GOVERNMENT OF THE DISTRICT OF COLUMBIA

District Department of the Environment



Email:		
Phone:		
Zip code:	Ward:	
, as a result of my participation the dwelling listed above;	n in the Energy	
installed upon completion; d/or oil bills for up to a period	of twenty-four (24)	
am will not provide Weatheriz	ation services in homes	
my file to its Subgrantee(s), u gram implementation, analysis		
ciency and Conservation Prog ne Energy Assistance Program		
Da	nte:	
*********	*******	
ND APPLICANT, IF ALS	SO OWNER)	
Email: _		
Phone:		
signed this application granting services;	g DDOE and	
t and the Subgrantee(s) to insta ines;		
or five (5) years based solely o	n the Energy Program	
in the process of being, sold,	condemned, or of a	
Da	nte:	
	Zip code: Zip code: Zip code: , as a result of my participation the dwelling listed above; installed upon completion; d/or oil bills for up to a period am will not provide Weatheriz my file to its Subgrantee(s), u gram implementation, analysis ciency and Conservation Program Energy Assistance Program Date ************************************	



DISTRICT DEPARTMENT OF THE

ENVIRONMENT

PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW:

 Have you ever app YES ☐ if yes, wh 	olied for Weatherization		
2. Have you ever reco YES ☐ if yes, wh	eived a Weatherization		
	eived improvements to	=	y government agency? NO
4. Do you have any r YES □ NO □	oof leaks and/or struct	tural damage?	
5. Which heating sys Furnace (vents)	tem do you have? ☐ Boiler (radiators)	☐ Heat Pump ☐	
6. Which cooling sys Central Air Cond	tem do you have? lition Window A	ir Condition \square	
7. Does anyone in the Asthma □ Year	e house have? -round Allergies	Respiratory Condi	tion 🗆
8. Have the children YES ☐ if yes, wh	(6 and under) in the horen and		-
9. Is there any discon YES □ NO □	nfort in your home du	e to air quality?	
10. Has your home bee YES□ NO□	en tested for radon?		
11. Attach the following water bills.	ng utility bills (front a	nd back) to the applic	cation: gas, electric, and
*******		**************************************	********
Year House Built	Sq	uare Footage:	
Household Composition:	□Elderly □Disabled □Children		
Priority Number			
Information Verified by: _		Date:	