

DEPARTMENT OF BUSINESS AND INDUSTRY – HOUSING DIVISION  
WEATHERIZATION ASSISTANCE PROGRAM

**APPLICATION**

**A. APPLICANT INFORMATION**

PLEASE PRINT CLEARLY OR TYPE:

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
(Last, First, MI)

HOME ADDRESS : \_\_\_\_\_ COUNTY: \_\_\_\_\_  
(Number and Street) (Apt No) (City) (Zip)

Mailing Address: (If different from home address) \_\_\_\_\_

TYPE OF DWELLING :  Single Family  Mobile Home  2-4 Family  5+Family

IS HOME  Rented  Owned (Does not apply to mobile home space rental.)

LANDLORD : \_\_\_\_\_  
(Name) (Address) (City, Zip) (Phone No.)

**B. HOUSEHOLD INFORMATION**

<u>NAMES OF ALL HOUSEHOLD MEMBERS</u> (ATTACH ADDITIONAL PAGES IF NECESSARY)			Date of Birth Month/day/year	Social Security Number	U.S. Citizen or Eligible *Non-citizen		Disabled		Native American	
LAST	FIRST	MI			Yes	No	Yes	No	Yes	No

**\*List the names of all non-citizen household members authorized as legal residents of the United States and provide copies of the front and back of their I-688 (Temporary Resident Card) or I-551 (Resident Alien Card) with this application.**

- Has this home ever received weatherization services before? If Yes, when? \_\_\_\_\_  Yes  No
- Does the dwelling unit have a Home Owners Association?  Yes  No
- Are you a recipient of Section 8 Housing or any other HUD Housing Programs?  Yes  No

**C. INCOME**

**Definition of Income:** Income includes money, wages and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business expenses). Income also includes regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, child support, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

- Are you currently receiving Energy Assistance (LIHEA or Energy Assistance)  Yes  No
- Did any household member work during the last 30 days?  Yes  No
- Does anyone in your household receive SUPPLEMENTAL SECURITY INCOME (SSI) or TANF?  Yes  No

Annual household income: \$ \_\_\_\_\_

**Acknowledgement of Applicant:**

I hereby authorize any investigation concerning me and other household members which is necessary to determine eligibility for benefits received or to be received under programs administered by the Nevada Housing Division. I hereby authorize and consent to the release of any and all information confidential by law or otherwise privileged under NRS 49.255 or any other provision of law. I hereby release the holder of such information from liability, if any, resulting from the disclosure of the required information. I acknowledge that a reproduced copy of this authorization legally constitutes an original copy. I consent that the Nevada Housing Division or its representatives may survey my energy usage, advise vendors of assistance grants, and may verify any information necessary to determine eligibility for assistance. I realize that I must give complete and accurate information and that willful concealment could result in criminal prosecution. **I SWEAR THAT EVERY ANSWER IS TRUE.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_