

Georgia Weatherization Assistance Program - Application Form

Agency:		Interviewer:	
Date:		Job Number:	
Applicant's Name:		Home/Cell Phone:	
Home Address:		Zip Code:	
City:		County:	

Income Information - Source(s) of Income

Type of Income	Check all that apply	Type of Income	Check all that apply
Supplemental Security Income (SSI)		Railroad Retirement	
TANF		Pension	
Wages		VA Benefits	
No Income		Unemployment	
Self-Employment		Public Assistance	
Social Security		Other (Specify):	

Household Demographics (Duplicated Count)

Applicant's Date of Birth:		Applicant's Gender:	
Number of Elderly ≥ 60 years of age:		Number of Native Americans:	
Number of Children ≤ 2 years of age:		Number of Disabled:	
Number of Children 3-5 years of age:		Number of Seasonal/Farm Workers:	
Number Children 6-17 years of age:		Total Number in Household:	
Total Number of Elderly, Disabled or Young Children (Unduplicated Count):			
Home Energy Assistance through LIHEAP received? (yes/no)			

At-Risk Occupant(s)

Number of Elderly Persons (65 years or older):	
Number of Infants (2 years or less):	
Number of Person(s) Pregnant:	
Number of Persons with Health Condition(s) Exasperated by High/Low Temperature Conditions:	
Explain Health Condition(s):	

Dwelling Demographics

Site Built		Manufactured/Mobile Home		Multi-Family	
Primary Heating Fuel: (Natural Gas, Oil, Liquid Propane Gas, Electricity, Wood, Kerosene, other)					
Air Conditioning: (Window Units, Central AC, Portable)					
Roof Condition:					
Specific Issues:					
Owned: (yes/no)		Rented: (yes/no)		Other: (specify)	
Is your residence currently For Sale, in Foreclosure or in the process of being Foreclosed? (yes/no)					

Landlord Information

Name:		Address:	
City:		State:	
Zip Code:		Phone:	

I declare to the best of my knowledge the above information is accurate and is a true statement of my total household income:

Applicant Signature: _____

*****FOR AGENCY USE ONLY*****

Eligibility Status

Eligible: (yes/no)		Unit Wx'd Prior to 9/30/1994: (yes/no)	
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Approved: (yes/no)		Date of Approval/Denial:	
Denied: (yes/no)		Reason for Denial (keep on file):	
Household Total Yearly Income:		Eligibility Level/Threshold:	
Signature of Agency Interviewer:			