WEATHERIZATION PROGRAM – APPLICATION FOR WAITLIST



This no-cost program is open to income-qualified households in Jackson County. This program *does not* provide emergency assistance. Applicants can expect to be on the waitlist for approximately 3 years.

This application must be completed in full and include the following: Copy of power & gas bill, INCOMPLETE application will be returned.

Full name:	Full name: Email:								
Street Address:									
Mailing Address: Phone Number:									
					_		1		
Type of Home:		Mo	in Host	Source	Secondary Heat:		Own or Rent:		
(Mobile, Apartment, Stick Built)		IVIa	Main Heat Source:			Secondary Freat.		Own of Rent.	
Please complete table for be listed when applying the source of income (w	for weatheriza	ation assi	stance.						
Household Members: (Last, First)	Relation to Applicant:	Last 4 SS#:	DOB	Gender	Monthly Income:	Income Source:	Veteran or Disabled:	Native American/Tribe	
,	Applicant								
Has anyone in your hous	sehold applied	for, or re	eceived I	Energy Ass	sistance?				
How long have you been	n at this addres	s?							
Landlord/Legal Owner's	s name?								
Phone:	Addre	ess:							
Has this house been pre-	viously Weathe	erized usi	ng Fede	ral funding	g in the past	: 15 years?			
CLIENT DISCLAIME true to the best of my otherwise collected fro subgrantees for any leg utility assistance progra	knowledge. I hom this applica pitimate purpos	ereby au tion to (e includi	thorize to Oregon ing, but t	the release Housing a not limited	of all persond Commuto the purp	onal inform unity Service oose of dec	nation and r ce Departm ciding eligib	ecords, financial o ent, its agents, and	
			_Date:						
					Medford, C		0.6		