



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