

If you live in public housing and receive a Utility Allowance, how much do you get per month? \$ _____ Utility Reimbursement amount? \$ _____
Has your home been served under the Weatherization Program? Yes ___ or No _____
Are you Interested in the Weatherization Program Yes ___ or No _____
Do you have a disconnect notice currently? Yes ___ or No _____
Are your utilities (Electric, Natural Gas, or Water) disconnected? Yes ___ or No _____
Are you in short supply, or completely out of a Home Delivered Fuel Source or Wood? Yes ___ or No _____

Please circle the Energy Sources you use in your home: Electric Natural Gas LP Propane Kerosene Fuel Oil Wood Coal

1)Energy Supplier Name or Utility Board 1st choice to be paid: _____ Acct #: _____ Vendor Phone: _____
 Name on Account: _____ If in another person's name, who is responsible for the bill payment? _____

2)Energy Supplier Name or Utility Board 2nd choice to be paid: _____ Acct#: _____ Vendor Phone: _____
 Name on Account: _____ If in another person's name, who is responsible for the bill payment? _____

3)Water Vendor information: _____ Water Acct#: _____ Water Vendor Phone: _____
 Name on Account: _____ If in another person's name, who is responsible for the bill payment? _____

Please tell us about your situation and why you need our services:

How do you plan to address your situation going forward, what are your goals?

I certify that all of the information provided by me is true and correct. I authorize the verification of any and all information provided herein to determine my eligibility and acknowledge I have been informed of the appeal process. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for CSBG, LIHEAP, or any other fund source under this Agency, and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for the purposed directly related to the administration of the program funds provided by CSBG, LIHEAP, or any fund sources used for the above services through this Agency. I attest under perjury that all person applying for and receiving aid are either a United States citizen or qualified alien as defined by 8 U.S.C. §1641(b), or eligible immigrants. I swear under penalty of perjury (a crime for lying under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of CSBG, LIHEAP, or any services funded under the Community Services Program through Douglas-Cherokee Economic Authority Inc., is liable upon conviction of a fine of \$10,000 or imprisonment for not more than five years, or both. I am the customer of record, the customer's authorized agent or an authorized third party for the service account(s) identified in this application, and I authorize my service Provider/Vendor, for the service(s), that I applied for, to disclose my customer data as requested by the administering Agency listed on this application.

I DO _____ OR DO NOT _____ AGREE THAT THE INFORMATION CONTAINED ON MY APPLICATION MAY BE SHARED WITH OTHER AGENCIES FROM WHICH I SEEK ADDITIONAL SERVICES.

Applicant Signature

Representative (Relationship/reason for signing)

Date

DCEA Intake Worker: _____ Date: _____

Douglas-Cherokee Economic Authority Inc. does not discriminate on the basis of age, race, color, national origin, sex, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of any DCEA Programs, or treatment of clients, or employees. This includes CSBG, LIHEAP, and all fund sources used by this Agency.