



LIHEAP FURNACE REPAIR & REPLACEMENT APPLICATION

IF YOU ARE IN NEED OF EMERGENCY FURNACE ASSISTANCE,
CALL THE ROCS OFFICE AT 605-384-3883.

PERSONAL INFORMATION:

_____	_____	_____
First & Last Name	Date of Birth (MM/DD/YYYY)	SSN
_____	_____	_____
Address	City, State	Zip
_____	_____	_____
Mailing Address (If different than above)	City, State	Zip
_____	_____	_____
Home Phone	Cell Phone	Email Address

HOME INFORMATION:

How many individuals are in your household? _____ Type of Occupancy: _____ Rent _____ Own

Are any members in your household elderly, disabled or children? _____ Yes _____ No

Type of Residence: _____ House _____ Mobile Home

Number of Stories: _____ Was this home built BEFORE 1978? _____ Yes _____ No

Briefly explain what is wrong with the furnace:

Type of Heat: _____ Propane _____ Electric _____ Fuel Oil _____ Boiler _____ Natural Gas

EMAIL APPLICATION TO ROCS@ROCSINC.ORG



OFFICE USE ONLY:

DATE: _____ CID: _____

Does customer have a contractor that works on furnace? _____ Yes _____ No

Has this home been weatherized before? _____ Yes _____ No If yes, when? _____

Is the customer on Energy Assistance? _____ Yes _____ No

Do they qualify for 175% _____ Yes _____ No \$ _____ Quarterly

Contractor called to repair furnace: _____ **Date:** _____

Date called client: _____ **Is furnace fixed and working:** _____ Yes _____ No

If no, what is wrong with furnace? _____

Date contractor called to fix again: _____

Has the furnace ever been replaced: _____ Yes _____ No If yes, date: _____

If home has been weatherized, date of DOE: _____