WEATHERIZATION REFERRAL

Northeast Michigan Community Service Agency, Inc. 2375 Gordon Road - Alpena, MI 49707 Weatherization Program - (989) 358-4700 or Toll Free (866) 270-0686 Fax Number: (989) 471-2700

" (000) " " = 100

-					INI
Date://_	Referred by	y:		County :_	
Name:			Phone:	()	
Address:			P.O. Box i	Number:	
City:		MI	Zip:		_
Contact:			Phone:	()	
HOUSEHOLD INFORM	MATION				
No. of Adults: Ag	jes: No	o. of Children In F	lome:	_ Ages:	
Total in Household:	Age of Hon	ne:yrs.	Own:		Rent:
House: or Mo	obile Home: R	teceiving Assistar	nce From D	HS? Yes:_	No:
INCOME INFORMATION					
Household Member		Amount	Weekly/	/ Monthly	Annual
		\$			\$
		\$	<u> </u>		\$
		\$	†		\$
		\$	†		\$
		\$			\$
		\$			\$
		\$			\$
 	Tota	al Household Gross	Annual Inco	me:	\$
I HEREBY MAKE A SERVICES FROM NE POVERTY GUIDELINI INFORMATION I HAV SALE OR IN FOREC INFORMATION I HAVE Signature: OFFICE USE ONLY:	EMCSA. I CERTIFY TH IES POSTED ON TH IE PROVIDED ABOVE CLOSURE. I GRANT E PROVIDED ON THIS	HAT MY HOUSEH IE BACK OF TH E IS CORRECT A THE AGENCY F S FORM. Da	HOLD INCO	OME IS W I ALSO THIS DW ON TO VE	ITHIN THE FEDERAL CERTIFY THAT THE ELLING IS NOT FOR ERIFY ANY AND ALL
Job Number Assigned:	Entered	on Referral List:	_//	_ By:	
Rental Agreement Sent o	on:/ By:_		Returne	ed on:/	

FEDERAL INCO	OME GUIDELINES
SIZE OF FAMILY	INCOME ELIGIBILITY THREE MONTHS
1	5,835
2	7,865
3	9,895
4	11,925
5	15,985
6	18,015
7	20,045
8	22,075
EACH ADDITIONAL ADD	2,030

* * * * * * * * * *

OFFICE USE (ONLY
POINT VALUE	
2	
2	
2	
2	
2	
1	
1	
1	
	2 2 2 2 2 1 1