

# Weatherization Referral

Mail to:  
NMCAA / Weatherization Department  
3963 Three Mile Road  
Traverse City Michigan 49686  
(231) 947-3780 (800) 632-7334 Fax (231) 947-4935

M/A \_\_\_\_\_

10 DL \_\_\_\_\_

**PLEASE PRINT**

Who referred you: \_\_\_\_\_ Owner \_\_\_\_\_ Renter \_\_\_\_\_

Client Name: \_\_\_\_\_ Land Contract \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

**This is not the Weatherization Application.** You will receive the application when the program is within 12 months of weatherizing your home.

- ✓ To be eligible for this service **your total household income in the last 3 months** (from the date Application is signed) must be at the poverty guideline shown below. If you are unsure, call our office for assistance.
- ✓ Renters or Land Contracts will be sent an agreement that must be signed by the Landlord/ Land Contract holder.
- ✓ The dwelling must not be for sale.

Family size	Last 3 months of income
1 -	\$ 6,030
2 -	\$ 8,120
3 -	\$ 10,210
4 -	\$ 12,300
Add \$2,090 for each member over 4	

## Client Home Assessment

Do you have any moisture problems in your home (i.e. leaking roof, windows, doors, mildew)? \_\_\_\_\_

Please describe the problem. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us anything about the condition of your house that will help us to determine what the program can do for you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Signature

Date