

Targeted Home Performance with ENERGY STAR® Program Application



APPLICANT INFORMATION – Complete all appropriate fields. Please print using blue or black ink.

Contact Name (First, Middle, Last)			
Property Address			
City	State	Zip	County
Mailing Address (if different than property address)			
City	State	Zip	County
Primary Telephone Number ()	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Secondary Telephone Number ()	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
			Year Home Built?

Indicate the total number of household members _____	Number of Persons Under Age 6 _____	Number of Persons Over Age 60 _____
Please indicate the gross total annual household income \$ _____ / yr	Indicate the type of building in which you live (check the appropriate box below) <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex (side-by-side) <input type="checkbox"/> Duplex (upper/lower) <input type="checkbox"/> Triplex <input type="checkbox"/> Multifamily _____ # Units <input type="checkbox"/> Condo	
Have you received Weatherization at this address in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, when? (Month / Year)	Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own

Who is your Primary (heating) Fuel Supplier? Please provide information below	
Fuel Company Name: _____	
Account Number: _____ (required)	
Who is your Electric Supplier? Please provide information below	
Electric Utility Company Name: _____	
Account Number: _____ (required)	
Please check the type of fuel you use to heat your home: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> LP/Propane <input type="checkbox"/> Oil <input type="checkbox"/> Other _____	Who pays the heating bill? <input type="checkbox"/> Applicant <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____

If you rent, please provide the name, address, and telephone number of your landlord.			
Name	Telephone Number ()	Rent Paid per Month	
Mailing Address			
City	State	Zip	County

See additional information on Page 2

Please list each person who lives at your address in the space provided below:

	NAME	RELATIONSHIP TO APPLICANT	BIRTHDATE	
1				<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Alien <input type="checkbox"/> Ineligible Alien
2				<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Alien <input type="checkbox"/> Ineligible Alien
3				<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Alien <input type="checkbox"/> Ineligible Alien
4				<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Alien <input type="checkbox"/> Ineligible Alien
5				<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Alien <input type="checkbox"/> Ineligible Alien
6				<input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Alien <input type="checkbox"/> Ineligible Alien

** If you have more than 6 in your household, please continue on another piece of paper.*

Please remember to include the following when submitting this form:

- Copy of last three full months of household income (examples: pay stubs, social security award letters, child support, etc). For example, if you apply in July, we will need income documentation for April, May and June.
- Copy of building ownership document (examples: most recent real estate tax statement, life lease, warranty deed, settlement statement or mobile home title).
- Utility account information on the front of this form.

PLEASE READ AND SIGN – YOUR APPLICATION MUST BE SIGNED IN ORDER TO PARTICIPATE

I hereby apply for Targeted Home Performance with ENERGY STAR and give the program administrator, program providers, and cooperating agencies permission to receive utility energy consumption data, and all information necessary to qualify my household. I authorize the agency providing Targeted Home Performance with ENERGY STAR to perform this work on the dwelling described above. If I am not the owner of this dwelling, I authorize the program provider to contact my landlord. I am providing the requested information solely to be eligible to participate in this program and request that the personal information supplied by me be treated as confidential to the maximum extent possible.

I authorize coordination between the fuel supplier(s) and the program providers to provide the maximum benefits to my household.

The information provided on this application is correct to the best of my knowledge. I certify that I have read and understand the statements on this application and agree to them. I also understand that I may be asked to provide proof of any information given on this application and that knowingly giving false information may subject me to prosecution for fraud.

Applicant Signature: _____

Date: _____ Social Security Number (optional): _____