



**4. ELECTRIC COMPANY INFORMATION**

My electric company is \_\_\_\_\_  
 The name on the account is Account Number \_\_\_\_\_

I have a turn-off notice from this company: Yes  No       My Service is off now: Yes  No

**5. CHECK ONE BOX BELOW FOR THE MAIN HEATING SOURCE OF YOUR HOME**

Electricity     Utility Gas     Propane     Oil     Kerosene     Coal Wood/Pellets

My Heat supplier or fuel Company is \_\_\_\_\_  
 The name on the account is Account Number \_\_\_\_\_

**UTILITY GAS CUSTOMERS ONLY:**

I have a turn-off notice from this company: YES  NO       My service is turned off now: Yes  NO

**6. HOME'S HEALTH, SAFETY, AND STRUCTURE CONDITIONS:**

- 1. Do you have any missing external windows or doors?      Y   N
- 2. Is there mold or mildew in the house?      Y   N
- 3. Are there any active rook leak(s)?      Y   N
- 4. Do you have any damage to the exterior walls/ siding/ trims or ceiling?      Y   N
- 5. Are you aware of any electrical code violations/hazards?      Y   N
- 6. Are you aware of any plumbing leaks/ moisture problems?      Y   N
- 7. How old is your heating system/furnace?      \_\_\_\_\_
- 8. What is the age of the home?      \_\_\_\_\_
- 9. How many bedrooms in the home?      \_\_\_\_\_
- 10. Any other structural or health concerns? \_\_\_\_\_

7. The applicant or proxy must sign this application before it can be processed.

Family Size	1	2	3	4	5	6	7	8
Annual Income	\$30,249	\$39,556	\$48,864	\$58,171	\$67,479	\$76,786	\$86,093	\$95,400

I declare that the information provided to Diversified Housing Development (DHD) is true, correct, and complete. I understand that when this application is signed, permission is given: 1) for the DHD to check all household income and any other benefits; and (2) for the other governmental/non-governmental agencies to give and/or receive information from DHD needed to complete this application. I also certify that I meet the income guidelines listed above which is required to receive weatherization services from DHD.

 \_\_\_\_\_  
 Applicant's Signature      Date

**OFFICE USE ONLY:**

Date Received:	Intake Worker Signature:	Date:
Total Income:	Certifier Signature:	Date:
Worker's Comments:		