

Agency Name: Tri-County Opportunities Council Priority: _____ Application Date: _____ Job Number: _____

SSN	Last Name	First Name	MI	Gender	Birthdate	Ethnicity	Disabled	Gross Income	Source
_____	_____	_____	___	___	_____	_____	_____	_____	_____
_____	_____	_____	___	___	_____	_____	_____	_____	_____
_____	_____	_____	___	___	_____	_____	_____	_____	_____
_____	_____	_____	___	___	_____	_____	_____	_____	_____

Own or Rent: _____ Food Stamps: _____ Dwelling Type: _____ County: _____
 Street Address: _____ City: _____ Zip Code: _____ Phone: _____
 Mailing Address: _____ City: _____ Zip Code: _____ Alt. Phone: _____

Primary Vendor	Secondary Vendor	Eligible: Yes ___ No ___	Documentation: Rec'd _____	Prior WX Date
COR _____	COR _____	Due to Income: _____	Household Income _____	_____
Fuel _____	Fuel _____	Due to 66% Rule: _____	Household SS#'s _____	LIHEAP ES Date
Vendor _____	Vendor _____	Due to Auto: _____	Primary Energy Bill _____	_____
Acct # _____	Acct # _____	Due to 50 % Rule: _____	Secondary Energy Bill _____	Re-Determination
Status _____	Status _____	Due to LIHEAP: _____	Home Ownership _____	_____

By signing this application with an electronic signature you are attesting to the fact that all of the information you provided is true, to the best of your knowledge. Any false information will result in the denial of application. By signing this form, you also have acknowledged that this form does not guarantee approval of your application.

_____ Signature of Applicant	_____ Date	_____ Eligibility Verification Signature	_____ Date
_____ Signature of Intake Worker	_____ Date	_____ Payment Authorization Signature	_____ Date

Ethnicity: Asian, African American, Hispanic, Multi-Racial, Other, Pacific Islander, White

Income Sources: Wages, SSA, Unemployment, SSI, TANF, AABD, GA, Other

Dwelling Type: SF (Single Family), MH (Mobil Home), 2-4 units, 5-10 units, 11+ units