

**LOS AMIGOS ERC, INC.**  
**WEATHERIZATION ASSISTANCE PROGRAM**  
**APPLICATION FOR HOME WEATHERIZATION**

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Rent \_\_\_\_ Own \_\_\_\_ Property Owner's Name \_\_\_\_\_ Tele. No. \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name and Phone No. of two friends or relatives that we can contact if we are unable to reach you.

(1) NAME: \_\_\_\_\_ Phone No. \_\_\_\_\_

(2) NAME: \_\_\_\_\_ Phone No. \_\_\_\_\_

Type of Heat: Natural Gas \_\_\_\_ LP Gas \_\_\_\_ Electrical \_\_\_\_ Wood \_\_\_\_ Kerosene \_\_\_\_ Other \_\_\_\_

Average Monthly Heating Bill \$ \_\_\_\_\_ Utility Account No. \_\_\_\_\_

Is any members of the household disable? Yes \_\_\_\_ No \_\_\_\_ Type of Disability \_\_\_\_\_

Has this dwelling received DOE Weatherization in the past? Yes \_\_\_\_ No \_\_\_\_ If Yes date: \_\_\_\_\_

Are you or any member of your household related to (father, mother, brother, sister or child) of any

employee of: LOS AMIGOS ERC or its Board of Directors: Yes \_\_\_\_ No: \_\_\_\_

Single Family Home \_\_\_\_\_ Mobile Home \_\_\_\_\_ Multi Family \_\_\_\_\_ Other \_\_\_\_\_

Number of elderly in family (60 or over) \_\_\_\_\_ Size of household \_\_\_\_\_

Nationality: Native American \_\_\_\_ Asian \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Caucasian \_\_\_\_ Other \_\_\_\_

Name of Each Household Member	Age	Sex	Social Security Number	Relationship to Head of Household	Gross Monthly Income	* Name, Address, Phone Employer or other source of Income.

Employment, Social Security, Welfare, Retirement, Veteran's Benefits, Rental Property Income, Bond & Other Securities, Alimony, Child Support etc.

**CLIENT CONFIDENTIALITY STATEMENT**

All information requested by Los Amigos ERC, Inc. is for the purpose of qualifying clients for the NMMFA Weatherization Program, an



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