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| --- | --- | --- | --- | --- | --- | --- |
|  | Household Energy Cost Information YVEDDI Weatherization Assistance Program | | | | | |
| **APPLICANT INFORMATION** | | | | | | |
| Job #: | | | | | | |
| Name: | | | | | | |
| Address: | | | | | County: | |
| Home Phone: | | | Cell Phone: | | | |
| Utility Bills:  Electric  Kerosene  Natural Gas  Oil  Propane (check all that apply) | | | | | | |
| **Electricity Provider:**  Duke Energy  Surry-Yadkin Electric  Energy United  Other | | | | | | |
| Account/Billing Number: | | | | | | |
| Cost for last 12 months: | | | | $ | | |
| Average monthly cost: | | | | $ | | |
| **Fuel Oil Provider:** | | | | | | |
| Account/Billing Number: | | | | | | |
| Type of fuel oil:  Kerosene  Natural Gas  Oil  Propane | | | | | | |
| Cost for last 12 months: | | | | $ | | |
| Average monthly cost: | | | | $ | | |
| **Wood Provider:** | | | | | | |
| Number of pick-up loads used last winter? | | | | | | |
| Is client able to cut and load wood?  Yes  No | | | | | | |
| Cost for last 12 months: | | | | $ | | |
| Average cost per load: | | | | $ | | |
| **TOTAL utility cost for the last 12 months:** | | | | $ | | |
| **Average monthly cost for utilities:** | | | | $ | | |
| **Utility Billing Information Release** | | | | | | |
| I hereby authorize the release of information for the past 12 months of fuel and/or utility usage and cost from the above providers.  I authorize YVEDDI, if able, to pull up any or all of my utility information online for purposes of identifying high energy burden clients and for calculation of energy savings after completion of the weatherization work.  I certify that after completion of all weatherization work, I will make copies of all utility bills for the 12 months following the work and return them to the YVEDDI Weatherization Office for energy saving calculations.  This information will be used only to provide data for the Yadkin Valley Economic Development District, Inc. and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified. | | | | | | |
|  | |  | | | |  |
| Applicant’s Printed Name | | Applicant’s Signature | | | | Date |
|  | |  | | | |  |
| Agency Personnel Printed Name | | Agency Personnel Signature | | | | Date |