

<b>Status of Intake:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Eligible	<b>Status of Documentation</b> <input type="checkbox"/> Verification Of Medical Condition <input type="checkbox"/> Agreement <input type="checkbox"/> Landlord Permission	<b>Install Information</b> Scheduled:  Complete:
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## Community Service Council Tulsa Weather Coalition Air Conditioner Program Application

### APPLICANT INFORMATION

Date:			
First Name:		Last Name:	
Address:		City:	OK ZIP:
Phone Number:		DOB:	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Person Making Request (if not applicant):			
Relationship (if not applicant):			Phone Number:
Are you a Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### Contact Information on at least one person not living with the applicant

First Name:		Last Name:	
Relationship:		Phone Number:	

### Mobility Status

Do you have the ability to relocate to a cooler place during the heat of the day? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, what is disability or reason?	

### Income Status

Number in household:	Fixed income? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Amount: \$
Source(s) of income: <input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> ABD Other:		
Have you had a sudden loss of income or experienced a financial crisis? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, explain:		

**Medical Status/If under the age of 65**

Check all that apply:  AIDS  CONGESTIVE HEART FAILURE  COPD  DIALYSIS  
 EMPHYSEMA  HOSPICE CARE or  TERMINAL CANCER  SEVERE SICKLE CELL  
OTHER: Describe condition or medications creating a life threatening situation during extreme heat:

Can you obtain a doctor or medical statement verifying the above medical condition if under the age of 65? Will not need note if over the age of 65.  YES  NO

**AIR CONDITIONER INSTALLATION INFORMATION**

**An A/C will not be installed if a working or repairable A/C unit is already located in the home.**

Is there currently a working air conditioner in the home?  YES  NO

Do you have a window with an opening of at least 24 inches?  YES  NO

Can the window be opened by sliding the bottom pane up?  YES  NO

Is there a working electrical outlet within ten feet of the window in the room where the A/C will be installed?  YES  NO

Do you own the home where the A/C will be installed?  YES  NO

If NO, can you obtain landlords or apartment manager’s permission for installation of A/C?  
 YES  NO

**Notes:**

**Low income: Households that receive public assistance, other low-income households may qualify if they meet the following 2020 Federal Poverty income guidelines:**

- 1..... \$12,760
- 2..... \$17,240
- 3.....,..... \$21,720
- 4.....,,..... \$26,200
- 5..... \$30,680
- 6..... \$35,160
- 7.....\$39,640
- 8 .....\$44,120