

# FY 2021 GTB WEATHERIZATION SURVEY

(attach to completed Human Services Application)

NAME \_\_\_\_\_ TID # \_\_\_\_\_ GTB \_\_\_\_\_ OTHER FEDERALLY RECOG \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

PHONE #: \_\_\_\_\_ PEOPLE RESIDING IN HOME: \_\_\_\_\_

NAME	TID #	DOB	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NUMBER OF PERSONS: DISABLED, RECEIVING DISABILITY \_\_\_\_\_ OVER AGE 55 (NON-GTB) \_\_\_\_\_ GTB ELDER \_\_\_\_\_

AGE 0-5 \_\_\_\_\_ AGE 6-17 \_\_\_\_\_

TYPE OF INCOME: EMPLOYMENT \$ \_\_\_\_\_ SOCIAL SECURITY \$ \_\_\_\_\_ PER CAPITA \$ \_\_\_\_\_

DO YOU: HAVE CENTRAL AIR: Y / N WINDOW AIR CONDITIONERS: Y / N

TYPE OF HOME: MOBLE \_\_\_\_\_ MANUFACTURE \_\_\_\_\_ STICK \_\_\_\_\_ APARTMENT \_\_\_\_\_ DO YOU OWN OR RENT? \_\_\_\_\_

WHAT TEMPERATURE DO YOU KEEP YOUR HOME AT IN: SUMMER \_\_\_\_\_ WINTER \_\_\_\_\_

WITHOUT THE WEATHERIZATION PROGRAM, WOULD YOU PURCHASE THE ITEMS TO MAKE YOUR HOME WARMER IN THE WINTER?  
Y / N

**PLEASE CHECK THE ITEMS YOU NEED TO MAKE YOUR HOME MORE ENERGY EFFICIENT ( please note supplies are limited):**

DUCT TAPE \_\_\_\_\_ CAULK \_\_\_\_\_ CAULK GUN \_\_\_\_\_ YELLOW EXPANDING FOAM \_\_\_\_\_ WINDOW PLASTIC: # OF WINDOWS \_\_\_\_\_  
SLIDING GLASS DOOR PLASTIC (#) \_\_\_\_\_ PIPE INSULATORS (DIAMETER & NUMBER) \_\_\_\_\_ FELT WEATHER STRIPPING (# OF  
DOORS) \_\_\_\_\_ PLASTIC DOOR SWEEPS \_\_\_\_\_ WATER HEATER BLANKET \_\_\_\_\_ ROOM Infra-red HEATERS: \_\_\_\_\_

**PLEASE LIST OTHER ITEMS THAT YOU COULD USE ON YOUR HOME BEFORE THE COLD WEATHER SETS IN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_