

**GOLDENROD HILLS COMMUNITY ACTION
BOX 280, WISNER, NE 68791 (402) 529-3513
HOME WEATHERIZATION APPLICATION**

NAME OF APPLICANT _____ SOC. SEC. # _____

STREET _____ POB _____ TOWN _____ ZIP _____

COUNTY _____ PHONE # _____ AGE _____ DOB _____ RACE _____

DISABLED: YES _____ NO _____ NUMBER OF PERSON IN HOUSEHOLD _____

HOUSE OWNED _____ RENTED _____ LANDLORD'S NAME AND ADDRESS _____

Type Of Home: FRAME _____ MOBILE _____ MULTI-FAMILY _____

NAMES OF HOUSEHOLD MEMBERS	DATE OF BIRTH	AGE	RELATIONSHIP	DISABLED

(FOR ADDITIONAL HOUSEHOLD MEMBERS USE REVERSE SIDE)

HAVE YOU RECEIVED UTILITY PAYMENTS FROM DHHS IN THE PAST YEAR? (Heating or Cooling) YES _____ NO _____

SOURCE OF INCOME: Check all that apply:

WAGES _____ UNEMPLOYMENT _____ SELF-EMPLOYED _____ ADC/TANF _____ VA PENSION _____ RETIREMENT _____

SOC. SECURITY _____ SSI _____ RENTAL INCOME _____ OTHER _____ TOTAL INCOME _____

FUEL USED FOR HEATING: _____ NATURAL GAS _____ ELECTRICITY _____ PROPANE _____ FUEL OIL _____ WOOD _____ OTHER _____

FUEL SUPPLIER _____ ACCOUNT NUMBER FROM BILL _____

I CERTIFY THAT I AM THE OWNER OR TENANT FOR THE PROPERTY AT THE ADDRESS GIVEN ABOVE AND REQUEST WEATHERIZATION SERVICES ON THIS RESIDENCE.

I GIVE MY PERMISSION FOR:

1. Inspection and evaluation of the residence by Goldenrod Hills Community Action (GHCA) personnel.
2. Weatherization services to be applied to the residence (if applicable) in accordance with Federal and State guidelines.
3. Inspection of the Weatherization work on your home; by GHCA, Federal or State personnel.
4. Release of my past and future fuel bills to GHCA personnel.
5. Information to be transferred between other Goldenrod Hills Community Action Programs as deemed necessary and under the supervision of the Program Director.

I UNDERSTAND THAT THIS INFORMATION WILL BE USED ONLY TO PROVIDE DATA FOR THE ABOVE NAMED WEATHERIZATION AGENCY, AND NO INFORMATION OBTAINED THROUGH THIS RELEASE SHALL BE MADE PUBLIC IN SUCH A MANNER THAT THE DWELLING OR OCCUPANTS CAN BE IDENTIFIED. I UNDERSTAND THAT THIS IS AN APPLICATION AND FILLING IT OUT DOES NOT GUARANTEE ANY WORK BEING DONE ON MY HOUSE. I ALSO UNDERSTAND THAT BY SIGNING THIS PAPER, I AM AUTHORIZING GOLDENROD HILLS COMMUNITY ACTION TO WEATHERIZE MY HOME FREE OF DEBT OR LIEN. I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT FALSE STATEMENTS ARE PUNISHABLE BY LAW. I DO INDEED LIVE IN THE HOUSE IN WHICH I AM APPLYING FOR. I DECLARE THAT I DO INTEND TO CONTINUE TO LIVE IN MY WEATHERIZED DWELLING FOR AT LEAST SIX(6) MONTHS AFTER WEATHERIZATION IS COMPLETED.

SIGNATURE OF GHCA PERSONNEL DATE

SIGNATURE OF APPLICANT DATE

NAMES AND AGES OF HOUSEHOLD CONTINUED.

NAMES OF HOUSEHOLD MEMBERS	DATE OF BIRTH	AGE	RELATIONSHIP	DISABILITY

LEGAL DESCRIPTION OF HOME:
SECTION:

MOBILE HOME DESCRIPTION:
YEAR:

TOWNSHIP:

MODEL:

RANGE:

SERIAL/VIN NUMBER:

DIRECTIONS TO HOME:

MONTHLY INCOME & NAME AND ADDRESS OF EMPLOYER(S)

HOUSEHOLD MEMBER	HOURS & WAGE	EMPLOYER Or Type of Income	ADDRESS