

WEATHERIZATION PROGRAM - APPLICATION FOR WAITLIST



This no-cost program is open to all income-qualified households in Jackson and Josephine Counties. This program does not provide emergency assistance. The waitlist is years long, seniors and the disabled can expect to be on the waitlist about 3 years, non-senior/disabled much longer (your time on the waitlist is only an estimate). This application must be completed in full or it will be returned. We can not return to a residence once it has been weatherized.

Applicants must also attend a 90-minute energy conservation workshop **within 30 days** of our receipt of this application or your name will not be placed on the waitlist. Our staff will contact you upon reviewing this application to schedule a date and time. If you are unable to participate within 30 days for any reason, please contact the Energy Education Program at 779-6691 ext. 360 so that alternate arrangements can be made.

Full Name	Your home is (Circle One Below)	Main Heat	Secondary Heat	Is the home in your name?
Street Address	Manufactured Home	Electric	Electric	Yes (owner)
Mailing Address	Apartment/Duplex	Gas	Gas	
Phone Number	Stick-built Home	Other	Other	No (renter)

Please complete table for **all household members (including yourself)**. Circle if the member is a senior, 60 years or older (**SR**), disabled (**DIS**) or is **UNDER** the age of 7 years old (<7). **All income for all members of the household must be listed when applying for assistance.** Please list the **gross** (*before tax or any deductions/garnishments*) monthly income and from where (wages, social security, child support, unemployment...).

Household members (Last Name, First Name)	Relationship to applicant	S.S. Number	Birthday	Sex				Gross Monthly Income	Source of Income
					SR	DIS	<7		
					SR	DIS	<7		
					SR	DIS	<7		
					SR	DIS	<7		
					SR	DIS	<7		

Check the box if there are additional household members, and list them on the back

Has anyone in your household applied for, or received Energy Assistance? _____ If Yes, when? _____

If you are renting or buying, but the home is **not** in your name, provide the following:

Landlord/Legal Owner's Name: _____ Phone: _____

Address: _____

CLIENT DISCLAIMER: By signing this form I certify that the information provided is accurate and true to the best of my knowledge. I hereby authorize the release of all personal information and records, financial or otherwise collected from this application to Oregon Housing and Community Services Department, its agents, and subgrantees for any legitimate purpose including, but not limited to the purpose of deciding eligibility for any and all utility assistance programs available and for reporting associated with those assistance programs.

Applicant Signature: _____

Date: _____

If mailing application back, send to **ACCESS, Inc Weatherization Programs PO BOX 4666 Medford, OR 97501**

FOR OFFICE USE ONLY: DATE APPLICATION RECEIVED _____ BY _____

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