

Job Number _____

THE LANCASTER ENERGY CONSERVATION CENTER

A Community Action Program

1840 Auction Road
Manheim, PA 17545
(717) 492-0102
(717) 492-0106 Fax

APPLICATION FOR WEATHERIZATION SERVICES

NAME: _____ COApp _____

ADDRESS: _____

TELEPHONE: (Home) _____ (wk/cell) _____

D.O.B _____ SEX _____ D.O.B _____ SEX _____

*Household Members and Income-Indicate all sources of income and supported documentation for each household member.

Name	D.O.B	M/F	Income Source	Amount
_____	_____	___	_____	_____
_____	_____	___	_____	_____
_____	_____	___	_____	_____

CERTIFICATION

I/we authorize the Lancaster County Energy Conservation Center to obtain such information as it may require concerning the statements made on this application, and agree that the application shall remain the Lancaster County Energy Conservation Center property whether or not approval is granted.

I/we certify that all statements made on this application are true and complete and are made for the purpose of obtaining financial assistance for the improvement of my/our dwelling, and that I/we have no income other than that recorded on this application.

I/we understand that all information on this application will be used only to determine eligibility for financial assistance and will be held in strictest confidence by the Lancaster County Energy Conservation Center.

I/we certify that I/we are the owner(s) and occupant(s) of the address listed on this application.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Source of Income

Employer

Name: _____ Hrs/Wk _____ Hrly/Rate _____ Gross/YR:

Address _____

Employer-Co-applicant/or 2nd Job

Name: _____ Hrs/Wk _____ Hrly/Rate _____ Gross/YR:

Address _____

Social Security: _____ Monthly Benefits

Social Security: _____ Monthly Benefits

SSI: _____ Monthly Benefits

\$ _____ *Total Yearly Income*

Pensions:

Name of company: _____ Monthly Benefits _____

Name of company: _____ Monthly Benefits _____

Child Support _____ Monthly Benefits

Alimony _____ Monthly Benefits

Public Assistance _____ Cash Benefits _____ Food Benefits

Unemployment Compensation _____ Monthly Benefits

Workman's Compensation _____ Monthly Benefits

Other Income: Source _____ Yearly Amount

\$ _____ *Total Yearly Income*

Assets

Bank #1

Name _____ Acct # _____ Checking Acct Balance\$ _____

Acct# _____ Savings Acct Balance\$ _____

Bank #2

Name _____ Acct # _____ Checking Acct Balance\$ _____

Acct# _____ Savings Acct Balance\$ _____

Interest Income:

Source _____ \$Yearly _____

Source _____ \$Yearly _____

Source _____ \$Yearly _____

Certificates of Deposits:

Bank(s) _____ How Many? _____ Value _____

Shares of Stock:

Holding Co(s) _____ How Many? _____ Value _____

Savings Bonds

How Many? _____ Denominations _____ Maturity dates _____

Property (other than residence) _____

*Note: Please attach all pages of bank statements and documented interest income on all accounts

Asset Summary

Type of Asset	Market Value	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\$ _____
Total Yearly Assets

REFERRED By:	PPL Wrap _____	Home Repair Program _____	HDC _____
LIHEAP _____	Office of Aging _____	Other _____	
	Please Specify: _____		

RACE/ETHNICITY

	White	Black or African American	American Indian or Alaskan Nat	Native Hawaiian or Pacific Islander	Asian	Am Indian or Alaskan Native & White	Black or African Amer & White	Asian & White	Amer. Indian or Alaskan Nat & Black or African American	Other Multi-Racial
Hispanic or Latino										
Not Hispanic or Latino										

House Type: _____
Year Built: _____

Approved /Denied _____
Grant Subsidy
Full ___ Partial _____

**Community Action Program of Lancaster
Energy Conservation Center
1840 Auction Road
Manheim, PA 17545
Phone: (717) 492-0102 Fax: (717) 492-0106**

I, _____ authorize the Lancaster Energy Conservation Center to verify my income with my employer. I understand that this information will be used only for qualification purposes and will not be used or released for any other reason.

Employer Name: _____

Employer Address: _____

Person to Contact: _____

Phone Number: _____

Signature: _____