

# HARCATUS WEATHERIZATION PROGRAM APPLICATION

**COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD**  
*Please complete all items and questions and attached required proof*  
**An incomplete application will delay assistance.**

## PERSONAL INFORMATION SECTION

### PRIMARY APPLICANT

First Name		MI	Last Name		Your Social Security Number				
Current Mailing Address					Apartment/Lot/Unit/Floor				
City		ST	Zip Code		Ohio County				
Daytime Telephone including Area Code (       )		Date of Birth Mo.                      Day                      Yr.		Email Address					
Current Service Address (If Different than above)					Apartment/Lot/Unit/Floor				
City		ST	Zip Code		Ohio County				

Check the box that most closely describes the type of bulding you live in. Check only one.

- Mobile Home     
  Single Family     
  Multi-Family Low -Rise (3 stories or less)     
  Multi-family High Rise (4 stories or more)

## INCOME SECTION

	Including yourself, how many people have lived in your household <b>in the past 12 months.</b> (Include all persons listed under Household Members)
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Including yourself, please list the names, relationships, social security number(s), date(s)of birth, and gross incomes of everyone living in your household. Please indicate if each household member is disabled and if they are a U.S. citizen by checking 'yes' or 'no' in the appropriate box. Include all income of all persons living in your household (except for wage or salary income earned by dependent minors under 18). (Attach proof of income, disability, and citizenship/alien status). Use separate sheet if necessary.

Household Members	Relationship to You (i.e., son, daughter, etc).	Social Security Number	Date of Birth	Income Source	Current Month	Last 3 Months	Last 12 Months	Disabled	US Citizen/ Legal Resident
	SELF							Y ___ N ___	Y ___ N ___
								Y ___ N ___	Y ___ N ___
								Y ___ N ___	Y ___ N ___
								Y ___ N ___	Y ___ N ___
								Y ___ N ___	Y ___ N ___
								Y ___ N ___	Y ___ N ___
								Y ___ N ___	Y ___ N ___

What was your total gross household income for the past 12 months?

Y \_\_\_ N \_\_\_ Do you Receive Public Assistance? Case No.

### INCOME SOURCE (Check the Income Sources for Your Household)

- |  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Wages               | <input type="checkbox"/> Pension            | <input type="checkbox"/> Soc. Sec.  | <input type="checkbox"/> Child Support  | <input type="checkbox"/> Employment Disability |
| <input type="checkbox"/> Self Employment     | <input type="checkbox"/> VA Pension         | <input type="checkbox"/> SSDI   | <input type="checkbox"/> Worker's Comp. | <input type="checkbox"/> Interest              |
| <input type="checkbox"/> Unemployment        | <input type="checkbox"/> VA Disability      | <input type="checkbox"/> SSI  | <input type="checkbox"/> TANF/DA        | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> No Income(Explain how you pay bills on a separate sheet) |   |  |

### DOCUMENTATION MUST BE PROVIDED

Proof of income must be for the prior 30 Days before application.  
 please bring your benifits awards letter or printout showing how much received  
 in the last 12 months.

**INFORMATION ABOUT YOUR HOME**

Do you rent or own your home?  RENT  OWN

If you rent, please provide ALL information requested on your landlord. We cannot process this application without it.

Landlord's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_

**A copy of proof of Home Ownership (tax bill, Mortgage Bill or Mobile Home Title) MUST be included.**

Do you rent a room in someone else's home?  Yes  No

Do you receive Rental assistance from the government i.e. Section 8, HUD, Metropolitan Housing?  Yes  No

Has your household received weatherization services from any other program; for example, a utility program?  Yes  No

If YES, which program? \_\_\_\_\_

Is anyone in the household a citizen of a country other than the United States?  Yes  No

If Yes, does that person(s) have permanent or temporary U.S. Status? Check One.  Permanent  Temporary

\_\_\_\_\_ Number of Native Americans (as defined by the U.S. Bureau of Indian Affairs) in the household.

\_\_\_\_\_ Number of Migrant Farm Workers in the household.

**UTILITY ACCOUNT INFORMATION**

What is your **Main** source of heat? (Check only one)

Natural Gas  Bottle Gas or Propane (L.P. Gas)  Fuel Oil or Kerosene  Coal/Wood/Pellets  Electric

**Complete this section for your main heating source, including all electric** **Complete this section below with your electric company name and account**

<b>Main Heating Source</b>	<b>Electric</b>
Company/Vendor _____	Company/Vendor _____
Account Number: _____	Account Number: _____
Are your heating costs included in your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your electricity included in your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the name on your heating bill different from the Applicant's name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give that name: First: _____ Last: _____	Is the name on your electric bill different from the Applicant's name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give that name: First: _____ Last: _____
Do you share a main heating source meter with another household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you share an electric meter with another household? <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company or

X Sign Here: \_\_\_\_\_ Application Date: \_\_\_\_\_

**PLEASE SIGN AND MAIL APPLICATION TO:**  
 Harcatus Housing & Weatherization 508 Grant St Dennison, Ohio 44621 Attn: Amy  
 Phone 740-922-6692 740-922-6693 Fax 740-922-1007