

# SOUTH DAKOTA WEATHERIZATION ASSISTANCE APPLICATION

The Weatherization program helps low income households make their homes more energy efficient. Priority is given to households with individuals that are elderly or disabled and to families with children. Information on where to send the application is on page 5.

**STOP** If you are receiving Energy Assistance check this box  and only complete pages 1, 3, and 4. If you know your 9-digit Customer Identification Number (CID) from your Energy Assistance case, enter it here \_\_\_\_\_.

If you are not receiving Energy Assistance please complete all pages.

Print or type the information. The application will be denied if it is incomplete or if required proof is not attached.

## TELL US YOUR ADDRESS

<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Residence Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Provide directions – use landmarks</i>				
<i>Home phone number</i>	<i>Work phone number</i>	<i>Cell phone number</i>		
<i>Other phone number where message may be left</i>				

## TELL US WHO LIVES IN THE HOME (LIST YOURSELF FIRST)

\*You are not required to furnish race information.

(W=White, A=Native American, B=Black, H= Hawaiian, O=Asian, S=Hispanic or Latino)

Name First	MI	Last	Social Security #	Date of Birth	*Race	Sex	Are they Disabled	Are they a U.S. Citizen
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## TELL US ABOUT INCOME

Enter GROSS INCOME (amount before deductions) such as \*Wages, \*Self-employment, \*Alimony, \*Social Security, \*SSI, \*SSI State Supplement, \*BIA GA, \*TANF, \*Unemployment, \*Worker's Compensation, \*Veteran's Benefits, \*Retirement, \*Pensions, \*Annuities, \*Dividends, \*Rental Income, \*Tribal Lease or \*Per Capita Income, \*Net Gambling or Lottery Winnings, and \*all other sources of income FOR ALL PERSONS IN THE HOME



**ATTACH PROOF:** Examples of proof are

- ⇒ Money NOT from work: Award letters or copies of checks
- ⇒ Money from work: wage stubs, copies of checks, employer statement verifying gross pay and date received.
- ⇒ Money from self-employment: copy of your most recent income tax return. (INCLUDE ALL PAGES AND SCHEDULES OF THE TAX RETURN) Partnership or S corporation should include a K-1 and 1065 forms.

If you send your application in:	Send proof of all income <u>received</u> in these 3 months:	If you send your application in:	Send proof of all income <u>received</u> in these 3 months
APRIL	January 1 - March 31	OCTOBER	July 1 - September 30
MAY	February 1 - April 30	NOVEMBER	August 1 - October 31
JUNE	March 1 - May 31	DECEMBER	September 1 - November 30
JULY	April 1 - June 30	JANUARY	October 1 - December 31
AUGUST	May 1 - July 31	FEBRUARY	November 1 - January 31
SEPTEMBER	June 1 - August 31	MARCH	December 1 - February 28

### Income month 1:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Income month 2:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Income month 3:

<i>Person with income:</i>	<i>List type of income:</i>	<i>Date Received</i>	<i>Gross Amount</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

## TELL US ABOUT THE HOME

**Is the home currently being remodeled/or will it be remodeled within the next six months.**  Yes  No

**Has the home ever been weatherized?**  Yes  No  Not sure

If YES:  1-5 years ago  5-10 years ago  10-15 years ago

If YES, who did the weatherization?

**This is a**

House:  1-10 yrs.  10-20 yrs.  20-50 yrs (Built before 1978?  Yes  No)

Number of stories  1  2  3 Permanent basement?  Yes  No

Mobile Home: List serial number or title number \_\_\_\_\_ Yr. \_\_\_\_\_

Apartment: How many apartments are in the building \_\_\_\_\_.

**The home is heated with:**

Natural Gas  Electric  Propane/Bottled Gas  Fuel Oil/Kerosene  Wood  Coal

Name of Supplier: \_\_\_\_\_

Amount paid to the supplier October – April of previous year \$ \_\_\_\_\_

The additional (secondary) source used to heat the house is:

No other source used  Natural Gas  Electric  Propane/Bottled Gas  Fuel Oil/Kerosene  Wood  Coal

If secondary fuel source is used percentage of heat from that source  10%  20%  30%  40%

Name of Supplier \_\_\_\_\_

Amount paid October – April of previous year \$ \_\_\_\_\_

**The home has problems relating to:**

Structure  Electrical  Plumbing  Other  Not aware of problems

Explain \_\_\_\_\_

**The home has unhealthy conditions relating to:**

Asbestos  Lead-Based Paint (home built before 1978)  Mold/Mildew  Sewage Fumes

Chemical/Smoke Fumes  Other  Not aware of unhealthy conditions

Explain \_\_\_\_\_

**Do you currently own or are you buying the home?**  Yes  No

If yes, is the residence for sale?  Yes  No

is there a contract for deed  Yes  No

is there homeowners insurance?  Yes  No



If you own the home, please attach a copy of the real estate tax notice to the application.

**Do you rent the home or apartment?**  Yes  No

If yes, Name of Landlord \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's phone number \_\_\_\_\_

Is this Subsidized, Low Income Housing (Section 8, Senior Housing, Public Housing)  Yes  No



**PLEASE READ THE FOLLOWING INFORMATION**

**Privacy Act Information:** This information will be used to determine your eligibility for the weatherization program. Information obtained from this and other forms may be used by the U.S. Department of Energy to monitor the effectiveness of this program. In addition, this information may be used for investigative or prosecutorial proceedings in the event of fraudulent claims or statements. If you refuse to provide the information requested on this application, your home will not be considered for weatherization assistance. No information on this application is made available to the general public.

**By my signature below**

- ⇒ I authorize the agency to make any necessary contacts to verify any aspect of eligibility.
- ⇒ I authorize investigation of past, present and future heating costs in order to evaluate the effectiveness of the Weatherization program.
- ⇒ I authorize employees of the community action agency to perform, monitor and inspect Weatherization work.
- ⇒ I authorize Office of Energy Assistance and Weatherization staff of the Department of Social Services to monitor to ensure quality weatherization work.
- ⇒ I agree to report if the home is scheduled for acquisition or clearance by a Federal, State, or local program within 12 months from the date weatherization work is scheduled
- ⇒ I understand that any false statement made in this application is legal grounds for prosecution by any agency of the government using this application as a basis for assistance and certify, under penalty of perjury, the truth of the information in this application.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

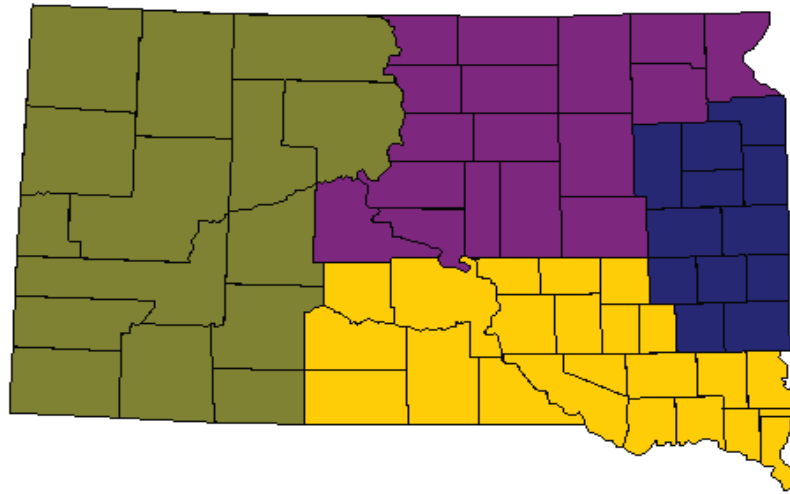
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

**Agency use only**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Approved by Date approved

# in Household: \_\_\_\_\_ Total Income: \_\_\_\_\_ Maximum Allowable Income: \_\_\_\_\_

Please send the application to the Community Action Agency that serves your county.  
Refer to the map and/or the counties listed below to find the information for the community action agency for your county.



**Inter-Lakes Community Action Partnership**

PO Box 268, Madison, SD 57042  
Phone: 605-256-6518 or 1-800-896-4105  
[www.interlakescap.com](http://www.interlakescap.com)

Counties served: Brookings, Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, Lake, McCook, Miner, Minnehaha, Moody

**Grow South Dakota**

104 Ash St. E, Sisseton, SD 57262  
Phone: 605-698-7654  
[www.growsd.org](http://www.growsd.org)

Counties served: Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, McPherson, Marshall, Potter, Roberts, Spink, Stanley, Sully, Walworth

**Rural Office of Community Services, Inc.**

PO Box 547, Wagner, SD 57380  
Phone: 605-384-3883 or 1-800-793-3290  
[www.rocsinc.org](http://www.rocsinc.org)

Counties served: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Jones, Lincoln, Lyman, Mellette, Sanborn, Todd, Tripp, Turner, Yankton, Union

**Western South Dakota Community Action Agency, Inc.**

1844 Lombardy Drive, Rapid City, SD 57701  
Phone: 605-348-1460 or 1-800-327-1703  
[www.wsdca.org](http://www.wsdca.org)

Counties served: Bennett, Butte, Corson, Custer, Dewey, Fall River, Haakon, Harding, Jackson, Lawrence, Meade, Perkins, Shannon, Pennington, Ziebach