



WEATHERIZATION ASSISTANCE PROGRAM

CLIENT INTAKE FORM

| | | | |
|--|-----|--|---------------------------|
| AGENCY NAME: Tampa Hillsborough Action Plan | | JOB # | Sq Ft (Cond.) |
| Utility Account Number: | | | |
| CLIENT NAME: | | OWNER'S NAME: | |
| SOCIAL SECURITY # (last 4 digits) : | | PHONE NO.: | |
| UNIT ADDRESS: | | MAILING ADDRESS: | |
| CITY: | ZIP | CITY: | ZIP |
| LANDLORD AGREEMENT: YES ___ NO ___ NA ___ | | OWNERSHIP PROOF : | YEAR BUILT |
| INCOME ELIGIBILITY: Must include <u>annual</u> income for <u>ALL</u> household members. | | County : | |
| Type of Income: | | CLIENT - \$ AMOUNT YEARLY | Other(s) \$ Amount |
| A. EMPLOYMENT | | | |
| B. UNEMPLOYMENT COMPENSATION | | | |
| C. SOCIAL SECURITY | | | |
| D. SUPPLEMENTAL INCOME (SSI) | | | |
| E. RETIREMENT | | | |
| F. T.A.N.F. | | | |
| G. OTHER (explain) | | | |
| Subtotals: | | \$ - | \$ - |
| Total Yearly Income: | \$ | Monthly: \$ | |
| Main Heating Fuel Source (Choose One) Propane ___ Natural Gas ___ Electric ___ Wood ___ Other ___ > any gas in home ___ | | | |
| Ages of Residents: -> | | CLIENT CHARACTERISTICS: | |
| Total # Residents Living in Home -----> | | | |
| Name that appears on the Electric bill: | | Check each characteristic of client (client may be counted in more than one category. Client is not a child) | |
| Utility bill <u>minus</u> late fees (if applicable) | | ELDERLY (60 & older) | |
| Utility bill amount at the time of application \$ | | DISABLED | |
| CHARACTERISTICS OF ALL PEOPLE IN HOUSE: (Each person may be counted in more than one category) | | N. AMERICAN INDIAN | |
| ELDERLY (60 & older) | | HIGH ENERGY BURDEN HOUSEHOLD | |
| DISABLED | | RECURRING HIGH ENERGY BURDEN (LIHEAP Referral) | |
| NATIVE AMERICAN | | OTHER (Income qualified only) | |
| CHILDREN (2 & under) | | UNITS BY OCCUPANCY (check only one below): | |
| CHILDREN (3 to 5 years) | | OWNER OCCUPIED HOME | |
| CHILDREN (6 to 12 years) | | SINGLE FAMILY RENTER | |
| All others not included in above categories | | MULTI FAMILY | |
| Do any occupants have breathing or health issues? Yes ___ No ___ Describe | | OWNER MOBILE HOME | |
| | | RENTER MOBILE HOME | |
| CLIENT AGREEMENT: | | | |
| 1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility. | | | |
| 2. I certify that my household meets the income guidelines of this program. | | | |
| 3. I hereby give permission to enter these premises for the purpose of conducting and energy audit and having my home weatherize. | | | |
| 4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company. | | | |
| 5. There are ___ are not ___ occupants with health issues that will prevent performing diagnostic testing. | | | |
| CLIENT SIGNATURE: | | DATE: | |
| A COPY OF THIS INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT. | | | |