

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

GLEAMNS HRC P.O.Box 1326 GREENWOOD, SC 29648 864-223-8434 or 1-866-626-6517 TO BE COMPLETED BY THE APPLICANT RESIDING IN THE HOME		1. AGENCY NO.: 08	2. COUNTY NO.:	3. DATE(Month/Day/Year) ____ / ____ / ____								
4. LAST NAME:	5. FIRST NAME:	6. MI.:	7. SOCIAL SECURITY NO.:	8. AGE:								
			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> <td style="width: 10%; border: 1px solid black;"> </td> </tr> </table>									
9. HOME MAILING ADDRESS:		10. CITY/TOWN:	11. ZIP CODE:									
			12. TELEPHONE NO.:									
			Area Code: ()									
APPLICANT HOUSING STATUS			TYPE OF DWELLING THAT APPLICANT LIVES IN									
<input type="checkbox"/> 13. OWNER <input type="checkbox"/> 14. RENTER			<input type="checkbox"/> 15. Brick, Wood, or Vinyl <input type="checkbox"/> 16. Manuf. Home									

****TO CORRESPOND BY EMAIL, PLEASE FILL IN EMAIL ADDRESS:** _____

APPLICATION AND HOUSEHOLD INFORMATION (CHECK YES OR NO)

17. ELDERLY (Applicant That Is Age 60 or Older)	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. DISABLED (Applicant Only)	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. CHILDREN ((Applicant that has child(ren) 17 years of age or younger))	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. OTHER (Applicant that is a high energy user or has a high energy burden)	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. HAS APPLICANT'S HOUSE BEEN WEATHERIZED SINCE SEPTEMBER 1994?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. TOTAL NUMBER OF HOUSEHOLD MEMBERS:	<input style="width: 50px;" type="text"/>
23. TOTAL HOUSEHOLD MONTHLY INCOME:	\$ <input style="width: 100px;" type="text"/>

PROVIDE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD FAMILY MEMBER:

NAME (First and Last)	SSN	Date of Birth	NAME (First and Last)	SSN	Date of Birth
(1)			(6)		
(2)			(7)		
(3)			(8)		
(4)			(9)		
(5)			(10)		

24. APPLICANT CERTIFICATION: I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND MAY BE USED FOR HOUSEHOLD AND INCOME VERIFICATION AND FOR STATISTICAL PURPOSES. IF I SUPPLY FRAUDULENT INFORMATION, I UNDERSTAND THAT I COULD BE PENALIZED FROM PARTICIPATION IN THE PROGRAM.

SIGNATURE OF APPLICANT _____ DATE ____ / ____ / ____

25. I CERTIFY THAT REASONABLE ATTEMPTS HAVE BEEN MADE TO VERIFY THE ABOVE REPORTED HOUSEHOLD AND INCOME INFORMATION.

AGENCY REPRESENTATIVE _____ DATE ____ / ____ / ____