



KERRVILLE PUBLIC UTILITY BOARD

Weatherization Program

(All answers will be kept confidential.)

Candidate Name: _____

Address: _____

Primary Phone #: _____ **Alternate Phone #:** _____

Meter # or Account #: _____

1. Is home: Owned ____ Rented ____ Other _____

2. Is home of mobile or modular construction? Yes ____ No ____

3. How is home heated and cooled: (check all that apply)

Central electric A/C with electric heat ____

Central electric heat pump ____

Central electric A/C with gas heat ____

Central gas A/C with gas heat ____

Electric window A/C ____ (with electric heat ____)

Electric window heat pump ____

Electric wall or space heaters ____

Gas wall or space heaters ____

Fireplace ____

Not heated or cooled ____

Other: _____

4. Is water heater: Electric ____ Gas ____

5. Number of persons currently living in home: ____

Number of persons over age 62: ____

Number of persons under age 18: ____

6. Total monthly income (all residents): \$ _____

7. In your household, are any family members handicapped? Yes ____ No ____

If so, please provide basic details of handicap:

Who _____ Over age 62? Yes ____ No ____

Brief description of handicap:

Additional Comments:

Please return COMPLETED application to:

Kerrville Public Utility Board
P.O. Box 294999
Kerrville, Texas 78029-4999
Fax # 830-792-8231