

**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. \_\_\_\_\_

Are any members of the household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Disability \_\_\_\_\_

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

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

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

Single Family Built Home \_\_\_\_\_ Mobile Home \_\_\_\_\_ Multi Family \_\_\_\_\_ Year House was Built \_\_\_\_\_

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

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

| Name of each Household Member | Date of Birth | Age | Sex | Social Security Number | Relationship to Head of Household | Gross Monthly Income | * Name, Address, Phone No. of Employer or other source of Income |
|-------------------------------|---------------|-----|-----|------------------------|-----------------------------------|----------------------|--|
|                               |               |     |     |                        |                                   |                      |  |
|                               |               |     |     |                        |                                   |                      |  |
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|                               |               |     |     |                        |                                   |                      |  |
|                               |               |     |     |                        |                                   |                      |  |

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, and is strictly confidential. I have read and understand this statement.

APPLICATION RELEASE TO OBTAIN VERIFICATION OF INCOME AND FUEL COMSUMPTION

I authorize the Weatherization Assistance Program (WAP) staff to verify and examine the fuel consumption records of my house, available from the utility companies, in order to determine the impact of energy conservation services rendered to my house.

As an applicant for WAP, I do hereby give my permission to the program staff administering this WAP to verify all household income prior to the starting date of this work to be done. (Each household member 18 years old or over must sign below for verification of income).

I understand that services cannot be provided if health and safety problems are beyond the scope of this program. It is the responsibility of the applicant to correct unsafe conditions or to contact alternative funding sources for assistance.

I grant permission for the WAP staff or its designee to enter my property and to make applicable repairs for the Weatherization of my home. I also release and pledge to hold harmless the WAP staff and volunteer assistant from any liability resulting from these repairs.

I certify that the home, for which I am requesting weatherization assistance, is not designated for acquisition of clearance by federal, state, or local programs within twelve (12) months from the scheduled completion date.

WARNING! Section 1001 of Title 18 of the US Code makes it a criminal offence to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member

\_\_\_\_\_  
Family Member

\_\_\_\_\_  
Signature of LAERC Intake Person

\_\_\_\_\_  
Date

Directions to your home if you do not have a street address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Method of Income Verification \_\_\_\_\_

Applicant is: Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_ Reason for Ineligibility \_\_\_\_\_

Source of Income Documentation \_\_\_\_\_

I certify that I have verified and found accurate the income of the applicant.

\_\_\_\_\_  
Signature of Weatherization Staff Member

\_\_\_\_\_  
Date