



# The Grand Traverse Band of Ottawa and Chippewa Indians

## Human Services Department

### LIHEAP Weatherization Application

Date of Application: \_\_\_\_\_ GTB Tribal ID: \_\_\_\_\_

Other Federally Recognized Tribe Name and ID: \_\_\_\_\_

Your Name: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Do you need an interpreter:  Yes  No If Yes, in what language? \_\_\_\_\_

Preferred Contact:  E-Mail  Home Phone  Mobile Phone  Mail  Other: \_\_\_\_\_

Legal Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Household Size: \_\_\_\_\_

# of Persons who are receiving Disability: \_\_\_\_\_ Over 55: \_\_\_\_\_ Non-GTB: \_\_\_\_\_

# of GTB Elders: \_\_\_\_\_ Age 0-5: \_\_\_\_\_ Age 6-17: \_\_\_\_\_ Age 18-55: \_\_\_\_\_

Type of Monthly Income: Wages: \$ \_\_\_\_\_ SSA/SSD: \$ \_\_\_\_\_ Per Capita: \$ \_\_\_\_\_

Do you have Central Air:  Yes  No Window A/C Units:  Yes  No

Type of Home (check one):  Apartment  Mobile Manufacture  Stick Built  Other: \_\_\_\_\_

Do you:  Own  Rent Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_

Without the Weatherization Program, would you purchase these items to make your home warmer in the winter or cooler in the summer?

Yes  No

Please check all items you need to make your home more energy efficient (Please note, supplies are limited)

Duct Tape  Caulk  Caulk Gun  Yellow Expanding Foam  Pipe Insulators

Space Heaters  Heating Tape for Pipes  Window Plastic # of Windows: \_\_\_\_\_

Sliding Glass Door Plastic # of Doors: \_\_\_\_\_  Felt Weather Stripping #: \_\_\_\_\_

Plastic Door Sweeps #: \_\_\_\_\_  Other: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

GRAND TRAVERSE

CHARLEVOIX

LEELANAU

BENZIE

MANISTEE

ANTRIM