

HCEOC Intake Application

Applicant Information

Program: *

Transportation

Weatherization Assistance Program (WAP)

Date *



Month Day Year

Name *

First Name

Last Name

Street Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Mailing Address (if different from street address)

Mailing Address

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Emergency Contact *

First Name Last Name

Emergency Contact Relationship *

Emergency Contact Phone Number *

Please enter a valid phone number.

Homeowner Information

Only complete this information if you live in a household you do not own (i.e. the homeowner is either your landlord or someone you live with). If you are the homeowner, skip this section.

Homeowner's Name

Homeowner's Address

Street Address

Street Address Line 2

Homeowner's Email

example@example.com

Homeowner's Phone Number

Please enter a valid phone number.

Household Information

Number of people currently in your household *

Primary language spoken in household *

Describe your current housing situation *

I own my home

I rent my home

I am unhoused/homeless

I live in public housing

I live in subsidized housing

Describe your current family situation *

I am a single mother

I am a single father

I am a single person without children

I am married without children

I am married with children

I am in a domestic partnership without children

I am in a domestic partnership with children

List all sources of your household's monthly income.

Total Income Generated

Employment

TANF

SSI

Social Security

Pension

Unemployment Insurance

Other Insurance

General Assistance

Other Income

Self-Employed

Farmer

Zero Income

List all members of your household beginning with yourself.

First/Last Name	Social Security Number	Date of Birth (dd/mm/yyyy)	Relationship	Gender	Disability	Race	Education Level
1							
2							
3							
4							
5							
6							
7							
8							

Verification and Signature

Are you a citizen of the United States? *

Yes

No

Do you have a mobility, visual or hearing impairment, or a disability? *

Yes

No

Do you receive SNAP benefits? *

Yes

No

Are you a veteran? *

Yes

No

Are you a current employee of HCEOC? *

Yes

No

Are you Hispanic? *

Yes

No

Do you currently have health insurance? *

Yes

No