

SOUTH DAKOTA WEATHERIZATION ASSISTANCE APPLICATION

The Weatherization program helps low income households make their homes more energy efficient. Priority is given to households with individuals that are elderly or disabled and to families with children. Information on where to send the application is on page 5.

STOP If you are receiving Energy Assistance check this box and only complete pages 1, 3, and 4. If you know your 9-digit Customer Identification Number (CID) from your Energy Assistance case, enter it here _____.

If you are not receiving Energy Assistance please complete all pages.

Print or type the information. The application will be denied if it is incomplete or if required proof is not attached.

TELL US YOUR ADDRESS

| | | | | |
|---|--------------------------|--------------|--------------------------|---------------|
| <i>Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> | <i>County</i> |
| <i>Residence Address</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> | <i>County</i> |
| <i>Provide directions – use landmarks</i> | | | | |
| <i>Home phone number</i> | <i>Work phone number</i> | | <i>Cell phone number</i> | |
| <i>Other phone number where message may be left</i> | | | | |

TELL US WHO LIVES IN THE HOME (LIST YOURSELF FIRST)

*You are not required to furnish race information.

(W=White, A=Native American, B=Black, H= Hawaiian, O=Asian, S=Hispanic or Latino)

| Name | Social Security # | Date of Birth | *Race | Sex | Are they Disabled | Are they a U.S. Citizen |
|---|-------------------|---------------|-------|--|---|---|
| First MI Last | | | | | | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TELL US ABOUT INCOME

Enter GROSS INCOME (amount before deductions) such as *Wages, *Self-employment, *Alimony, *Social Security, *SSI, *SSI State Supplement, *BIA GA, *TANF, *Unemployment, *Worker's Compensation, *Veteran's Benefits, *Retirement, *Pensions, *Annuities, *Dividends, *Rental Income, *Tribal Lease or *Per Capita Income, *Net Gambling or Lottery Winnings, and *all other sources of income FOR ALL PERSONS IN THE HOME



ATTACH PROOF: Examples of proof are

- ⇒ Money NOT from work: Award letters or copies of checks
- ⇒ Money from work: wage stubs, copies of checks, employer statement verifying gross pay and date received.
- ⇒ Money from self-employment: copy of your most recent income tax return. (INCLUDE ALL PAGES AND SCHEDULES OF THE TAX RETURN) Partnership or S corporation should include a K-1 and 1065 forms.

| If you send your application in: | Send proof of all income <u>received</u> in these 3 months: | If you send your application in: | Send proof of all income <u>received</u> in these 3 months |
|----------------------------------|---|----------------------------------|--|
| APRIL | January 1 - March 31 | OCTOBER | July 1 - September 30 |
| MAY | February 1 - April 30 | NOVEMBER | August 1 - October 31 |
| JUNE | March 1 - May 31 | DECEMBER | September 1 - November 30 |
| JULY | April 1 - June 30 | JANUARY | October 1 - December 31 |
| AUGUST | May 1 - July 31 | FEBRUARY | November 1 - January 31 |
| SEPTEMBER | June 1 - August 31 | MARCH | December 1 - February 28 |

Income month 1:

| <i>Person with income:</i> | <i>List type of income:</i> | <i>Date Received</i> | <i>Gross Amount</i> |
|----------------------------|-----------------------------|----------------------|---------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Income month 2:

| <i>Person with income:</i> | <i>List type of income:</i> | <i>Date Received</i> | <i>Gross Amount</i> |
|----------------------------|-----------------------------|----------------------|---------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Income month 3:

| <i>Person with income:</i> | <i>List type of income:</i> | <i>Date Received</i> | <i>Gross Amount</i> |
|----------------------------|-----------------------------|----------------------|---------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

TELL US ABOUT THE HOME

Is the home currently being remodeled/or will it be remodeled within the next six months. Yes No

Has the home ever been weatherized? Yes No Not sure

If YES: 1-5 years ago 5-10 years ago 10-15 years ago

If YES, who did the weatherization?

This is a

House: 1-10 yrs. 10-20 yrs. 20-50 yrs (Built before 1978? Yes No)

Number of stories 1 2 3 Permanent basement? Yes No

Mobile Home: List serial number or title number _____ Yr. _____

Apartment: How many apartments are in the building _____.

The home is heated with:

Natural Gas Electric Propane/Bottled Gas Fuel Oil/Kerosene Wood Coal

Name of Supplier: _____

Amount paid to the supplier October – April of previous year \$ _____

The additional (secondary) source used to heat the house is:

No other source used Natural Gas Electric Propane/Bottled Gas Fuel Oil/Kerosene Wood Coal

If secondary fuel source is used percentage of heat from that source 10% 20% 30% 40%

Name of Supplier _____

Amount paid October – April of previous year \$ _____

The home has problems relating to:

Structure Electrical Plumbing Other Not aware of problems

Explain _____

The home has unhealthy conditions relating to:

Asbestos Lead-Based Paint (home built before 1978) Mold/Mildew Sewage Fumes

Chemical/Smoke Fumes Other Not aware of unhealthy conditions

Explain _____

Do you currently own or are you buying the home? Yes No

If yes, is the residence for sale? Yes No

is there a contract for deed Yes No

is there homeowners insurance? Yes No



If you own the home, please attach a copy of the real estate tax notice to the application.

Do you rent the home or apartment? Yes No

If yes, Name of Landlord _____

Landlord's Address _____

Landlord's phone number _____

Is this Subsidized, Low Income Housing (Section 8, Senior Housing, Public Housing) Yes No



PLEASE READ THE FOLLOWING INFORMATION

Privacy Act Information: This information will be used to determine your eligibility for the weatherization program. Information obtained from this and other forms may be used by the U.S. Department of Energy to monitor the effectiveness of this program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. If you refuse to provide the information requested on this application, your home will not be considered for weatherization assistance. No information on this application is made available to the general public.

By my signature below

- ⇒ I authorize the agency to make any necessary contacts to verify any aspect of eligibility.
- ⇒ I authorize investigation of past, present and future heating costs in order to evaluate the effectiveness of the Weatherization program.
- ⇒ I authorize employees of the community action agency to perform, monitor and inspect Weatherization work.
- ⇒ I authorize Office of Energy Assistance and Weatherization staff of the Department of Social Services to monitor to ensure quality weatherization work.
- ⇒ I agree to report if the home is scheduled for acquisition or clearance by a Federal, State, or local program within 12 months from the date weatherization work is scheduled
- ⇒ I understand that any false statement made in this application is legal grounds for prosecution by any agency of the government using this application as a basis for assistance and certify, under penalty of perjury, the truth of the information in this application.

_____/_____/_____
Applicant Signature Date

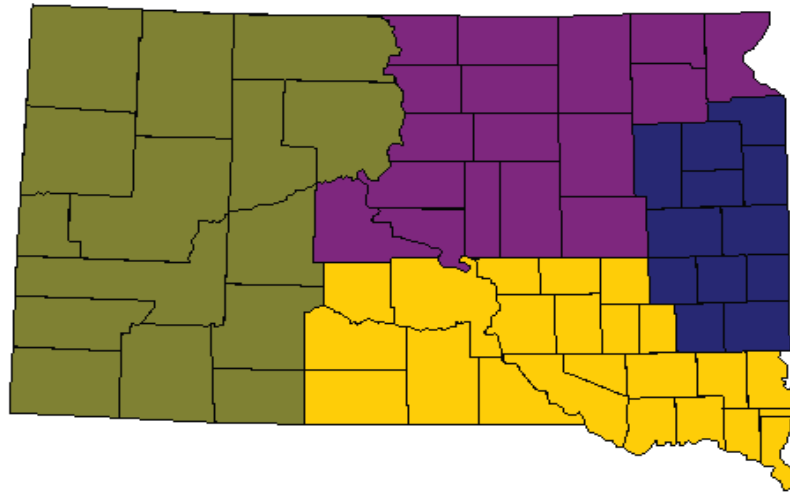
_____/_____/_____
Applicant Signature Date

Agency use only

_____/_____/_____
Approved by Date approved

in Household: _____ Total Income: _____ Maximum Allowable Income: _____

Please send the application to the Community Action Agency that serves your county.
Refer to the map and/or the counties listed below to find the information for the community action agency for your county.



Inter-Lakes Community Action Partnership

PO Box 268, Madison, SD 57042
Phone: 605-256-6518 or 1-800-896-4105
www.interlakescap.com

Counties served: Brookings, Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, Lake, McCook, Miner, Minnehaha, Moody

Grow South Dakota

104 Ash St. E, Sisseton, SD 57262
Phone: 605-698-7654
www.growsd.org

Counties served: Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth

Rural Office of Community Services, Inc.

PO Box 547, Wagner, SD 57380
Phone: 605-384-3883 or 1-800-793-3290
www.rocsinc.org

Counties served: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Jones, Lincoln, Lyman, Mellette, Sanborn, Todd, Tripp, Turner, Yankton, Union

Western South Dakota Community Action Agency, Inc.

1844 Lombardy Drive, Rapid City, SD 57701
Phone: 605-348-1460 or 1-800-327-1703
www.wsdca.org

Counties served: Bennett, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Lawrence, Meade, Perkins, Shannon, Pennington, Ziebach