



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: _____

*HEAP may also be referred to as the Low Income Home Energy Assistance Program or LIHEAP.