



RED RIVER VALLEY

Community
ActionTM

Creating Better Communities

Please complete, sign, and date this application and intake form and submit all the information that pertains to you.

1. Weatherization Application Form
2. Heat and electric usage-contact your electric and heat suppliers and request consumption and billing histories for one full calendar year. If you have not lived at the address for 12 months then we will contact you to get the information when your name nears the top of our waiting list. They can fax this information to our office at 701-746-0406 Attn: Kathie or Jessica.
3. Income Verification- If you are on fuel/heating assistance, contact County Social Services and have them fax your data sheet to our office at 701-746-0406. If you are not on fuel assistance, you must submit one of the following:
 - a) Federal Income Tax Return-1st page only from previous year
 - b) Social Security, Disability, or Veteran's Benefit Statement-copy of your approval letter
 - c) SSI, School Grants or Alimony
 - d) Unemployment or Workers Comp.
4. Landlord and applicant-if you are renting or leasing-you must sign the Rental Agreement (enclosed). All three copies must be sent in with the weatherization application and your copies will be returned when the weatherization services have been completed.
5. Verification of home ownership, (include one of the following):
 - a) Copy of Deed
 - b) Copy of title if mobile home
 - c) Verification from local county Register of Deeds Office
 - d) Copy of Contract for Deed- must be signed and dated by the grantor and the grantee
 - e) Current Copy of Property Tax Statement.
6. Intake Form

If your application is missing any of these items, it will not be processed. Once we've received all of the information and your application is approved, you will receive an approval letter. If your application is denied, you will receive notification by mail. If you change your address, phone number(s) or other pertinent information after you submit your application, please call our office and inform us as soon as possible. If you have questions, please contact our office 701-746-5431 or 800-450-1823.



Application for North Dakota Low Income Weatherization Program

Red River Valley Community Action
1013 North 5th Street
Grand Forks, ND 58203

<u>Name:</u>	<u>Phone #:</u>	<u>Cell #:</u>
<u>Address:</u>		
<u>City:</u>	<u>State:</u> North Dakota	<u>Zip Code:</u>
<u>Social Security #:</u>	<u>County:</u>	
<u>Directions to your Home:</u>		
<u>Eligibility Data:</u>		<u>Income: Please enclose copies of income verification.</u>
Please Check all that apply:		
() Elderly	Social Security: _____	
() Handicapped	Disability: _____	
() Caucasian	SSI: _____	
() Native American	Retirement: _____	
() Other _____	Vet Benefits: _____	
	TANF: _____	
	Unemployment: _____	
Total number of people living in household: _____	Employment: _____	
Ages (s) of everyone in household: _____	Other: _____	
Are you currently on Fuel/Heating Assistance? Yes _____ No (If yes, contact County Social Services and ask them to fax your data sheet to 701-746-0406)		
<u>Occupancy Status:</u> (circle one) OWNER RENTER		<u>Years at Address:</u> _____
<u>Dwelling Type:</u> (Check one)	Number of rooms with doors _____	
() Single Family Home	Number of windows _____	
() Mobile Home	Number of stories _____	
() Multi-Unit Complex		
Year Built: _____		

THE INFORMATION PROVIDED ME TO ESTABLISH MY ELIGIBILITY IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I authorize the release of all employment/income, utility/fuel records for the purpose of obtaining data required to determine eligibility and for evaluation of energy conserving effectiveness of the work done.

The undersigned specifically acknowledges the residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal, state or local programs and has not been weatherized previously (unless work was performed prior to Sept. 30, 1994).

I agree to allow my home to be photographed/video taped for pre-and post work documentation.

I further consent to the inspection and weatherization of my home by authorized personnel for the purpose of estimating and performing the weatherization work, including the final inspection.

Do you or any member of the household have any existing health problems that may become exacerbated by the weatherization measures that may be performed on your home? If so, please explain: _____

Signature of Applicant

Date

Fuel Form

1. Primary Heating Source:

- () Electricity () Propane () Wood
() Oil () Natural Gas () Other _____

2. Heating System:

- () Hot Water () Baseboard Electric () Other _____
() Hot Air () Space Heater

ENERGY COST PER YEAR REQUIRED

You, the applicant, will be responsible for providing us with a utility report of the last 12-months of electricity & fuel usage/costs. If you are an Xcel Energy customer please provide us with your account number (below) so we can get the usage for you. Your suppliers can fax the information to (746-0406). Attention Kathie or Mike.

3. Vendors (Main Energy Suppliers): REQUIRED

Electric Vendors:

- () Xcel Energy
() Ottertail Power
() Nodak Electric
() Other: _____

Xcel Account #: _____

Fuel Vendors (N. Gas, Propane, Oil, etc):

- () Xcel Energy
() MDU
() Mutch Oil
() Ferrell Gas
() Other: _____

4. Monthly Payments:

Electric payment per month: \$ _____

Heat payment per month: \$ _____

Any and all information regarding clients will be kept confidential. All application and eligibility-determination information will be protected against discriminate access by RRVCA staff and will not be made available for public view.

Agency Review:

Application Status: _____ Approved: _____ Disapproved-Reason: _____

By: _____ Date: _____

Verification of No Income

(To be completed by adult household members who are claiming zero income from any source, if appropriate)

Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, etc.);
 - b. Income from operations of business;
 - c. Rental income from real of personal property;
 - d. Interest of dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds; pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources;
 - j. Any other source not named above.

2. Choose one:

() Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

() Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities:

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false information constitutes an act of fraud.

Client Signature

Date

RRVCA Staff

Date

Red River Valley Community Action
1013 N 5th St., Grand Forks, ND 58203
(701) 746-5431 - (701) 746-0406 Fax - 1-800-450-1823 Toll Free

Date:

*** Items are Required to be Answered**

Services: Check all that apply

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Commodities | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Security Deposit | <input type="checkbox"/> Veterans Services |
| <input type="checkbox"/> Energy Share | <input type="checkbox"/> Home Rehab | <input type="checkbox"/> Self Reliance | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Rent Assistance | <input type="checkbox"/> Shelter | <input type="checkbox"/> Other |

Personal Information for Head of Household (HOH)*

First Name **MI** **Last Name**

Address

City **State** **Zip Code** **County**

Date of Birth*

Gender *

- Male
 Female
 Other:

Social Security #*

Disabled*

- Yes
 No

Ethnicity*

- Hispanic or Latino
 Not Hispanic or Latino

Telephone*

Home
Cell

Race*

- American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Asian
 Biracial/Multi-racial

Ethnicity*

- Black or African American
 White
 Other

Education*

- 0-8
 9-12 (non-grad)
 GED
 High School Grad
- 12+ Grad
 College Degree

Health Insurance*

- None
 Private
 VA
- Medicare
 Medicaid
 Other

Food Stamps

Yes
 No
If Yes - Amount*

Veteran*

- Yes No

Income Sources*

Name
Source(Wages, SSI, etc.)
Pay Per Hour
Hours per Week
Total Monthly Income

Additional Income

Additional Income

(Sources of income could be Employment, Unemployment, Social Security, SSI/SSDI, Child Support, TANF, Pension)

Household Type - Required*

Female Single Parent
 Male Single Parent
 Two Parent Household

Two Adults NO Children
 Single
 Other:

in Household

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Marital Status

Single
 Divorced

Widowed
 Married

Separated

Domestic Partnership

Housing Status*

Own
 Renter
 Homeless

Fuel Assistance (LIHEAP)

Yes
 No

Rent/House Payment

Amount
Housing Assistance

Yes
No

Years at Residence

Housing Type

House
 Apartment
 Duplex
 Mobile Home

Energy Source:

Oil
 Natural Gas
 Propane

Electric
 Other

Signature

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Date:

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Email Address:

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The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment basis of race, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation or all or part of the individuals income is derived from any public assistance program or protected genetic information in employment or activity conducted or funded by the department.

If you wish to file a civil rights program complaint of discrimination, complete the USDA Program Discrimination form at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or call 1-866-632-9992 to request the form. You may also write a letter containing all of the information requested by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Ave SW, Washington, DC 20250-9410; by FAX 202-690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339 or 1-800-845-6136 (Spanish). USDA is an Equal Opportunity

Additional Household Members - PLEASE PRINT

Name	Name
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Age	Age
Relationship to HOH	Relationship to HOH
Gender	Gender
Disabled - Yes or No	Disabled - Yes or No
Race	Race
Ethnicity	Ethnicity
Education	Education
Health Insurance - Type	Health Insurance - Type
Veteran - Yes or No	Veteran - Yes or No

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