



**The Klamath Tribes
Community Services Department**

LIHEAP Weatherization Application

Date: _____ Phone: _____

First Name: _____ Last Name: _____

Mailing Address: _____

Physical Address: _____

Roll # _____ Income: _____

Name of Household Members	DOB	Income
1) _____	___/___/___	\$ _____
2) _____	___/___/___	\$ _____
3) _____	___/___/___	\$ _____
4) _____	___/___/___	\$ _____
5) _____	___/___/___	\$ _____
6) _____	___/___/___	\$ _____
Total Household Income		\$ _____

Type of Dwelling _____

Do you own or rent: _____ Length in Residence: _____
(Please provide verification of ownership and or length of residence if renting)

**501 Chiloquin Blvd- P.O. Box 436 –Chiloquin, Oregon 97624
(541) 783-2219 ext.134 – Fax (541) 783-0994)**

Have you received weatherization services through the Klamath Tribes before?

- Yes
- No

If Yes, When? _____ What Program: _____

What type of repairs does your home need?

Check as Many as Apply	Types of Weatherization Services	Rate which Service is Most Important (1) to Least Important
	Weatherization needs assessments/audits	
	Caulking and insulation	
	Storm Windows	
	Furnace/Heating System modifications/repairs	
	Furnace replacement	
	Cooling System modifications/repairs	
	Water conservation measures	
	Compact florescent lightbulbs	
	Energy related Roof repair	
	Major Appliance repairs	
	Major Appliance replacement	
	Windows/Sliding glass door	
	Doors	
	Water Heater	
	Cooling System replacement	
	Renewable energy instillation, repair or replacement	
	Other	

I understand that any oral or written statement that is contained on this application and attached material whether made by myself or others at my request will result in the rejection of my application and/or denial of weatherization services.

- ❖ I certify that all statements contained herein are true and complete.
- ❖ I authorize the Weatherization Program to verify through Housing or any other programs related to weatherization information provided on this application.
- ❖ I understand completing this application does not guarantee Weatherization Services.
- ❖ I understand I must provide proof of enrollment in a Federally Recognized Indian Tribe or decedancy.

Fraud Statement

THE FEDERAL LAW CONCERNING FRAUD STATES: "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statement or entry shall be fined not more than \$ 10,000.00 or imprisoned not more than five years or both."

Signature of Head of Household _____ Date: ___/___/___

Program Use Only

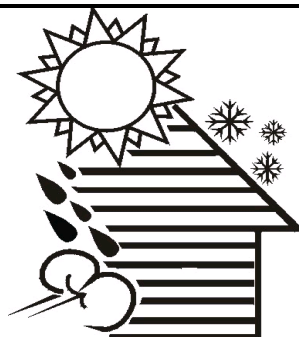
- Eligible
- Ineligible

Reason for Ineligibility _____

Client Notified on ___/___/___

Staff Signature: _____ Date: ___/___/___

Director Approval _____ Date: ___/___/___



*Weatherization
Works*