Application

Santa Fe County Affordable Housing Roof Repair and Replacement also known as the Happy Roofs Program

Applicant Name:I elephone:							
				PO Box:			
City:	Zip	:			County:		
Rent:Own:_	P	roperty	owne	r's Name Telepho			one:
Owner's Address					City:		_ Zip:
Name and Phone No. of	two frie	nds or re	elatives	that we can con	tact if we are una	ble to reach yo	ou.
(1) NAME:			Phone No.:				
2) NAME:				Phone No.:			
Type of Heat: Natural GasLP Gas				Electrical_	Wood Queroseno Other		o Other
Average Monthly Heating Bill\$				Utility Account No			
Is any member of the	housel	nold dis	abled?	Yes No_	Type of D	isability	
Has this dwelling reco	eived Ro	oof Repa	air or R	eplacement or	DOE Weatheriz	ration in the p	past? YesNo
Single Family Built Ho	me	Mo	bile Ho	me Mu	ulti Family	Year House	was Built
Number of elderly in						_	
Nationality: Native AmericanAsian				Black	Hispanic	_Caucasian	Other
Name of each Household Member	Date of Birth	Age	Sex	Social Security Number	Relationship to Head of Household	Gross Monthly Income	*Name, Address, Phone No. of Employer or other source of Income

Employment, Social Security, Welfare, Retirement, Veteran's Benefits, Rental Property Income, Bond & Other Securities, Alimony, Child Support etc.

Happy Roofs Page 1

CLIENT CONFIDENTIALITY STATEMENT

All information requested by Santa Fe County is for the purpose of qualifying clients for the Santa Fe County Affordable Housing Roof Repair and Replacement Ordinance also known as "Happy Roofs Program" and is strictly confidential. I have read and understand this statement.

APPLICATION RELEASE TO OBTAIN VERIFICATION OF INCOME AND FUEL COMSUMPTION

I authorize the Weatherization Assistance Program (WAP) staff to verify and examine the fuel consumption records of my house, available from the utility companies, in order to determine the impact of energy conservation services rendered to my house.

As an applicant for the "Happy Roofs Program" I do hereby give my permission to the program staff administering this grant to verify all household income prior to the starting date of this work to be done. (Each household member 18 years old or over must sign below for verification of income.)

I understand that services cannot be provided if health and safety problems are beyond the scope of this program. It is the responsibility of the applicant to correct unsafe conditions or to contact alternative funding sources for assistance.

I grant permission for the Santa Fe County and/or WAP staff or its designee to enter my property and to make applicable repairs for the weatherization, roof repair or replacement of my home. I also release and pledge to hold harmless Santa Fe County and WAP staff and volunteer assistant from any liability resulting from these repairs.

I certify that the home for which I am requesting weatherization, roof repair or replacement assistance, is not designated for acquisition or clearance by federal, state, or local programs within twelve months from the scheduled completion date.

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

Directions to your home if you do not have a street address:

FOR OFFICE USE ONLY

Method of Income Verification

Applicant is: Eligible ______ Ineligible ______ Reason for Ineligibility ______

Source of Income Documentatation ______ I certify that I have verified and found accurate the income of the applicant.

Signature of Staff Member _______ Date

Happy Roofs Page 2