



## United Community Action Partnership

1400 S Saratoga Street, Marshall, MN 56258  
200 SW 4<sup>th</sup> Street, P.O. Box 1359, Willmar, MN 56201

### WEATHERIZATION INFORMATION FORM

(Este formulario es su aplicación para el programa de Weatherization)

Date:			
Name:		Phone:	
Mailing Address		City:	
Property Address:			
	Yes	No	Don't Know
Is there anyone in household that is handicapped?			
Is there anyone in household over age of 60?			
Do you have adequate insulation in the walls of your home? What type of insulation do you have?			
Do you have adequate insulation in your attic? (What type and approximately how many inches of insulation) See Chart of Insulation Types			
Has your house been weatherized by United CAP (previously Heartland CAA or Western CAA)? <i>If yes, when?</i>			
Does anyone in your household have respiratory illness? <input type="checkbox"/> Yes (Describe) <input type="checkbox"/> No			
<b><i>Renters: If interested, you will need to provide the name, address and contact information of your landlord.</i></b>			
Name:			
Address:			
Phone/Contact Information:			
What type of fuel do you use to heat your home? Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other <input type="checkbox"/> _____			
What type of heating system do you have? <input type="checkbox"/> Furnace (Forced Air) <input type="checkbox"/> Hot water/Boiler <input type="checkbox"/> Other			
Are you having problems with your heating system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If yes, describe problems:</i>			
When is the last time you had your heating system cleaned?			
If you have a boiler, what type of insulation/wrap is on your heating system pipes?			
What type of water heater do you have? <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane/LP How many gallons?			
What type of home do you live in? Single family house <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/>			
Do you: Rent your home <input type="checkbox"/> Own your home <input type="checkbox"/> Buying your home <input type="checkbox"/>			
When was your home built? _____ What type of siding do you have? _____			
One or two level home? _____ Approximate total square footage of your home _____			
Does your home have any inaccessible crawl spaces or attic spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, where?</i>			
Are you currently repairing your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what type of repairs?</i>			
Do you operate a business from your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other comments about your home or household:			