

ECKAN WEATHERIZATION

East Central Kansas Economic Opportunity Corporation
1320 S. Ash • PO Box 40 • Ottawa, KS 66067-0040
(785) 242-6413 • FAX (785) 242-1081 • Toll Free 1-888-833-0832

Kansas Weatherization Assistance Program

*This application **must** be filled out completely and returned with proof of income*

Household Information:

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone #: _____ Alternate #: _____

Type of Home: Single Family Duplex/Fourplex Mobile Home Apartment

If Site Built Home: 1 story 2 story 3 story split level

Own Rent # of people living in the household: _____

Landlord Information (required if renting this home):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Heating System (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Central Gas Furnace | <input type="checkbox"/> Floor or Wall Furnace | <input type="checkbox"/> Room Heaters |
| <input type="checkbox"/> Central Electric Furnace | <input type="checkbox"/> Wood Stove or Fireplace | <input type="checkbox"/> Unvented or Vent Free Space Heater |
| <input type="checkbox"/> Vented Freestanding Stove | <input type="checkbox"/> Steam or Hot Water Radiator | |
| <input type="checkbox"/> Solar Heating System | <input type="checkbox"/> Unknown / None | |

Name and complete Mailing Address of Employer(s):

(required if anyone worked in
the past 12 months)

List all Employers for the past
12 months:

Authorization for Release of Information:

I / We hereby authorize anyone possessing financial information to furnish such information to the East Central Kansas Opportunity Corporation (ECKAN) to determining eligibility for assistance. I hereby release anyone so authorized, and ECKAN, from liability for any damages whatsoever in furnishing and obtaining said information.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Applicant Certification (all Adult Applicants must sign):

If my/our application is approved, I/we authorize weatherization to be done by this project and provide access to my/our property, as required by Weatherization personnel. I/We also certify that all information given by me/us in this application is true and correct to the best of my/our knowledge. By signing this application, I/we understand that I/we may be civilly and/or criminally liable under federal and state laws for any knowingly false or fraudulent statements.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Client Questionnaire

Name: _____

Address: _____

Does your home have broken glass in windows and doors? Yes No

If Yes, please explain: _____

Does your home have foundation problems? Yes No

If Yes, please explain: _____

Is the outside of your home free of debris so that a contractor could work on you home? Yes No

If Yes, please explain: _____

Is the access to windows, doors, attic etc free on the inside of your home? Yes No

If Yes, please explain: _____

Are you in the process of remodeling or plan to remodel any portion of your home in the near future? Yes No

If Yes, please explain: _____

Are any part of your ceilings, walls or floors incomplete or in need of repair? Yes No

If Yes, please explain: _____

Are some rooms colder than others? Yes No

If Yes, please explain: _____

What temperature do you set your thermostat at in the winter? _____

Are there any drafty areas in the house? Yes No

If Yes, please explain: _____

Do you have any roof leaks? Yes No

If Yes, please explain: _____

Do you have any broken or leaking water or sewer line? Yes No

If Yes, please explain: _____

Does water leak/stand in the basement/crawlspace? Yes No

If Yes, please explain : _____

If mobile home – is the underbelly free of debris and/or standing water? Yes No

If No, please explain: _____

Does ice form on your windows in the winter? Yes No

If Yes, which ones: _____

Have you noticed mold/mildew growing on windows, walls or in corners? Yes No

If Yes, please explain: _____

Do you use your attic for storage? Yes No

If Yes, what is being stored?: _____

Are any utilities turned off by the utility companies? Yes No

If Yes, which ones and why?: _____

Do you close off any room of the house? Yes No

If Yes, which ones and why?: _____

How many smokers live in the house? _____

How many pets live in the house? _____

Do you use your cook stove for heat? Yes No

Do you have any gas-fired unvented heaters? Yes No

Do you have a fireplace? Yes No

If Yes, do you use it?: _____

Does your furnace work? Yes No

Does your furnace produce any unusual noises or smells? Yes No

If Yes, please explain: _____

How often do you change the furnace filter? _____

Do all registers deliver heat? Yes No

Do you have any disconnected ductwork? Yes No

Do you have any registers intentionally closed off? Yes No

If Yes, why?: _____

Signature of Head of Household

Date