



KERRVILLE PUBLIC UTILITY BOARD
Weatherization Program

All answers will be kept confidential

CUSTOMER INFORMATION (please print your information clearly):

Customer Name:		
Address:		City/State/Zip:
Primary Phone #:	Alternate Phone #:	Meter # or KPUB Acct #:

WEATHERIZATION QUESTIONNAIRE

#1: My home is:
 Owned: _____ Rented: _____ Other: _____

#2: Is home of mobile or modular construction?
 Yes: _____ No: _____

#3: How is your 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:
 # of persons currently living in home: _____ # of persons over age 62: _____ # of persons under age 18: _____

#6: Monthly income:
 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 of 62? Yes: _____ No: _____

 Brief description of handicap:

Additional comments:

Please return the COMPLETED application by mail to:
 Kerrville Public Utility Board
 P. O. Box 294999, Kerrville, TX 78029-4999
 Or by fax to 830.792.8231 or email to KPUBEngr@kpub.com