photograph****home:**[ ]  I agree   | *Do you agree to and understand that weatherization technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed?* *Do you agree to allow the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weatherization Program and its designees to photograph the unit for pre- and post-work documentation?* |
| ***Comments:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PLEASE READ THIS SECTION CAREFULLY:**

My signature below authorizes \_\_\_\_\_\_\_\_weatherization Staff and Crew to enter my home as needed to perform weatherization and furnace work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand final inspections are necessary and I will be responsible for payment of services if I refuse final inspections. I understand WAP regulations prohibit warranties as an allowable program expense. Materials and labor being covered by manufacturers' warranties are for one year. My signature below authorizesthe Weatherization Assistance Program (WAP) and its designees to inspect heating, fuel usage and utility billing records for up to 5 years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I agree, on behalf and for all who stand in my stead, that the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, its sub grantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the \_\_\_\_\_\_Weatherization Program to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the )\_\_\_\_\_\_\_Weatherization program is required to keep confidential any specifically identifying information related to an individual’s eligibility application for weatherization services, or the individual’s participation in weatherization services, such as name, address, or income information. The State of \_\_\_\_\_\_\_\_\_\_\_in conjunction with the \_\_\_\_\_\_\_\_weatherization program may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT APPEALS PROCESS:**

Once you have completed the application for services, you have the right for your application to be processed within 30 days. If your application is not processed within 30 days or if you are denied services, you may appeal the decision using the following appeals procedure: You may appeal to the Program Manager or Executive Director of the local weatherization agency. The Program Manager or Executive Director will issue a decision in a written letter within 15 days receipt of the notice of appeal. If the Program Manager or Executive Director denies services and you still are in disagreement, you have 15 days after receiving the written notification by the Program Manager or Executive Director to appeal to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weatherization Program. Appeals to the \_\_\_\_\_\_\_\_\_should be in writing and addressed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The \_\_\_\_\_(state WAP office) will have 15 days to respond in writing to all appeals and the decision will be considered final.

How did you hear about the Weatherization Assistance Program? (Check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | LIHEAP or LEAP |  | Utility Company |  | Newspaper |
|  | Social Services Office |  | Brochure |  | Television |
|  |   |  | Friend/ Family Member |  | Radio |
|  | Website |  |  Other Assistance Program |  | Bus ad/Billboard |
|  |  |  |  |  |  |

**(Do Not Write Below This Line---For Office Use Only)**

|  |
| --- |
|  I certify that this client is eligible under the appropriate funding guidelines JOB #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  unit has **not** been previously Wx’ed [ ]  has been previously weatherized **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Authorized WX Agent Signature Date Approved Income Verification POV Level % Household # |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Recertification must occur every 12 months.)**Date Eligibility Expires |

**Landlord Permission Form**

**To the LANDLORD or PROPERTY MANAGER of the rental property listed below**:

Your tenant is applying for free weatherization services provided by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weatherization Program. Please complete this permission form for our records. Our files are confidential; your name will not be given out. An energy audit will be completed and all energy conservation measures will be identified and discussed with you prior to any work being performed. Optional clause: Landlords will be asked to participate in the cost of furnace and refrigerator replacements. If an unsafe condition is found with the heating system or water heater by our technicians, options for repairs or replacements will be discussed prior to any further work on the residence. Optional clause: If significant safety problems are found, the owner will be asked to participate in the cost of repairs or replacements. The agency may attempt to resolve roof leaks; however, the final and full responsibility for roof leaks rests with the property owner.

If the walls and/or ceiling cavities are found to be in need of insulation, with your permission, the insulator may drill holes in the interior or exterior surfaces in order to fill these cavities with insulation. While all holes will be plugged, patched and prepared for finish similar to the existing finish, it may not be practical to match textures or materials. Painting, texturing and/or wallpapering part or all of the surfaces will not be the responsibility of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or its sub-grantees. There are several different methods that can be used to install insulation in enclosed cavities and it is sometimes necessary to use more than one method. The method(s) used will depend on what type of interior or exterior finish of your home. Methods can be explained to you and portfolios are available for your viewing, Please specify the type of additional information you would like.

🞎 Use any method(s) necessary to install insulation in wall and/or ceiling cavities.

🞎 Call me with more information at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best days & times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 🞎 Various methods have been presented to me and I decline all methods for wall insulation.

🞎 Various methods have been presented to me and I decline all methods for enclosed ceiling insulation.

🞎 Use the following method(s) to insulate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# My signature below verifies that I agree to let\_\_\_\_\_\_\_\_ weatherization workers and their designees enter the following address (es) as needed to perform and inspect weatherization work and have access to utility bills, that no residence below is currently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program and that rents shall not be raised due to the dwelling’s increased value due solely to weatherization.

If this is a rental property or multiplex, please provide tenant names & addresses.

Tenant Name(s) Street Address Apt/Space City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What year was this structure built? \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you as the landlord own the refrigerator? Yes [ ]  No [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Landlord or Property Manager Phone Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name Address**

|  |
| --- |
| 🞎 I decline all weatherization work for the address (es) listed above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Landlord or Property Manager Phone Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Printed Name Address** |

**Homeowner Permission Form**

**To the HOMEOWNER**:

If the walls and/or ceiling cavities are found to be in need of insulation, with your permission, the insulator may drill holes in the interior or exterior surfaces in order to fill these cavities with insulation. While all holes will be plugged, patched and prepared for finish similar to the existing finish, it may not be practical to match textures or materials. Painting, texturing and/or wallpapering part or all of the surfaces will not be the responsibility of the \_\_\_\_\_\_\_\_\_\_\_\_or its sub-grantees. There are several different methods that can be used to install insulation in enclosed cavities and it is sometimes necessary to use more than one method. The method(s) used will depend on what type of interior or exterior finish of your home. Methods can be explained to you and portfolios are available for your viewing, request more information below. The agency may attempt to resolve roof leaks; however, the final and full responsibility for roof leaks rests with the property owner.

🞎 Use any method(s) necessary to install insulation in wall and/or ceiling cavities.

🞎 Call me with more information at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Best days & times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 🞎 Various methods have been presented to me and I decline all methods for wall insulation.

🞎 Various methods have been presented to me and I decline all methods for enclosed ceiling insulation.

🞎 Use the following method(s) to insulate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Homeowner Phone Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name Address**

**Weatherization Agency Contact Information:**

**Name:**

**Address:**

**Phone:**

**Fax:**

**Email:**

**Energy Utility Release**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize the release of energy utility bills as requested by the Weatherization Assistance Program for my address at

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State and Zipcode**

My signature below authorizes the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_Weatherization Program and its designees to inspect heating, fuel usage and utility billing records for up to five years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I understand my personal information obtained through this release shall not be made public in that the dwelling or occupants may be identified.

Fuel Supplier(s): Utility Name Account Number:

Electric supplier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gas or Oil supplier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Propane supplier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other supplier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Weatherization Client Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Weatherization Client**

**Weatherization Agency Contact Information:**

**Name:**

**Address:**

**Phone:**

**Fax:**

**Email:**