

Weatherization Referral

Mail to:
NMCAA / Weatherization Department
3963 Three Mile Road
Traverse City Michigan 49686
(231) 947-3780 (800) 632-7334 Fax (231) 947-4935

Rec'd _____

PLEASE PRINT

Who referred you: _____ Owner _____ Renter _____

Client Name: _____ Land Contract _____

Mailing Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ County: _____

Physical Address (if different): _____

Home Phone: () _____ Contact Phone: () _____

This is not the Weatherization Application. You will receive the application when the program is within 12 months of weatherizing your home. This form will put you on the WAIT LIST for the county in which you live. Please call for approx. length of wait for your county.

- ✓ To be eligible for this service **your total household income in the last 3 months** (from the date Application is signed) must be at or below the poverty guideline shown at right. If you are unsure, call our office for assistance.
- ✓ Renters or Land Contracts will be sent an agreement that must be signed by the Landlord/ Land Contract holder.
- ✓ The dwelling must not be for sale or under construction.
- ✓ Weatherization is not an emergency service. Your home's furnace must be in working order to participate.

Family size	Last 3 months of <u>gross</u> income
1	- \$6,795
2	- \$9,155
3	- \$11,515
4	- \$13,875
Add \$2,360 for each additional member over 4	

Client Home Assessment

Do you have any moisture problems in your home (i.e. leaking roof, windows, doors, mildew)? _____

Please describe the problem. _____

Please tell us anything about the condition of your house that will help us to determine what the program can do for you.

Client Signature

Date