

SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

Application for Cooling Assistance

Household: <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped <input type="checkbox"/> Other: <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American _____ Household size: _____	How many persons in this household over the age of 18 are employed?	HEAD OF HOUSEHOLD AGE RANGE: <input type="checkbox"/> 40 or less <input type="checkbox"/> 41 – 59 <input type="checkbox"/> 60 – 64 <input type="checkbox"/> 65 or over
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Fuel assistance or income & asset eligible approval date: _____	Weatherized: _____
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Name: _____ Street Address: _____ Mailing Address: _____ City/State/Zip: _____	Telephone Number _____ Cell Number _____ Social Security Number _____
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<input type="checkbox"/> 01 SINGLE FAMILY <input type="checkbox"/> A ONE STORY <input type="checkbox"/> B 1½ STORY <input type="checkbox"/> C TWO STORY <input type="checkbox"/> D THREE STORY <input type="checkbox"/> E BI-LEVEL	<input type="checkbox"/> 02 MOBILE HOME <input type="checkbox"/> A SINGLE WIDE <input type="checkbox"/> B DOUBLE WIDE	<input type="checkbox"/> 03 DUPLEX <input type="checkbox"/> A UP & DOWN <input type="checkbox"/> B SIDE BY SIDE	<input type="checkbox"/> 04 3 OR MORE UNITS How many units are there in this building? _____	CONSTRUCTION <input type="checkbox"/> WOOD FRAME/STUCCO <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> 8" MASONRY <input type="checkbox"/> MODULAR <input type="checkbox"/> OTHER
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<input type="checkbox"/> I own my home. <input type="checkbox"/> I rent my home. (Please check the appropriate box.) How long have you lived at this address? _____ <div style="background-color: black; color: white; text-align: center; padding: 2px;">Fill in the landlord information only if you rent your home!</div> LANDLORD NAME: _____ LANDLORD MAILING ADDRESS: _____ LANDLORD CITY, STATE, ZIP: _____	AIR CONDITIONING <input type="checkbox"/> CENTRAL <input type="checkbox"/> WALL <input type="checkbox"/> WINDOW <input type="checkbox"/> NONE WATER HEATER <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER _____	TYPE OF HEATING SYSTEM <input type="checkbox"/> HOT WATER/STEAM <input type="checkbox"/> FORCED AIR <input type="checkbox"/> BASEBOARD <input type="checkbox"/> PARLOR STOVE/ SPACE HEATER <input type="checkbox"/> OTHER: _____ What company supplies electricity to your home? _____
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I heat my home with: <input type="checkbox"/> Fuel oil <input type="checkbox"/> Natural gas <input type="checkbox"/> Propane (LP) <input type="checkbox"/> Electricity <input type="checkbox"/> Other Purchased from: _____	How many persons over 18 yrs. of age are employed: Full time _____ Part time _____
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APPLICATION CERTIFICATION

I, the applicant, declare that I understand the eligibility requirements for cooling assistance. The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the independent verification of this information by the authorized agent of the agency or its governmental funding source. I also give my permission to SENDCAA to discuss my application with any of the following: County Social Service Office, Southeast Human Service Center or my Direct Case Manager. I further consent to the inspection of my home by authorized personnel of Southeastern North Dakota Community Action Agency for the purpose of estimating and performing the cooling assistance work. I also grant SENDCAA or its designee permission to use photographs of materials installed on my home and grant SENDCAA or its designee permission to forward photographs of materials installed on my home to its funding sources for use in promoting the energy & rehab program.

Applicant signature _____ Date _____

FOR AGENCY USE ONLY

Rental Agreement On File: <input type="checkbox"/> YES <input type="checkbox"/> NO	Application Status: <input type="checkbox"/> Approved
LIHEAP Approval Letter On File: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Denied-Reason:
Medical Certification On File: <input type="checkbox"/> YES <input type="checkbox"/> NO	
By: _____, Weatherization Coordinator Date: _____	