

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, INC. 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

Line No. of source of