



**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 Worcester Community Action Council, Inc. Thank you.**

**Agency Decision:** \_\_\_\_\_