

Weatherization Screening Questionnaire

Household Member Information:

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	Phone Number:	<input type="text"/>
		Email Address:	<input type="text"/>
Are you a veteran?	<input type="checkbox"/> Yes	Are you disabled?	<input type="checkbox"/> Yes
Social Security #	<input type="text"/>	Race/Ethnicity:	<input type="text"/>
Employment Status/ Income Source:	<input type="text"/>	Monthly Gross Income	<input type="text"/>

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Relation to Applicant	<input type="text"/>	Social Security #	<input type="text"/>
Disabled? <input type="checkbox"/> Yes	Veteran? <input type="checkbox"/> Yes	Race/Ethnicity:	<input type="text"/>
Employment Status:	<input type="text"/>	Monthly Gross Income	<input type="text"/>

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Relation to Applicant	<input type="text"/>	Social Security #	<input type="text"/>
Disabled? <input type="checkbox"/> Yes	Veteran? <input type="checkbox"/> Yes	Race/Ethnicity:	<input type="text"/>
Employment Status:	<input type="text"/>	Monthly Gross Income	<input type="text"/>

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Relation to Applicant	<input type="text"/>	Social Security #	<input type="text"/>
Disabled? <input type="checkbox"/> Yes	Veteran? <input type="checkbox"/> Yes	Race/Ethnicity:	<input type="text"/>
Employment Status:	<input type="text"/>	Monthly Gross Income	<input type="text"/>

Additional family Members residing in the home that don't fit here can be noted on next page.

Does any household member receive **SSI, TANF** (Cash Assistance), **LIHEAP**, or Housing Voucher (**HUD** assistance)?

Condition of Home

What Type of Home is it? (Eg. Single, Twin, Apartment, Duplex, Row, Townhouse, Mobile Home, etc)

Has it been Weatherized by BCOC? If yes, when?

How long have you lived in the home?

What Fuel do you use to heat your home?

What type of Heating System do you have? Examples: Forced Hot Air (vents), Forced Hot Air (radiators), Electric Baseboard, Fuel Pump.

When was the last time it was serviced?

Comments about Heater:

Any Roof Leaks?

Any Plumbing Leaks?

Any Structural Damage (holes in walls, incomplete construction, sagging walls/ceilings, etc)?

Any Mold or Moisture issues?

Do you have a basement? Is it wet or damp?

Additional Family Members:

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Relation to Applicant	<input type="text"/>	Social Security #	<input type="text"/>
Disabled? <input type="checkbox"/> Yes	Veteran? <input type="checkbox"/> Yes	Race/Ethnicity:	<input type="text"/>
Employment Status:	<input type="text"/>	Monthly Gross Income	<input type="text"/>

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Relation to Applicant	<input type="text"/>	Social Security #	<input type="text"/>
Disabled? <input type="checkbox"/> Yes	Veteran? <input type="checkbox"/> Yes	Race/Ethnicity:	<input type="text"/>
Employment Status:	<input type="text"/>	Monthly Gross Income	<input type="text"/>

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Relation to Applicant	<input type="text"/>	Social Security #	<input type="text"/>
Disabled? <input type="checkbox"/> Yes	Veteran? <input type="checkbox"/> Yes	Race/Ethnicity:	<input type="text"/>
Employment Status:	<input type="text"/>	Monthly Gross Income	<input type="text"/>