

WEATHERIZATION PROGRAM - APPLICATION FOR WAITLIST



This no-cost program is open to income-qualified households in Jackson County. This program *does not* provide emergency assistance. Seniors and disabled can expect to be on the waitlist 3 years, others much longer (time on the waitlist is only an estimate).

**This application must be completed in full and include the following;
 COPY of Pacific Power & Avista bills, Rental Agreement & proof you're a Veteran
 INCOMPLETE applications will be returned.**

| | |
|-----------------|--------------|
| Full Name | |
| Street Address | |
| Mailing Address | Phone Number |

| What type of home do you live in? (Example: Mobile, Apartment, Stick Built) | Main Heat | Secondary Heat | Are you the legal owner? |
|--|-----------|----------------|--------------------------|
| | | | |

Please complete table for **all household members (including you)**. All income for *all members of the household must be listed when applying for assistance*. Please list the **gross** (*before tax or ANY deductions*) 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 | Veteran or Disabled |
|--|---------------------------|-------------|----------|-----|----------------------|------------------|---------------------|
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Has anyone in your household applied for, or received Energy Assistance? _____

How long have you been at this address? _____

Landlord/Legal Owner's Name: _____

Phone: _____ Mailing 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: _____