



Dear Weatherization Applicant:

Enclosed please find an application for “Weatherization” services. Please complete, sign & date the application and submit all the information below that pertains to you.

- * If you are a renter, a rental agreement must be signed by yourself & the landlord, authorizing us to do the estimate on your home.
- * Please provide us with a utility report of the last 12-months of electricity & fuel usage/costs, or an (estimated yearly amount) if you have not lived at the address for 12 months. Your suppliers can fax the information to (839-1747). (We will obtain the information from Xcel Energy if you provide us with a copy of your bill.)

If you've been approved for fuel assistance, your income qualifies you for our program. Please ask your County Fuel Assistance office to fax us your data sheet which is verification of your income. You will still need to list all your income on the application. Our fax number is (839-1747).

(OR)

If you are denied fuel assistance or do not intend to apply for that program, you must provide verification of your income. All household income must be reported and should include:

- a. **Employment:** Past 12 months: Can be a print out from your employer (or) copies of each pay stub.
- b. **IRS Income Tax Return** for the past year.
- c. **Unemployment or Workers Comp.**
- d. **Benefits:** Social Security-Disability-Veteran's -Retirement/Pensions =Copy of your letter will work!
- e. **SSI, TANF, School Grants or Alimony**

If your application is approved, once we've received all the information above, an Estimator will contact you to set up an appointment. If your application is denied, you will receive a notification by mail. If you change your address, name, phone numbers or other pertinent information after you submit your application, please call our office and inform us as soon as possible! If you have any questions or do not hear from us within 4-5 weeks, please contact me at 839-7221 or 1-800-726-8645.

Sincerely,

John Meyer
Energy Conservation Coordinator

Encl.

Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, Ward



2020 - 8th Avenue SE • Minot, ND 58701-5035
(701) 839-7221 • (800) 726-8645 • Fax (701) 839-1747 • TDD (701) 852-3028
Email agency@capminotregion.org • Website www.capminotregion.org



COMMUNITY ACTION PARTNERSHIP – MINOT REGION

2020 8th Avenue SE • Minot, ND 58701-5035

Phone (701) 839-7221 • Fax (701) 839-1747 • TDD (701) 852-3028

CLIENT INTAKE/WEATHERIZATION & HOME REHAB APPLICATION



PERSONAL INFORMATION <i>(Please Print)</i>								
Date	Social Security #	First Name	MI	Last Name	Birth Date	Gender	Disabled	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race		Ethnicity	Education		Food Stamps	Fuel Assistance	Health Coverage	Veteran
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black	<input type="checkbox"/> Multi <input type="checkbox"/> Native American <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> 0 to 8th Grade <input type="checkbox"/> 9th - 12th Grade (non-grad) <input type="checkbox"/> High School Grad/GED	<input type="checkbox"/> 12+ Grade <input type="checkbox"/> College Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No

INCOME INFORMATION <i>(List all Household Members Income)</i>						
Name	Pay Per Hour	Hours Per Week	Pay Per Month	Source	Source Codes	
	\$		\$		A - Employment B - Unemployment C - Social Security D - TANF E - SSI/SSD F - Pension G - General Assistance H - Other	
	\$		\$			
	\$		\$			

HOUSING INFORMATION						
Address	Apt/Lot #	Mobile Home Park	City	County	Zip	
Home Phone #	Work Phone #		Cell Phone #		Email Address	
Household Type		Marital Status	Housing Status		Housing Type	Rent/House Payment
<input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent	<input type="checkbox"/> Couple <input type="checkbox"/> Single <input type="checkbox"/> Other _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Homeless with roof <input type="checkbox"/> Homeless without roof	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home	\$ _____ Rental Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	

ALTERNATIVE CONTACT INFORMATION	
Please list one alternate contact person who would know how to get a hold of you if needed.	Name

ADDITIONAL HOUSEHOLD MEMBERS

Social Security #	Name (Please Print)	Birth Date	Age	Relation	Gender	Disabled	Race	Hispanic/ Latino	Education	Food Stamps	Health Coverage	Veteran
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

WEATHERIZATION/HOME REHABILITATION APPLICATION

Complete only if you are applying for Weatherization and/or Home Rehabilitation services

Check which service(s) you are applying for: Weatherization (RENTER OR OWNER) Home Rehab (MUST BE OWNER)

The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the independent verification of this information by the authorized agent of the agency or its governmental funding source. I further consent to the inspection of my house by authorized personnel of the agency for the purpose of estimating and performing the weatherization or rehabilitation work.

I grant permission to the administering agency or its designee to inspect heating, fuel and utility billing records for my home for up to five years before and after the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done, and direct the pertinent utility and fuel companies to make records available to the administering agency or its designee. I also grant permission to the administering agency to take photographs of my home for administrative or advertising purposes in promoting the Weatherization or Home Rehabilitation program.

Has your home ever been weatherized? Yes No

Applicant Signature

Date

Occupancy Status (If Renting: Please complete the program rental agreement)

Agency Review (for office use only)

How Long Living at Address:	Landlord Name: Phone #:	OMB Poverty Guidelines <input type="checkbox"/> DOE <input type="checkbox"/> LIHEAP \$ _____	FC:	Job Number:
Dwelling Type		Fuel Type		
<input type="checkbox"/> Single family	<input type="checkbox"/> 1 story	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	
<input type="checkbox"/> 2-4 family units	<input type="checkbox"/> 1½ story	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electricity	
<input type="checkbox"/> 5 or more units	<input type="checkbox"/> 2 story	<input type="checkbox"/> Propane	<input type="checkbox"/> Other	
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> 3 or more stories	<input type="checkbox"/> Coal		
Name of Utility Companies				
Gas:	Electric:	Weatherization Coordinator/Rehab Specialist		Date

Application Status: Approved Disapproved – Provide Reason

There are often many concerns that combine to affect us in our daily lives. The following checklist is a means for you to share with our staff any areas of concern that you might have so we may better assist you, either through our agency's programs or by referral to other community resources.

Yes, I would like to receive further information by phone or mail.

No, thanks.

Printed Name

Signature

Date

INCOME MANAGEMENT
<input type="checkbox"/> Housing, please specify _____
<input type="checkbox"/> Utilities
<input type="checkbox"/> Food
<input type="checkbox"/> Clothing
<input type="checkbox"/> Paying Bills, Money Management
<input type="checkbox"/> Weatherization
<input type="checkbox"/> Furnace/Air Conditioner
<input type="checkbox"/> Housing and Safety Maintenance
<input type="checkbox"/> Income Tax Assistance
<input type="checkbox"/> Other, please specify _____
EMPLOYMENT
<input type="checkbox"/> Job Retention
<input type="checkbox"/> Job Interviewing
<input type="checkbox"/> Résumé Preparation
<input type="checkbox"/> Skills Assessment
<input type="checkbox"/> Child Care
<input type="checkbox"/> Transportation
<input type="checkbox"/> Clothing
<input type="checkbox"/> Other, please specify _____

HEALTH CARE
<input type="checkbox"/> Medical
<input type="checkbox"/> Vision
<input type="checkbox"/> Hearing
<input type="checkbox"/> Dental
<input type="checkbox"/> Prescriptions
<input type="checkbox"/> Diabetic Supplies
<input type="checkbox"/> Mental Health Issues
<input type="checkbox"/> Abuse Concerns
<input type="checkbox"/> Alcohol/Drug
<input type="checkbox"/> Tobacco
<input type="checkbox"/> Gambling
<input type="checkbox"/> Physical
<input type="checkbox"/> Emotional
<input type="checkbox"/> Family Planning
<input type="checkbox"/> Safe Sex Information/Supplies
<input type="checkbox"/> Other, please specify _____

EDUCATION
<input type="checkbox"/> School/College Enrollment
<input type="checkbox"/> Training Programs
<input type="checkbox"/> Adult Education (GED, Refresher Courses)
<input type="checkbox"/> Applying for Student Financial Aid
<input type="checkbox"/> Children's Education Issues
<input type="checkbox"/> Head Start, Early Head Start, Preschool
<input type="checkbox"/> Tutoring
<input type="checkbox"/> School Supplies
<input type="checkbox"/> Other, please specify _____
PERSONAL NEEDS
<input type="checkbox"/> Parenting Issues
<input type="checkbox"/> Support System/Community Involvement
<input type="checkbox"/> Decision Making/Problems Solving Skills
<input type="checkbox"/> Self Confidence/Self Esteem
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Anger Management/Conflict Resolution
<input type="checkbox"/> Communication Skills
<input type="checkbox"/> Significant Loss (Spouse, Child)
<input type="checkbox"/> Counseling
<input type="checkbox"/> Recreational Needs
<input type="checkbox"/> Child Car Seat
<input type="checkbox"/> Other, please specify _____

**NORTH DAKOTA
WEATHERIZATION ASSISTANCE PROGRAM RENTAL AGREEMENT**

This **AGREEMENT** is made on _____ (month), _____ (day), _____ (year),
between: _____ (hereinafter **LANDLORD**)
_____ (hereinafter **TENANT**)

_____ **COMMUNITY ACTION PARTNERSHIP - MINOT REGION** (hereinafter **AGENCY**)

The parties listed above in this Rental Property Agreement (“**THE AGREEMENT**”) for good and valuable consideration agree that the weatherization improvements are subject to the following conditions:

1. The **LANDLORD** and **TENANT** consent and agree that weatherization improvements/services shall be done by the **AGENCY** to the property located at _____ (hereinafter **PREMISES**).
2. The **LANDLORD** and **TENANT** will permit employees of the **AGENCY** or its representatives to enter upon the **PREMISES** as required to perform weatherization work and inspection of the weatherization work upon its completion.
3. The **AGENCY** agrees to provide weatherization services/improvements subject to material limitations defined by federal regulations (10 CFR 440), North Dakota Weatherization Program requirements and limitations, and the professional discretion of the Community Action Weatherization Coordinator to the residence of the Owner/Authorized Agent that is occupied by the **TENANT**.
4. In consideration of the weatherization services/improvements provided by the **AGENCY**, the **LANDLORD** agrees to the following:
 - a) **Other Agreements:**
The terms of this **AGREEMENT** will be incorporated into any other agreement between the **LANDLORD** and **TENANT**, and if there is any conflict between this **AGREEMENT** and the provision of such other agreement, the provisions of this **AGREEMENT** shall govern.
 - b) **Rent Increases:**
By entering into this **AGREEMENT**, the **LANDLORD** and his or her heirs or assigns agrees not to increase the rent for the **PREMISES** above the current monthly rent (\$_____) for a period of twelve (12) months from the date of the completion of weatherization improvements.
 - c) **Repairs:**
The **LANDLORD** agrees to make necessary repairs/improvements to the **PREMISES** as specified by the Energy Conservation Estimator on the program rental procedures, or weatherization services will not be provided by the **AGENCY**.
 - d) **Termination of Tenancy:**
The **LANDLORD** agrees that for the term of this **AGREEMENT** there shall be no termination of **TENANT’S** tenancy except for one of the following reasons:
 - 1) The **TENANT** fails to pay rent to which the **LANDLORD** is legally entitled.
 - 2) The **TENANT** is causing substantial damage to the **PREMISES**, causing or permitting a nuisance to exist, or is interfering with the safety or comfort of the occupants of the same or adjoining **PREMISES**.
 - 3) The **TENANT** has been convicted of using the **PREMISES** to commit a felony.
 - 4) The **TENANT** has violated a covenant of tenancy or lease.
 - 5) The **TENANT** has refused the **LANDLORD** reasonable access to make inspections or repairs.
5. The **LANDLORD** agrees to make a reasonable effort to lease the unit to a low-income person(s) in the event that the **TENANT** terminates tenancy prior to the expiration of this **AGREEMENT**.
6. Failure on the part of the **LANDLORD** to follow the terms of this **AGREEMENT** will result in the cost of weatherization materials to be reimbursed by the **LANDLORD** to the **AGENCY**. Should the breach result from an increase in the rental rate, the **TENANT** shall be entitled to recover all monetary amounts in excess of the rental amount contained in this **AGREEMENT**.

7. This **AGREEMENT** shall begin on _____ (month), _____ (day), _____ (year), and expire twelve (12) months from the date of weatherization improvements/services are completed. (The completion date will be defined as the date which the final inspection was completed by the **AGENCY** and will be recorded in the weatherization file. It will be the responsibility of the **AGENCY** to inform all parties to this **AGREEMENT** as to the completion date.)

In witness hereof the parties executed this **AGREEMENT** at _____, North Dakota.

Tenant Information			
Name		Address	
City	State	Zip Code	Phone Number
Tenant Signature			Date

Landlord Information			
Name		Address	
City	State	Zip Code	Phone Number
Landlord Signature			Date

Agency Information			
Name		Address	
Community Action Partnership - Minot Region		2020 8 th Ave Se	
City	State	Zip Code	Phone Number
Minot	ND	58701-5035	(701) 839-7221
E.C. Coordinator Signature			Date