

# CDSA WEATHERIZATION AND EMERGENCY REPAIR APPLICATION

2615 E. Randolph □ Enid, Oklahoma 73701 □ (580)242-6600 □ e-mail cdsahousing@cdsaok.org

<b>CDSA Use Only</b>	
Date Approved or Denied _____	Date Received _____
Approved Program Services _____	Staff Initials _____

## Applicant Information

**SS Number** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone Work** \_\_\_\_\_

**Home** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Gender**  Male  Female **Date of Birth** \_\_\_\_\_

**Ethnicity** (Choose one only)  
 Non-Hispanic/Non-Latino  Hispanic or Latino  Don't Know  Refused

**Race**  White  Asian  Black or African American  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  Not Applicable  Don't Know

**Education Level** (Choose one only)  
 No Schooling Completed  Nursery School to 4th Grade  5th Grade or 6th Grade  
 7th Grade or 8th Grade  9th Grade  10th Grade  
 11th Grade  12th Grade No Diploma  High School Diploma  
 GED  More than 12 years  Don't Know  
 Refused

**Degree**  Associates  Bachelors  Masters  PhD  Other Graduate Degree

**Insurance?**  Yes  No **Veteran?**  Yes  No **Disabled?**  Yes  No

**US Citizen**  Yes  No **Occupation** \_\_\_\_\_

**Marital Status**  Co-Habiting  Divorced  Married  Partnered/Other  Separated  
 Single  Widowed

**Tribal Affiliation** \_\_\_\_\_

\_\_\_\_\_

**Principle Language**    English    Spanish    Other

**Complete for ALL members of the household who have any income**

**Source of Income**    Monthly    By Weekly    Weekly

Employment Income \$ \_\_\_\_\_      Means of Verification \_\_\_\_\_

SSI Income \$ \_\_\_\_\_      Means of Verification \_\_\_\_\_

Social Security \$ \_\_\_\_\_      Means of Verification \_\_\_\_\_

Pension/Retirement \$ \_\_\_\_\_      Means of Verification \_\_\_\_\_

Workers Compensation \$ \_\_\_\_\_      Means of Verification \_\_\_\_\_

Unemployment Compensation \$ \_\_\_\_\_      Means of Verification \_\_\_\_\_

TANF \$ \_\_\_\_\_      Means of Verification \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_      Means of Verification \_\_\_\_\_

**If employed**, give employer's name, address and telephone number for each member of the household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Housing** (Choose one only)    Homeless    Own    Rent    Shelter    Other

<b>Additional Household Members (list all family members and person living in the household)</b>				
<b>Name</b>	<b>SS#</b>	<b>Date of Birth</b>	<b>Male/Female</b>	<b>Relationship</b>

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Disability**

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973; (2) who is under a disability as defined in Section 1614 (1) (3) (a) or 223 (d) (1) of the Social Security act or in Section 102 (7) of the Developmental Disabilities Services and Facilities Construction Act; or (3) who is receiving benefits under Chapter 11 or 15 of Title 38, US Code?

\_\_\_\_ Yes    \_\_\_\_ No            If yes, please describe.

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**Housing Condition**

What year was your home built? \_\_\_\_\_ How many bedrooms? (circle one) 1 2 3 4 5

Do you own your own home?  Yes  No Do you receive Section 8 Assistance?  Yes  No

If you rent — From whom? Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you pay for heating and cooling of your home?  Yes  No Do you receive LIHEAP assistance?  Yes  No

Has your home been previously weatherized?  Yes  No If yes, when? \_\_\_\_\_

What type of heating system do you have?  Central  Floor  Other  Electric  Gas

Is the heating system currently working?  Yes  No

How many windows are there on your house? \_\_\_\_\_ How many storm windows do you have? \_\_\_\_\_

How many windows have cracked or broken panes? \_\_\_\_\_

How many outside doors in your home? \_\_\_\_\_ Do they need to be replaced or repaired?  Yes  No

Do they need weather strips?  Yes  No Do they need door sweeps or thresholds?  Yes  No

Is your ceiling insulated?  Yes  No Can your ceiling be insulated?  Yes  No If no, explain \_\_\_\_\_

Do you have an emergency need?  Yes  No If yes, please list below.

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Please all repairs that need to be made to your home. If more space is needed, use an additional sheet of paper.

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## Agreement

I, \_\_\_\_\_ certify that I am the occupant/owner of the property located at \_\_\_\_\_, in \_\_\_\_\_, County, Oklahoma. I hereby give my permission to CDSA to perform any and all work regarding rehabilitation of the property listed above.

I certify that all information furnished in support of this application, is true and complete to the best of my belief and knowledge. I also understand that CDSA, the Oklahoma Department of Commerce (ODOC), or Housing and Urban Development (HUD) shall have the right to prosecute cases in which said information has been deliberately withheld or misrepresented.

Further, I hereby grant permission to CDSA, ODOC, HUD, or its designee, to have access to my financial records in my possession or in the possession of any other entity prior to the starting date of the work to be done. I waive my right to privacy or confidentiality.

I release and hold harmless CDSA, ODOC, HUD, its agents, officers, and employees from all liability for any rehabilitation-related damages, whatever the cause, to any real and/or personal property, and/or to any person.

PENALTY FOR FALSE STATEMENT: U.S.C. Title 18, 1001, provides; "Whoever in any matter the jurisdiction of any department or agency of the US knowingly and willfully falsifies... or makes any false fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Immigration and Nationality Act Alien Status Certification

I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under Section 245A ("amnesty aliens") or 201A (replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Check List for Application Return

- Completed Application
  - Have you and your co-applicant signed and dated application
  - Copy of Deed (homeowner) or Lease Agreement (renter)
  - Income Verification for all Persons Living in Home
  - Copy of your current Electric Bill
- ◆ If you earn wages, provide the latest three months pay stubs.
  - ◆ If you are self-employed, and this year's wages are about the same as last year, provide a copy of last year's income tax return.
  - ◆ If you receive an income from Social Security, retirement benefit, etc. and you direct deposit those checks into your bank account provide copies of your latest three months of bank statements.
  - ◆ If you receive income from TANF provide a letter from the Department of Human Services that states the monthly payment (or the printout they provide).
  - ◆ If you receive an income from any other source, provide three months copies of check stubs, a written statement from the source, etc.