



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:

Monthly income and source: _____ Applicant's portion of the rent: _____

10. 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
11. 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 WCAC Thank you.

Agency Decision: _____