



APPLICATION FOR WEATHERIZATION ASSISTANCE PROGRAM (WAP)

Applicant Name _____ Social Security # _____
 Address _____ City _____ Zip Code _____
 Phone: _____ Alternate Phone: _____
 Date of Birth _____ Age: _____ Race: _____ E-mail _____

HOUSEHOLD INFORMATION

Total Number of Household Members (List Below): _____

Name: (First, Last)	Relationship	DOB	Age	Sex	SSN	Monthly Income

TELL US ABOUT YOUR HOME:

- Does anyone in your home receive disability benefits or has been certified as disabled by a doctor? If yes, please submit proof of disability (e.g. letter from doctor, copy of Disability Benefit Letter).
- Do you Rent or Own your home (Check One):
- Type of Home: House Condo/Apartment Townhouse Duplex Mobile Home
- Do you use: Electric Natural Gas Liquid Propane?
- Do you have: roof leaks Mold/Mildew Holes in the Walls larger than 2x2 structural damage (e.g. walls separated from floors? (Check All that Apply)
- What type of work do you want done on your home? _____
- Do you have any Jalousie windows? Yes No? If yes, how many? _____
- Do you have any broken windows? Yes No If yes, how many? _____
- Do you have windows covered with plywood? Yes No If yes, how many? _____
- Will inspector have access to all the rooms in the house? Yes No
- Are you currently working on any repairs or remodeling projects in your home? Yes No
- Are you aware of any open permits for you property? Yes No
- Have you ever received assistance with paying your electric bill through LIHEAP? Yes No

Applicant Signature: _____ **Date:** _____

