

# REQUIRED INFORMATION FOR APPLICATION

## Weatherization Program

The following information is needed in order to complete your Weatherization Intake File. Please complete the documents as instructed below, provide all copies as requested, sign the provided forms, and return the information to:

Weatherization Program  
Community Action Council  
3020 Willamette Dr NE  
Lacey, WA 98516

- PROOF OF HOUSEHOLD'S INCOME, ALL SOURCES (PAST 3 CALENDAR MONTHS)**

Examples of acceptable documentation include; Paystubs; payroll statements; award letters; direct deposits on bank statements; employer statements on company letterhead (gross earnings by month); W-2 tax information forms; printouts from Social Security or Employment Security. If NO household member over 18 has any income, you should contact CAC for a "No-Income Self Declaration" statement, which must be filled out and signed.

- COPY OF PHOTO ID**

Examples are Driver's License, State ID Card, Military ID Card, Passport, etc... Document(s) provided must be current.

- PROOF OF SOCIAL SECURITY NUMBERS (required for members 18 and older)**

A copy of the actual card is preferred, but payroll statements, copies of tax forms, school ID's, or printouts from the Social Security Office are acceptable.

- PROOF OF OWNERSHIP, PURCHASING, OR RENTING**

Examples include; a copy of the legal purchase agreement, property tax records, or a statement from the local county assessor's office. For renters, a copy of the lease or rental agreement, or a statement from the landlord is OK. Be sure to include your landlord's name and mailing address.

- PROOF OF RESIDENTIAL ADDRESS**

Examples are; Driver's license or other State or school I.D. a utility bill, a bank statement, or any postmarked envelope with your current address. This information may already be shown on other required forms, just be sure we have an official copy of your current address.

- PROOF OF HEATING TYPE**

A copy of your electric, gas, or oil bill is needed; **OR a signed statement (from someone outside the home) that you use wood.** If you have lived in your current home for **at least one year, please provide us with a 12 Month ENERGY USE HISTORY.** You can request this from the utility over the phone, or at their office.

- SIGN AND DATE (ONLY) the HOUSEHOLD & INCOME INFORMATION FORMS**

**Our staff will fill in the blanks with the information requested above.**

**(Please DO fill out the Client Social Service Tracking - Intake Form)**

- The enclosed WEATHERIZATION CONSENT FORMS should be:**

**EITHER signed and dated by HOMEOWNERS,  
OR provided to LANDLORDS for their signatures.**

Please contact us at (360) 438-1100, ext: 2100 with any questions.

**HOUSEHOLD INFORMATION FORM (HIF) (10/2014)**

<b>*Agency:</b>	<b>Assistance Provided:</b> <input type="checkbox"/> *Energy Assistance <b>OR</b> <input type="checkbox"/> *Crisis - Imminent <b>OR</b> <input type="checkbox"/> *Crisis - No Heat <input type="checkbox"/> Other Emergency Services <input type="checkbox"/> Conservation Education	<input type="checkbox"/> Interested in Weatherization <input type="checkbox"/> Tribal Member <input type="checkbox"/> Received Food Assistance <input type="checkbox"/> Heat with rent <input type="checkbox"/> Received EAP last program year	<b>File Number:</b>
<b>*County:</b>			<b>Certification Date:</b>

**SECTION A: Household Contact & Eligibility Information**

**\*Primary Applicant:** \_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial)

**\*Residence Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 (If different)  
**City, State, Zip:** \_\_\_\_\_

<b>Phone Number:</b> ( ) -	<b>Message Phone:</b> ( ) -	<b>Lived at Residence:</b> <b>Years: Months:</b>
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<b>*Housing Status:</b> 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Roomer/Boarder 5 <input type="checkbox"/> Temp Housing <b>Cost per Month:</b> \$ _____	<b>*Housing Type:</b> 1 <input type="checkbox"/> 1-3 Family 2 <input type="checkbox"/> 4+ Family 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV <b>Number of Bedrooms:</b> _____	<b>*Income/Benefits:</b> <input type="checkbox"/> SSI <input type="checkbox"/> Earned Income <input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> GA <input type="checkbox"/> Self Employed <input type="checkbox"/> VA <input type="checkbox"/> Child Support <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Unemployment <input type="checkbox"/> Military <input type="checkbox"/> Other	<b>*Total Number of People in the Household:</b> _____ <b>*Household's Monthly Income:</b> \$ _____
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<b>Target Group #1:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*Primary Heat Source:</b> 1 <input type="checkbox"/> Electric           4 <input type="checkbox"/> Oil 2 <input type="checkbox"/> Natural Gas       5 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Propane           6 <input type="checkbox"/> Coal	<b>*Annual Heat Cost:</b> \$ _____ <input type="checkbox"/> Back Up Heat Cost <b>Total Energy Cost:</b> \$ _____ <input type="checkbox"/> Used Surrogate Data <b>*Total Annual Electric Costs:</b> \$ _____
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**SECTION B: Energy Assistance (EAP)**

<b>Staff:</b> _____	<b>P.O.#:</b> _____
<b>HOUSEHOLD ELIGIBILITY AMOUNT:</b> \$ _____	
<b>Direct Pay to Applicant:</b> \$ _____	
<b>Payment to Vendor(s):</b>	<b>TOTAL EAP PAID TO DATE:</b> \$ _____
#1 _____ Acct. #: _____	\$ _____
#2 _____ Acct. #: _____	\$ _____

**SECTION C: Other Emergency Services (OES)**

<b>Staff:</b> _____	<b>P.O.#:</b> _____
<b>Heat System: Repairs</b> <input type="checkbox"/>	<b>Vendor #:</b> _____ \$ _____
<b>Replacement</b> <input type="checkbox"/>	<b>Vendor #:</b> _____ \$ _____
<b>Other Repairs &amp; Services:</b>	<b>Vendor #:</b> _____ \$ _____
	<b>Vendor #:</b> _____ \$ _____
<b>Shelter Assistance:</b>	<b>Vendor #:</b> _____ \$ _____
<b>TOTAL OES PAID TO DATE:</b> \$ _____	

I certify that I have provided and reviewed all information on each page of this document and it is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I further understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I feel I am eligible. I give my permission for this agency and Washington State Department of Commerce (COMMERCE) to request/release necessary information that may result in my receiving benefits from this assistance request and from similar and related programs administered by the State of Washington, including food assistance. I also give the above listed heating vendor(s) permission to establish a line of credit, and/or to release my account information to this agency or COMMERCE for current and future data analysis and eligibility determination. I understand that provision of my social security number is necessary to avoid duplicate energy assistance benefit payments to the same applicant household. I hereby authorize energy program staff to also use my social security number for income verification purposes (including Employment Security Unemployment Insurance and DSHS Food Assistance). I further authorize this agency and COMMERCE to use my personal information within their organizations for the purpose of identifying and reporting unduplicated non-personal applicant data.

**\*Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Note: All fields designated with an (\*) are required information.)

## HOUSEHOLD MEMBER and INCOME INFORMATION

List all household members, their sources of income and the gross amount each member received from each source for the previous three months.

<b>Household Members</b>  <small>(Include last names and ages of children beginning with the PRIMARY applicant)</small>		<b>Income Source</b>	<b>Verified With (Code)</b>	<b>Total Income For Months:</b>			<b>Total Gross</b>	<b>DEDUCTIONS</b> <small>10% deduction for retirement (if tax ed)                      10% deduction for unemployment (if withheld)                      20% deduction for earned income (if withheld)                      NOTE: No deductions on earned income if not withheld</small>			<b>Adj. Gross Average</b>
				Month 1	Month 2	Month 3		Applied (%)	Amount	Adjusted Gross	
Name(s)	Age(s)										

**Documentation Used (Code)**

- |                         |                    |                  |                 |
|-------------------------|--------------------|------------------|-----------------|
| A.) No Income Statement | C.) Bank Statement | E.) Award Letter | G.) Other _____ |
| B.) Self Declaration    | D.) Pay Stubs      | F.) BVS          |                 |

*I certify that the information I have provided is complete and accurate. It includes ALL household members and their income for the period. I understand that I am signing this form under penalty of criminal prosecution if I knowingly give false information which results in payment to which I am not entitled.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

Notes:

<b>Calculations</b>	
Total Adjusted Gross Income	_____
Number of Months Documented <small>(3 months OR 12 months)</small>	<u>3</u>
Average Monthly Income <small>Post this amount to HIF - Monthly Income)</small>	_____

# Community Action Council of Lewis, Mason & Thurston Counties

## Client Social Service Tracking ~ Intake Form

The information requested on this form is used for statistical purposes and is shared between the programs within Community Action Council only. Please provide as accurate data as possible as this data may affect your application for services. The information you provide will help us better serve you.

### Client Information: (Applicant)

*Complete both sides*

<b>Social Security #</b> _____ - _____ - _____	<b>Name:</b> _____ (first name) (mi) (last name)	<b>DOB:</b> ____/____/____	<b>Age:</b> _____	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F
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**Race: (Check all that apply)**

<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Race (any two or more of above) <input type="checkbox"/> Other	<b>Ethnicity:</b> Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Physical Address:</b> _____ _____ _____ (City) (State) (Zip)	<b>Housing Status:</b> <input type="checkbox"/> Own/buy <input type="checkbox"/> Subsidized <input type="checkbox"/> Rental <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____ Monthly Payment \$ _____	<b>Client Characteristics (Check what applies to you)</b> <input type="checkbox"/> Check if you are disabled <input type="checkbox"/> Check if you are a Veteran <input type="checkbox"/> Check if you are a farmer <input type="checkbox"/> Check if you are a migrant farm worker <input type="checkbox"/> Check if you are a seasonal farm worker
<b>Phone:</b> ( ) _____ - _____ <b>Phone Type: (Circle one) Home Cellular Message</b>		

Total household size: ____  Is the mailing address the same as your physical address? <input type="checkbox"/> Yes <input type="checkbox"/> No  Does everyone in the home have a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status:</b> <input type="checkbox"/> Single, never married <input type="checkbox"/> Unmarried, living together <input type="checkbox"/> Married, living separately <input type="checkbox"/> Married, living together <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	<b>Insurance Type:</b> <input type="checkbox"/> No health insurance <input type="checkbox"/> Medical Coupons/Medicaid/Apple Health <input type="checkbox"/> Washington Basic Health <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Provided <input type="checkbox"/> Other: _____
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<b>Education Level:</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 / Non-Graduates <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> 12+ some post-secondary <input type="checkbox"/> 2 or 4 yr college graduate	<b>Family Position:</b> <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults NO children <input type="checkbox"/> Other _____	<b>Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____
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### Please list ALL OTHER Household Members' Information

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>DOB</b>	<b>Age</b>
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	<b>Education (18 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate  <b>Marital Status</b> _____	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>SSN</b>	<b>DOB</b>	<b>Age</b>
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	<b>Education (18 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate  <b>Marital Status</b> _____	<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name		First Name		MI	SSN	DOB	Age	
<b>Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (18 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate		<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				<b>Marital Status</b> _____		<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

  

Last Name		First Name		MI	SSN	DOB	Age	
<b>Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (18 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate		<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				<b>Marital Status</b> _____		<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

  

Last Name		First Name		MI	SSN	DOB	Age	
<b>Relation to Primary</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other		<b>Education (18 Years or Older)</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate		<b>Disabled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino				<b>Marital Status</b> _____		<b>Military Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
						<b>Health Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Family Income Information**

(Please check all sources of income received by ANY member of your household listed above)

<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> Unemployment	<input type="checkbox"/> TANF	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Social Security	<input type="checkbox"/> L & I	<input type="checkbox"/> GAU/GAX	<input type="checkbox"/> SSPS/Copes
<input type="checkbox"/> SSI	<input type="checkbox"/> Disability	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> SSDI	<input type="checkbox"/> Pension	<input type="checkbox"/> Child Support (Received)	<input type="checkbox"/> Child Support (Paid Out)
<input type="checkbox"/> VA	<input type="checkbox"/> Other _____		<input type="checkbox"/> No Income

For Staff Use Only					
Staff initials:			Notary: Yes / No		
File Comp. Date	LIHEAP	PSE	Heat Source	WX Yes / No	Fuel Funds
			High Usage: Yes / No	Owner/Renter	