

**Rocky Mountain Youth Corps
New Mexico Energy\$mart Program
APPLICATION FOR HOME WEATHERIZATION**

Application Date: _____

Applicant Name: _____ Telephone: _____

SS# _____ Date of Birth _____

Tele. No. (_____) _____ Tele. No. (_____) _____

Street Address: _____ PO Box: _____

City: _____ Zip: _____ County: _____

Rent _____ Own _____ Property Owner's Name _____

Owner's Address _____ City: _____ Zip: _____

Are any members of the household disabled? Yes _____ No _____ Name _____

Gross monthly income: _____ Income source: _____

Ethnicity: Native American _____ Asian _____ Black _____ Hispanic _____ Caucasian _____ Other _____

Name and Phone numbers of two friends or relatives in case we are unable to reach you.

(1) NAME: _____ Phone No. _____

(2) NAME: _____ Phone No. _____

Type of Heat: Natural Gas _____ LP Gas _____ Electrical _____ Wood _____ Kerosene _____ Other _____

Single Family Built Home _____ Mobile Home _____ Multi Family _____ Year Built _____

Average Monthly Heating Bill \$ _____

Has this dwelling received DOE Weatherization in the past? Yes _____ No _____ If Yes date: _____

Are you or any members of your household (father, mother, brother, sister or child) related to

Any employee of Rocky Mountain Youth Corps or its Board of Directors: Yes _____ No _____

Number of elderly in family (60 or over) _____ Size of household _____

Name of Household Member	Age	DOB	Sex	SS#	Relationship to Applicant	Gross monthly income	Name, address, telephone of employer or other source of income *

Client Confidentiality Statement

All information requested by Rocky Mountain Youth Corps is for the purpose of qualifying clients for the Weatherization Program and is strictly confidential. I have read and understand this statement.

Client _____ Date _____

Intake Personnel _____ Date _____