



Utah Community Action™

1665 W 2200 S West Valley City, UT 84119
801-359-2444 ext. 5 www.utahca.org/weatherization

APPLICATION FOR LIHEAP CRISIS SERVICE CALL

Applicant's Name: _____ Soc. Sec. #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone # _____


Date of Birth _____ E-Mail address: _____ (if you have one)

Questar Account # _____ Service Agreement # _____

RMP Account # _____

Home Ownership:

Yes _____ (Client must provide proof of ownership – County Property Tax Notice, Deed, DMV Title, or Notarized Contract)
See Section C3. 4

No _____  If unit is a rental Crisis Service Call work cannot be done. See Section C3. 5.

FURNACE <input type="checkbox"/>	COOLING SYSTEM <input type="checkbox"/>	OTHER <input type="checkbox"/>
Make: _____	Model # _____	Serial #: _____

(Cooling system repairs also must meet the age/disability test and equipment must include a mechanical problem that makes replacement necessary.)

Describe Problem:

Applicant's/Guardian's Signature _____ Date _____

I hereby give permission to the administering local agency, State of Utah, HEAT, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine crisis needs, complete the crisis work, and after, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I acknowledge that I have received a copy of the Privacy Act.

FOR OFFICE USE ONLY	
_____ Approval Signature	_____ Approval Date
The client listed above is eligible to receive Energy Crisis or Weatherization crisis funding from the LIHEAP Program. Attach copy of HEAT Certificate	

SUPPLEMENTAL UCA WEATHERIZATION FORM

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED

Family Type (Circle one): Elderly Single Person Two Parent Household Single Parent Female Single Parent Male

Do all family members have Health Insurance? Y N Provider: _____ If no, list household members who do not have Health Insurance

LIST ADDITIONAL FAMILY MEMEBERS ON A SEPARATE SHEET OF PAPER

***Race:** NA = Native American C = Caucasian H = Hispanic AF = African American A = Asian PI = Pacific Islander Other = Explain

****Education:** HD = High School Diploma GED C = College SS = Still in School Other = Explain

Additional household members Name (Last, First)	Date of Birth (mm/dd/yyyy)	Age	Sex	Relationship to Applicant	Social Security Number	Veteran	Disabled	Income	U.S. Citizen	*Race (See Legend)	**Highest Level of Education
						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	Y N	Y N		
						Y N	Y N	Y N	Y N		
						Y N	Y N	Y N	Y N		

Please provide as much information as you are able about the household's income. We will not accept any applications that are missing the income portion completely and accurately filled out.

Earned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Employment	Y / N				
Employment	Y / N				
Self-employment	Y / N				
Self-employment	Y / N				

Unearned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Social Security, SSI, SSD	Y / N				
Social Security, SSI, SSD	Y / N				
Unemployment	Y / N				
Pension	Y / N				
Retirement	Y / N				
Veterans Benefits	Y / N				
Workers Comp	Y / N				
Other:	Y / N				

Explanation:

**MAIL/FAX/EMAIL COMPLETED APPLICATION TO:
 UTAH COMMUNITY ACTION WEATHERIZATION PROGRAM
 1665 WEST 2200 SOUTH WEST VALLEY CITY, UT 84119
 801-359-2444 EXT: 5
 EITHER FAX OR EMAIL COMPLETE APPLICATION FAX: 801-214-3208
 EMAIL: weatherization@utahca.org**



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**AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION
PLEASE INCLUDE A COPY OF YOUR CURRENT UTILITY BILLS**

APPLICANT NAME: _____	APPLICATION NUMBER: _____
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THIS FORM AUTHORIZES the Utah Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicants' energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed.

Physical Address: _____ Mailing Address (If different): _____

Unit or Apt #: _____ Unit or Apt #: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Information Specified

This authorization provides the Utah Weatherization Assistance Program, the right to request and receive information regarding billing history* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (*billing history does not include the payment history or notices of discontinuation of service).

Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the Utah Weatherization Assistance Program. I hereby release, hold harmless and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

NATURAL GAS RELEASE

Natural Gas Provider: _____

Name of Account Holder: _____

Service Agreement No: _____

Account No.: _____

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder

Signature: _____ Date: _____

ELECTRICITY RELEASE

Electricity Provider: _____

Name of Account Holder: _____

Account No.: _____

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder

Signature: _____ Date: _____