

Intake Worker: _____

COMMUNITY ACTION AGENCY OF

TALLADEGA, CLAY, RANDOLPH, CALHOUN, AND CLEBURNE COUNTIES

POST OFFICE BOX 278

TALLADEGA, ALABAMA 35161

PHONE (256) 362 - 6611

WEATHERIZATION: (256) 362 - 8147

FAX (256) 362 - 9389 or 362 - 8629

Judge Ryan Robertson
Board Chairman

Stephanie Keith
Executive Director



PRE APPLICATION FOR WEATHERIZATION ASSISTANCE PROGRAM

Date _____

Applicant Name _____

Phone Number _____

Home

Alternate Number _____

Mobile Home

Mailing Address _____

County _____

Home Address _____

Do you own this home? _____ * If no, what is the landlords name and phone number

Landlord's Name _____

Landlord's Number _____

How many people live in this household? _____

Ages _____

Monthly gross income (before taxes) of everyone living in the household? _____

Is anyone in the household disabled? _____ Total number of disabled in household? _____

Is anyone in the household elderly(60 or older)? _____ Total number of elderly? _____

Are there any children under 18 living in the household? _____ * If so, how many? _____

Have you received LIHEAP energy assistance during the last 12 months? _____

Has your house been previously weatherized? _____ * If so, when? _____

Signature _____ Date _____

Filling out this form does not qualify you for this program. This is a pre-application screening form. You will be notified of your eligibility, according to the information provided. You will be placed on our service list and contacted when your name comes up for weatherization and a complete application will be required at that time.

Status	First Name	M.I.	Last Name	SSN	DOB	Gender	Race	Hispanic	Language	Education	Relation	Disabled	Veteran
HEAD OF HOUSE					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N
					/ /	M/F/U		Y/N				Y/N	Y/N

Mailing Address:

Address: _____
City/State/Zip: _____
Home: _____
Work: _____
Cell: _____

Physical Address:

Address: _____
City/State/Zip: _____
County: _____

Demographics:

Marital Status:

_____ Divorced
_____ Partner
_____ Legally Separated
_____ Single
_____ Married
_____ Widowed

Tribes: _____

Family Type:

_____ Married (living w/ children)
_____ Multiple Adults (living w/ children)
_____ Single Parent-female (living w/ children)
_____ Single Person (living alone)
_____ Married (Living Separately)
_____ Multiple Adults (No children)
_____ Single Parent-Male (living w/ children)
_____ Foster parent (w/foster children)
_____ Grandparent (w/custody of grandchildren)

Living Arrangements:

_____ Homeless
_____ Homeless by choice
_____ Living w/ friends or family
_____ Transitional/Shelter
_____ Rent-Unsubsidized
_____ Rent- Subsidized (HUD, Section 8)
_____ Own

Health Care Coverage _____ Medicaid _____ Medicare _____ Other, please explain: _____ _____ None

Is anyone in the household disabled? _____

Residence:

Structure:

_____ Wood Frame
_____ Mobile Home
_____ Brick
_____ Multi-Unit
_____ Masonry

Home # of Stories: _____

Dwelling Type:

_____ Site Built (single Family)
_____ Mobile Home
_____ Doublewide
_____ Modular Home (no wheels)

Do you live in:

_____ City/Town
_____ Rural Area
_____ Suburb

Residence Energy:

Primary Heating:

_____ Electric
_____ Fuel Oil
_____ Kerosene
_____ LP Gas
_____ Natural Gas
_____ Wood/Coal
_____ Other
_____ None

Primary Heating Vendor: _____

Primary Heating Account Number: _____

Average Heating Bill Amount: _____

Heating Source:

_____ Radiant Heat
_____ HVAC Forced Air
_____ Space Heater
_____ Wall Heater/Floor Furnace
_____ Electric Space Heater
_____ Wood/Coal
_____ Stove
_____ Other: **Please Explain** _____

Cooling Energy:

_____ Electric (HVAC)
_____ Window Unit
_____ Ceiling Fans
_____ None
_____ Box or Oscillating Fan

Primary Cooling Vendor: _____

Primary Cooling Account Number: _____

Average Cooling Bill Amount: _____

Year Home was Built: _____ **If Unknown, Approximate Age:** _____

Check if the answer is YES for any of the following:

_____ Smokers in Household?
_____ Has dwelling been previously weatherized? If so, when? _____

If the answer to above question is yes, answer the following questions:

_____ Was dwelling subsequently damaged by an Act of God? If so, when? _____

Monthly Rent/Mortgage _____ **Unvented Space Heaters? If so, How many?** _____

Does Government pay any of your rent or house payment? If so, How much? _____

_____ **Fuel included in rent?** _____ **If renting, Owner Contribution to Weatherization Services?** _____

Employment Information- HOH

_____ Unemployed
_____ Full time w/ benefits
_____ Full time w/o benefits
_____ Part time w/ benefits
_____ Part time w/o benefits

Employment Verification Tool:

_____ Employee ID Badge
_____ Letter from Employer
_____ Payroll Check Stub
_____ Phone Call to Employer

Income Verification Tool:

_____ Direct Deposit Receipt
_____ Letter from Employer
_____ Payroll Check Stub
_____ Social Security Statement
_____ W-2

Employer: _____
Employer Phone: _____
Employed Since: _____

Employment Information- Adult 2 (18 or older)

_____ Unemployed
_____ Full time w/ benefits
_____ Full time w/o benefits
_____ Part time w/ benefits
_____ Part time w/o benefits

Employment Verification Tool:

_____ Employee ID Badge
_____ Letter from Employer
_____ Payroll Check Stub
_____ Phone Call to Employer

Income Verification Tool:

_____ Direct Deposit Receipt
_____ Letter from Employer
_____ Payroll Check Stub
_____ Social Security Statement
_____ W-2

Employer: _____
Employer Phone: _____
Employed Since: _____

Employment Information- Adult 3 (18 or older)

_____ Unemployed
_____ Full time w/ benefits
_____ Full time w/o benefits
_____ Part time w/ benefits
_____ Part time w/o benefits

Employment Verification Tool:

_____ Employee ID Badge
_____ Letter from Employer
_____ Payroll Check Stub
_____ Phone Call to Employer

Income Verification Tool:

_____ Direct Deposit Receipt
_____ Letter from Employer
_____ Payroll Check Stub
_____ Social Security Statement
_____ W-2

Employer: _____
Employer Phone: _____
Employed Since: _____