

CAADC WEATHERIZATION REFFERAL

Completed referrals can be emailed to: RISE@caplanc.org

Date: _____ Referred by: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ preferred contact method(v) _____

EMAIL: _____ preferred contact method (v) _____

Household Information:

Adults _____ # Children _____

Source of Income: _____ Monthly Income \$

Rent _____ Own _____

Primary Heating Source: _____

Heating Vendor: _____

Utility Account #: _____

Does anyone in the household receive one of the following? (v)

TANF _____ LIHEAP _____ SSI _____ Section 8/HUD _____

Has the property been weatherized in the last 15 years? (v)

YES _____ NO _____ Unknown _____

NOTES: