

**STATE OF MISSISSIPPI
AMERICA RECOVERY REINVESTMENT ACT (ARRA)
WEATHERIZATION PRE-APPLICATION**

PLEASE ANSWER QUESTIONS ABOUT THE HEAD OF HOUSEHOLD

Name _____ Date of Birth _____
Address _____ County _____ City _____ Zip _____
Code _____
Phone _____

Are you a US Citizen? Yes () No ()
Do you receive SSI? Yes () No ()

ABOUT YOUR HOME

Type of Heat: Electrical () Oil/Kerosene () Gas () Wood ()

Type of Cook Stove: Electrical () Gas ()

Type Of Water Heater: Electrical () Gas ()

Estimate of current utility bills: Electric Bill _____ Gas Bill _____

Has this home been Weatherized before? _____ If yes, what year? _____

Do you own your home: Yes () No ()

If you answered no, who is your landlord?

Landlord's Name and Address:

Landlord's Phone Number _____ Cost of Rent: \$ _____ per month

SOURCES OF ALL HOUSEHOLD INCOME

Total Monthly Household Income: \$ _____

For assistance in locating the weatherization agency in your area, please call: 1-800-421-0762.

(PLEASE REMEMBER TO ATTACH THIS DOCUMENT)

Please list all members of your household here.

Name	Birth Date	Age	Marital Status	Sex	Disabled Yes or No	Income

Income for the last past twelve months:

How did you hear about this program?

If completing this form on behalf of someone else, please complete the section below with your information:

Name: _____

Relationship:

Address: _____

Phone:

This information will serve as a pre-application only. If you are income eligible, you will be contacted regarding scheduling an appointment within five business days to complete the process. You will be sent a denial letter if you are over the income guideline.

I understand that it is unlawful to willfully withhold information or make false statement regarding this declaration and that I am subject to prosecution if I do so. I certify that to the best of my knowledge, the information provided in this application is true and correct.

