|  |
| --- |
| Recipient Eligibility ReviewYVEDDI Weatherization Assistance Program |
| Date: |       |
| Applicant Name: |       | County: |       |
| Address: |       |
|  |
| **Application Intake Recommendation** |
| [ ]  | Denial be issued Reason(s):      | [ ]  | Approved |
| By: |  | Date |       |
|  | (Employee Name) |  |  |
|  |
| **Application Approval Action** |
| [ ]  | Denial IssuedReason(s):      |
| [ ]  | Approved based on application documents and eligibility verifications |
| [ ]  Family Income[ ]  SSI Recipient[ ]  AFDC Recipient |
| By: |  | Date |       |
|  | (WAP Director) |  |  |
|  |  |  |  |
| **Administrative Review** |
| [ ]  | Approved |
| [ ]  | Returned for additional information |
| Comments:       |
| By |  | Date |       |
|  | (Executive Director) |  |  |