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| --- |
| Family Profile RecordYVEDDI Weatherization Assistance Program |
| **Family Profile #:** |       |
|  |
| **Applicant Name:**(Head of Household) |       | **Date:** |       |
| **Address:** |       | **Telephone #** |       |
| **County:** |       |
| **Home:**  | [ ]  Own [ ]  Rent | **Do you own a vehicle?** | [ ]  Yes [ ]  No | **Race or Ethnic Identity:** |       |
|  |
| **Household Data** (Enter Head of Household first) Place an **X** beside name of certified veteran. |
| Members Full Name | Certified Veteran? | Gender | SSN | School | Marital Status | Date of Birth | Relationship | Disabled |
| 1.       |       | [ ] M [ ] F |       |       |       |       |       | [ ]  |
| 2.       |       | [ ] M [ ] F |       |       |       |       |       | [ ]  |
| 3.       |       | [ ] M [ ] F |       |       |       |       |       | [ ]  |
| 4.       |       | [ ] M [ ] F |       |       |       |       |       | [ ]  |
| 5.       |       | [ ] M [ ] F |       |       |       |       |       | [ ]  |
| 6.       |       | [ ] M [ ] F |       |       |       |       |       | [ ]  |
| 7.       |       | [ ] M [ ] F |       |       |       |       |       | [ ]  |
| 8.       |       | [ ] M [ ] F |       |       |       |       |       | [ ]  |
| **Income Source (Last 12 months)** |
| 1. Wage/Salary (Gross) | $      | 9. Veterans - Education | $      | **Income Total** | $      |
| 2. Self-Employment (Net) | $      | 10. Military Allotment | $      | **Family Size** |       |
| 3. Alimony | $      | 11. Disability Insurance | $      | **WAP Income 200%** |       |
| 4. Pension/Retirement/Annuity | $      | 12. Unemployment Insurance | $      |  |
| 5. Social Security - Retirement | $      | 13. Interest | $      |
| 6. Social Security – Disability | $      | 14. Works Comp | $      |
| 7. Social Security - SSI | $      | 15. AFDC/TANF | $      |
| 8. Veterans - Disability | $      | 16. Other:       | $      |
| ***Certification:*** *Under penalties of fraud for intentional submission of wrong information, the above information is correct to the best of my knowledge. If you are denied services due to ineligibility, you have sixty (60) calendar days from denial date to ask for a hearing.* |
| **Head of Household Signature:** |  | Date:       |
| **Witnessed by:** |  |

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