

COVER Weatherization Application

COVER's weatherization program focuses on air sealing inside your home. Please check the boxes that you think could be problem areas.

What is the best way to contact you?

- Windows bulkhead Phone _____
 Doors basement Text _____
 Ductwork (mobile homes) Email _____

Date _____

Name _____

Street Address _____ Town _____ State _____ Zip Code _____

Mailing Address _____ Town _____ State _____ Zip Code _____

| Occupants of Home | Date of Birth | ALL Estimated Monthly Income |
|-------------------|---------------|------------------------------|
| | | |
| | | |
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| | | |
| | | |
| | | |

of Veterans living in the Home: _____ **TOTAL INCOME FROM ALL SOURCES:** _____

Last time furnace was cleaned: _____

Description of your air sealing needs. (Please note if you need skirting, you need to use the Home Repair Application)

Directions to your house (if GPS is not accurate)

Color of your home or distinctive features:

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.

COVER 158 South Main Street, White River Junction, VT 05001 / 802.296.7241, ext. 4 / office@coverhomerepair.org

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MONTHLY EXPENSES

| Expense | Estimated Monthly Amount |
|---|--------------------------|
| <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent | |
| <input type="checkbox"/> Property Taxes <input type="checkbox"/> Lot Rent | |
| Electric | |
| Heating Fuel Type _____ | |
| Propane | |
| Telephone | |
| Medical & Prescriptions | |
| Car Payments & Insurance | |
| Credit Card Debt | |
| Other (please explain) | |

Additional resources such as property, investments, savings: _____

ALTERNATE CONTACT (If any) who may discuss this application for you:

Name _____ Relationship _____

Email _____ Phone _____

AGENCY CONTACT (If any):

Name _____ Agency _____

Email _____ Phone _____

How did you hear about COVER? _____

Would you like to receive our newsletter or COVER updates? Yes ____ Not at this time ____

Additional Comments:

A COVER representative will contact you for a phone intake to assess the project. COVER is a staff-led, volunteer powered organization. Applications are prioritized by need, geographic location, and/or availability of labor, funds and materials.

Applicant Signature: _____ **Date:** _____