



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
484 Main Street, 2nd Floor ♦ Worcester ♦ Massachusetts ♦ 01608-1810
Telephone: 508.754.1176 ♦ Fax: 508.754.0203 ♦ Website: www.wcac.net

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

HOUSING QUESTIONNAIRE

AGENCY or landlord may complete this form.

Applicant Name: _____
Application Number: _____

Dwelling/Facility Information:

1. Name and Address of Dwelling/Facility _____
2. Owner of Dwelling/Facility _____
3. Number of Residents _____
4. Community Program Code, if applicable _____
5. Source of Assistance to Owner or Resident towards housing and/or utility costs and amount of grant _____

6. Amount of Monthly Rent/Mortgage _____
7. Heat source and name(s) on heating & utility bills _____

8. Type of Supervision/Programming (i.e., 23 hour care, therapy, rehabilitation, medical monitoring) _____

Applicant Information:

10. Monthly income and source: _____ Applicant's portion of the rent: _____
11. How is an individual Applicant's rental amount calculated (i.e., in relation to expenses of facility; as a percentage of Applicant's income, etc.)?

a. Is rent/mortgage entirely paid by the Applicant? Yes No
b. If Applicant does not pay rent, how are the facility's expenses, etc., met?

c. Applicant has energy (heat) burden? Yes No
12. Summary of Living Situation/Comments: _____

If applicable, this section is to be completed by landlord.

Landlord's Name: _____

Landlord's Address: _____ Telephone #: _____

(Street address, floor and apartment number. No P.O. Box)

Landlord's Signature: _____ Date: _____

Please return this form directly to (AGENCY). Thank you.

Agency Decision: _____

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