

SENIOR ROOFING PROGRAM APPLICATION FORM

AGENCY NAME: Quincy Community Redevelopment Agency		FOR OFFICE USE ONLY:	
CLIENT NAME:	PROPERTY OWNER'S NAME:		
SOCIAL SECURITY #: (last 4 digits)	PHONE NO.:		
HOUSE ADDRESS:	MAILING ADDRESS:		
CITY:	CITY		
ZIP:	ZIP	YEAR BUILT:	
INCOME ELIGIBILITY: Must include <u>annual</u> income for <u>ALL</u> household members.			
Type of Income:	Applicant	Others in Household	
A. EMPLOYMENT			
B. UNEMPLOYMENT COMPENSATION			
C. SOCIAL SECURITY			
D. SUPPLEMENTAL INCOME (SSI)			
E. RETIREMENT			
F. T.A.N.F.			
G. OTHER (type)			
Subtotals:			
TOTAL HOUSEHOLD INCOME = \$			
Main Heating Fuel Source Propane _____ Natural Gas _____ Electric _____ Wood _____ Other _____			
TOTAL # OF PEOPLE RESIDING IN HOUSE:		REQUIRED DOCUMENT	ATTACHED
Utility Bill at time of application \$		Property Deed	Yes No
CHARACTERISTICS OF ALL PEOPLE IN HOUSE: (Each person may be counted in more than one category)		Proof of Homestead Exemption	Yes No
ELDERLY (62 & older)			
DISABLED		Proof Utility Bill is Current	Yes No
NATIVE AMERICAN INDIAN			
CHILDREN (2 & under)		Proof Property Taxes is Current	Yes No
CHILDREN (3 to 5 years)			
CHILDREN (6 to 12 years)		Proof Mortgage Payment is Current	Yes No
All other people not included above included			
		Social Security/SSI Letter/Other Income Letters	Yes No
CLIENT/APPLICANT AGREEMENT:			
1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.			
2. I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized.			
3. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the City of Quincy.			
4. There are ___ or are not ___ occupant health issues that will prevent performing diagnostic testing.			
CLIENT/APPLICANT SIGNATURE:		DATE:	