

**COMMUNITY CONNECTIONS PROGRAM**

FORM C-4  
Revised 6/2015

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Best Time to Call \_\_\_\_\_ Special Notes: \_\_\_\_\_

Service Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

LANDLORD – Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Ext \_\_\_\_\_ Eve Phone \_\_\_\_\_ Ext \_\_\_\_\_

Account Number \_\_\_\_\_ Premise ID \_\_\_\_\_

Utility \_\_\_\_\_ Agency \_\_\_\_\_

County \_\_\_\_\_ Municipal \_\_\_\_\_ Job Number Created in System \_\_\_\_\_

JOB TYPE:  electric heat/electric water heater  electric heat (customer has other type of hwh)  electric water heat job (customer has oil, gas or other heat)  Baseload job (customer heat/hwh NOT electric)

Housing Type: \_\_\_\_\_ A-Open joist attic, wood framed walls, full basement B-Open joist attic, wood framed walls, full crawlspace, C-Open joist attic, Framed walls, combination crawlspace/basement, D-Open joist attic, wood Slab foundation, E-Kneewell attic, wood or solid walls, basement/slab/Crawlspace, F-Open joist attic, wood framed walls, post foundation G-Open joist attic, solid walls, full basement, H-Mobile home, I-Open joist Attic, solid walls, slab foundation

Income Level - Federal Poverty Level  (A)0-100%  (B)101-150%  (C)151-200%  (D)201-300%  (E)301-400%  (U)Income Unknown

Refrigerator Owned \_\_\_\_\_ OK to Test Refrigerator \_\_\_\_\_

HWAP Amount \_\_\_\_\_ EPP Amount \_\_\_\_\_ Warm Choice \_\_\_\_\_

HouseWarming Amount \_\_\_\_\_ Other Program \_\_\_\_\_

Initialized Date \_\_\_\_\_ By \_\_\_\_\_ Reviewed Date \_\_\_\_\_

Audit Data Sent \_\_\_\_\_ First Time on Hold \_\_\_\_\_ Official Job Date \_\_\_\_\_

Cancelled Date \_\_\_\_\_ Job on Hold \_\_\_\_\_ Home Audit Date \_\_\_\_\_

Job Finished \_\_\_\_\_ Inspector's Name \_\_\_\_\_

Comments: \_\_\_\_\_

**DEMOGRAPHICS**

Job Customer Last Name \_\_\_\_\_

Account Number \_\_\_\_\_ Premise ID \_\_\_\_\_

Demographic Audit Completed \_\_\_\_\_

Audit Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to customer  0. Same  1. Spouse  2. Sibling  3. Parent  4. Relative  
 5. Non-relative  6. Other \_\_\_\_\_

Number of Occupants \_\_\_\_\_ Number of Handicapped \_\_\_\_\_ Ages of  
Occupants – Age 18 and Under \_\_\_\_\_ Age 19 through 62 \_\_\_\_\_ Over 62 \_\_\_\_\_

Occupancy Type:  1. Own  2. Rent  99. Other Annual Household Income \_\_\_\_\_  
Primary Income Source:  1. Employment  2. Public Assistance  3. Pension/Retirement  
 4. Unemployment  5. Disability  99. Other \_\_\_\_\_

Structure Type:  1. 1-1/2-2 Story  2. Ranch  3. Bi-level  4. Mobile Home  5. Rowhouse(inside)  
 6. Rowhouse(outside)  7. Duplex  8. Multi-family  99. Other \_\_\_\_\_

Year Constructed \_\_\_\_\_ Age \_\_\_\_\_ Size of Living Area \_\_\_\_\_

Type of Air Conditioning:  1. Central System  2. Heat Pump  3. Window Units  4. Wall Units  
 5. None  99. Other \_\_\_\_\_

Area of Heated Space (sq. ft) \_\_\_\_\_ Primary Heating Source:  1. Electric  2. Utility Gas  
 3. Fuel Oil  4. Wood  5. Coal  6. Solar  7. City Steam  8. Bottled Gas/Propane  9.  
Kerosene  99. Other (please describe) \_\_\_\_\_

Type of Heating System:  1. Electric Baseboard  2. Electric Heat Pump  3. Electric Boiler  
 4. Electric Furnace  5. Electric Radiant  6. Electric Wall Blowers  7. Gas Furnace  
 8. Gas Boiler  9. Oil Furnace  10. Oil Boiler 99. Other (please describe) \_\_\_\_\_

What is the Main Source of Supplemental Heat?  00. None  1. Fuel Oil/Kerosene  2. Utility Gas  
 3. Bottled Gas/Propane  4. Electricity  5. Coal  6. City Steam  7. Wood  8. Solar  
 99. Other (please describe) \_\_\_\_\_

Percent of Additional Heat \_\_\_\_\_ Number of Fireplaces \_\_\_\_\_

Water Heater Fuel Type:  1. Electric  2. Fuel Oil  3. Utility Gas  4. Bottled Gas/Propane  
 99. Other \_\_\_\_\_

Dryer Fuel Type \_\_\_\_\_

<b>Seasonal Spreadsheet -</b>	Estimated Annual Baseload Use (kWh) _____
Total Seasonal Use (kWh) _____	Estimated Annual Summer Use (kWh) _____
Use Default Estimates <input type="checkbox"/> Yes	Estimated Annual Winter Use (kWh) _____
<input type="checkbox"/> Leveraging money not available/insufficient funds for stand alone	Total Annual Use (kWh) _____
	Seasonal Spending Allowance (\$) _____