APPLICANT NAME:_____ DATE:_____ (OFFICE USE ONLY) JOB #:___

WEATHERIZATION APPLICATION CHECKLIST

CLIENT MUST RETURN THIS SHEET WITH APPLICATION AND DOCUMENTATION OR THE APPLICATION WILL NOT BE PROCESSED

CLIENT CHECKLIST:	ITEMS NEEDED: PLEASE MARK OFF EVERYTHING PROVIDED UNDER CLIENT CHECKLIST	DEADLINE GIVEN:
	COMPLETED & SIGNED APPLICATION	
	ALL INCLUDED FORMS SIGNED (Health & Safety, ASHRAE)	
	UTILITIES:	
	UTILITY BILL HISTORY RELEASE AUTHORIZATION	
	COPY OF MOST RECENT GAS & ELECTRIC BILLS	
	PROOF OF HOME OWNERSHIP: PROVIDE WHAT APPLIES TO YOU	
	PROPERTY TAX NOTICE OR RECORDED DEED	
	MOBILE HOME TITLE **(OWNERSHIP MUST BE IN APPLICANT'S NAME)**	
	INCOME PROPERTY OWNER WEATHERIZATION AGREEMENT **(RENTERS ONLY)**	
	COPY OF HEAT APPROVAL (IF APPLICABLE)	
	IF NOT ON HEAT ASSISTANCE, APPLICANT MUST PROVIDE THE FOLLOWING ITEMS:	
	COPY OF SOCIAL SECURITY CARDS FOR EACH MEMBER OF THE HOUSEHOLD (MUST HAVE EACH MEMBERS)	
	PROOF OF INCOME: (MARK ALL APPLICABLE)	
	☐ ALL INCOME FOR LAST 3 MONTHS (ALL ADULTS 18 & OLDER MUST PROVIDE)	
	☐ ZERO INCOME DEFICIT FORM FOR ANYONE 18+ **WITHOUT** INCOME	
	PROOF OF AGE—ALL BIRTHDATES MUST PROVIDED AND LEGIBLE ON APPLICATION	
	PROOF OF DISABILITY (IF APPLICABLE)	

If you have any questions or concerns, please feel free to contact us.
801-214-3156, 801-214-3144, OR 801-214-3165. Thank you.

DATE:	QUESTIONS OR CONCERNS:

THE FOLLOWING PAGE IS STRICTLY FOR OFFICE USE ONLY, PLEASE DO NOT FILL OUT THIS SECTION.

MISSING:	ITEMS NEEDED:	DEADLINE:
	COMPLETED & SIGNED APPLICATION	
	ALL INCLUDED FORMS SIGNED (Health & Safety, ASHRAE)	
	***UTILITIES*:**	
	UTILITY BILL HISTORY RELEASE AUTHORIZATION	
	COPY OF MOST RECENT GAS & ELECTRIC BILLS	
	PROOF OF HOME OWNERSHIP: PROVIDE WHAT APPLIES TO YOU	
	PROPERTY TAX NOTICE OR RECORDED DEED	
	MOBILE HOME TITLE **(MUST BE IN APPLICANT'S NAME)**	
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	PROOF OF AGE— ALL BIRTHDATES MUST PROVIDED AND LEGIBLE ON APPLICATION	
	PROOF OF DISABILITY (IF APPLICABLE)	

DATE:	CONTACT WITH CLIENT: