

Saginaw County Community Action Committee, Inc.
2824 Perkins Street
Saginaw, Michigan 48601
(989) 753-7741

For Office Use Only	
JOB NUMBER:	
APPLICATION DATE:	
ELIGIBILITY DETERMINATION DATE:	

The Local Weatherization Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help in reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to the Local Weatherization Agency in your area.

APPLICATION FOR WEATHERIZATION ASSISTANCE

INSTRUCTIONS: THIS APPLICATION MUST BE COMPLETED IN INK. THE APPLICANT SHALL COMPLETE PART I AND II. DOCUMENTATION OF ALL SOURCES OF INCOME MUST BE INCLUDED WITH THIS APPLICATION. THE APPLICANT WILL RECEIVE WRITTEN NOTIFICATION OF ELIGIBILITY DETERMINATION.

PART I - GENERAL INFORMATION

(1) NAME (Last, First and Middle)			(2) APPLICANT ADDRESS (Street Number and Name)		
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(3) CITY	MI	(4) ZIP CODE	(5) COUNTY	(6) DIRECTIONS TO THE DWELLING/SPECIAL PROBLEMS & CONSIDERATIONS:	
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(6b) EMAIL ADDRESS:

(7) HOME PHONE NUMBER	(8) MESSAGE PHONE NUMBER	(9) NAME OF CONTACT PERSON	(10) TOTAL # OF PERSONS IN HOUSEHOLD
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(11) NUMBER OF PERSONS IN THE HOUSEHOLD WHO ARE OR RECEIVE:	ELDERLY (60+)	DISABLED	NATIVE AMERICAN	PREGNANT	FIP*	SSI*	SDA*	FOOD ASSISTANCE PROGRAM(FAP)
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(12) HAS THE APPLICANT OR OTHER HOUSEHOLD MEMBER(S) RECEIVED ASSISTANCE UNDER TITLE IV-A (FAMILY INDEPENDENCE PROGRAM), TITLE XVI (SUPPLEMENTAL SECURITY INCOME) OF THE SOCIAL SECURITY ACT, OR STATE DISABILITY ASSISTANCE WITHIN THE LAST 12 MONTHS?
 YES NO ***NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBLE**

(13) TYPE OF DWELLING SINGLE FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> TOTAL NUMBER OF UNITS FOR MULTI-FAMILY BUILDING:	(14) DWELLING OWNERSHIP: OWN <input type="checkbox"/> RENT <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/>	(15) RENTAL INFORMATION: LANDLORD NAME ADDRESS: PHONE:
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(16) IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS?
 YES NO

(17) Complete the information below regarding your main heating source. Please include a copy of your LAST fuel or HEATING bill with this application.	(18) Complete the information below regarding your electric company. Please include a copy of your LAST electric bill with this application
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Company:	Account Number:	Company:	Account Number:
Are your heating costs included in your rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the name on your heating bill different from the Applicant's name? If yes, give that name:	Is your electricity included in your rent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the name on your electric bill different from the Applicant's name? If yes, give that name:
Do you share a main heat source meter with another household? Yes <input type="checkbox"/> No <input type="checkbox"/>	ANNUAL USAGE:	Do you share an electric meter with another household? Yes <input type="checkbox"/> No <input type="checkbox"/>	ANNUAL USAGE (kwh):

Yearly Heating Cost:	Yearly Electric Cost:
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