

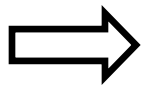
Client Intake Form	
IMACA WOODSTOVE PROGRAM	
Intake Staff:	Intake Date:

First Name	Middle Initial	Last Name					
Street Address			Unit #	City	County	State CA	Zip Code
Mailing Address (if different than above)				City	County	State	Zip Code
Telephone Number ()	Telephone Number ()		E-mail				

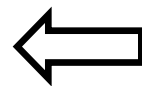
* I AM AN OWNER * I AM A RENTER

If Renter, Please fill out Landord Info below

Landlord First Name	Middle Initial	Landlord Last Name					
Landlord Street Address			Unit #	City	County	State CA	Zip Code
Landlord Mailing Address (if different than above)				City	County	State	Zip Code
Telephone Number ()	Telephone Number ()		Landlord E-mail				



Current Woodstove (if known)	Make	Model	Year



I am Interested in Replacement:

Woodstove Pellet Stove Propane Kerosene

I am Interested in More Information About:

- | | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| A. <input type="checkbox"/> Food Assistance | G. <input type="checkbox"/> Head Start/State Preschool |
| B. <input type="checkbox"/> Energy Assistance | H. <input type="checkbox"/> Housing Assistance |
| C. <input type="checkbox"/> Weatherization | I. <input type="checkbox"/> Garden Assistance |
| D. <input type="checkbox"/> Youth or Adult Conservation Corps | J. <input type="checkbox"/> Volunteering with IMACA |
| E. <input type="checkbox"/> Holiday Food Baskets/Gifts Program | K. <input type="checkbox"/> Other |
| F. <input type="checkbox"/> Child Care Subsidy/Community Connections for Children (Mono County) | |

Statement: The information on this form will be used to determine my eligibility for the IMACA Woodstove program. I also understand that IMACA does not discriminate in the provision of services on the basis of race, color, national origin, disability, age, or sex.

Applicant's Signature

Date

*IMACA will contact you to notify of eligibility and scheduling.
When complete, bring or mail your intake form to IMACA at 224 S. Main Street, Bishop, CA 93514
For questions on your Intake Form, call (760) 873-8557 ex. 24. Thank you.*

