

APPLICATION FOR WEATHERIZATION

INTAKE DATE: _____

FIRST NAME	MN	LAST NAME	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code	Telephone Number		

HOME CELL CONTACT: _____

HOME ADDRESS	CITY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different)	CITY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS

LOCATION: CITY RURAL

RACE: WHITE BLACK MULTI-RACE OTHER

ETHNICITY: HISPANIC/LATINO NOT HISPANIC/LATINO

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SEPARATED

HOUSING STATUS: OWNED RENTED SUBSIDIZED SHELTER HOMELESS

FAMILY: SINGLE SINGLE PARENT FEMALE SINGLE PARENT MALE
 TWO-ADULTS WITH CHILDREN TWO-ADULTS - NO CHILDREN

STRUCTURE:

SITE-BUILT: WOOD VINYL CONCRETE

MOBILE HOME: SINGLE DOUBLE OTHER

NAME	Social Security Number (SSN)	Relation to Applicant	Dis-abled Y/N	Birth Date	Ins. Y/N	Sex M/F	Last Grade Compl.	Income Source		WAP Total (GROSS) Monthly Income
1.										\$
2.										\$
3.										\$
4.										\$
5.										\$
6.										\$
7.										\$
8.										\$
TOTAL MONTHLY HOUSEHOLD INCOME										\$

INCOME SOURCE CODES	7) GOVERNMENT EMPLOYEE RETIREMENT	14) ESTATES/TRUSTS (Periodic Receipts)
1) MONEY, WAGES, SALARIES	8) MILITARY RETIREMENT/FAMILY ALLOTMENTS	15) GAMBLING or LOTTERY WINNINGS (Net)
2) NET RECEIPTS from Non-Farm/Farm self-employment	9) UNEMPLOYMENT COMPENSATION	16) REGULAR INSURANCE/ANNUITY PMTS
3) SOCIAL SECURITY	10) VETERAN'S PAYMENTS	17) STRIKE BENEFITS from UNION FUNDS
4) SSI - Supplemental Security Income	11) ALIMONY	18) TRAINING STIPENDS
5) TANF - Temporary Assistance for Needy Families	12) RENTAL INCOME (Net)	19) OTHER - (Identify) _____
6) PRIVATE OR RAILROAD RETIREMENT	13) WORKER'S COMPENSATION	20) ZERO (\$0) INCOME

By my signature, I certify that all of the information I have provided on this application is true and accurate; including self-certification of zero income. Any misrepresentation, falsification, or omission of information on this application may result in exclusion from further consideration for assistance and services. I authorize the release of this information for research and other program eligibility considerations and understand that the information acquired through this release not be made public in such a manner that the dwelling or occupants may be identified.

Are you related to an agency employee/board member?	Are you an agency employee?	
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
Name: _____		Applicant's Signature _____
		Date _____

CLIENT INTERVIEW

Interview conducted by:		
Name:	Job#:	Date:
Address:	City/Zip:	Phone:
General Information		
How long have you lived in home?	<input type="text"/> Years	Age of home? <input type="text"/> Age verified w/County Assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your home or certain rooms get too warm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Does your home or certain rooms get too cold?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Do you have any noticeable drafty areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Do you close off any rooms during heat season?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Exhaust Fans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes what type? <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen Other _____
Do you have a clothes dryer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Gas Vented to outside? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fireplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, working damper? <input type="checkbox"/> Yes <input type="checkbox"/> No Use fireplace often? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating, Air Conditioning & Domestic Hot Water		
Did the primary heating system work last winter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any repairs on heating system in last 2-3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating system serviced in past 2-3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you change your filter(s) regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use separate space heaters for heating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Kero <input type="checkbox"/> Oil
Do you have a setback thermostat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	High setting is: _____ F ⁰ Low setting: _____ F ⁰
Is your hot water heater working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hot Water Temperature Measurement is: <input type="text"/> F ⁰
Health & Safety Issues		
Any dizziness, headaches, nausea flu-like symptoms during heating system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any noticeable moisture problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Is there any condensation build-up in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Is there mold or mildew in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Does your crawlspace or basement get wet during certain times of the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?:
Has your home been certified as free from lead-based paint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Has any member of your household been tested for lead exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, results?
Do you have any concerns I have not addressed?		
Problem Areas		

<u>Moisture</u>	<u>Mold</u>	<u>Mildew</u>	<u>Other Hazards</u>
<input type="checkbox"/> Water puddling in crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lead Paint
<input type="checkbox"/> Dryer not vented to outside	<input type="checkbox"/> Gutters Clogged	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Unvented space heater	<input type="checkbox"/> Plumbing Leaks	<input type="checkbox"/> Basement	<input type="checkbox"/> Radon
<input type="checkbox"/> Ductless Exhaust Fan - Bath	<input type="checkbox"/> Aquarium	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Unsafe Wiring
<input type="checkbox"/> No Exhaust Fan - Bath	<input type="checkbox"/> No Vapor Barrier	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Carbon Monoxide
<input type="checkbox"/> Ductless Exhaust Fan - Kitch	<input type="checkbox"/> Rotten Wood	<input type="checkbox"/> Attic	<input type="checkbox"/> Unvented Space Heater
<input type="checkbox"/> No Exhaust Fan - Kitch	<input type="checkbox"/>	<input type="checkbox"/> Windows	<input type="checkbox"/> Sewage
<input type="checkbox"/> Roof Leaks	<input type="checkbox"/>	<input type="checkbox"/> Ceiling	
	<input type="checkbox"/>	<input type="checkbox"/> Walls	

HOMEOWNER AGREEMENT

The undersigned hereby certifies that he/she is the owner, or his/her designated agent with the authority to make repairs and improvements as necessary, of the proper at:

The Agency will determine what weatherization work is necessary to make the property more energy efficient and will perform that work. The Owner/Agent does hereby authorize the Agency to perform those repairs and improvements to the property for the purpose of weatherization.

Owner/Agent hereby release and agree to indemnify and hold harmless Agency, its staff and volunteers, from any liability in conjunction with the performance of the repairs and improvements.

Owner/Agent certifies that to the best of their knowledge, from October 1, 1994 to date, weatherization work has not been performed on this property under the Weatherization Program.

Owner/Agent agree to provide Agency access to the property at reasonable times for the purpose of inspecting work.

Owner/Agent certify that he/she will occupy either by themselves or an eligible tenant for at least one (1) year after the date the weatherization work is completed.

Owner/Agent agree that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year.

If the Owner/Agent leases the property, he/she agrees to the following:

- 1) The Tenant is the intended recipient of the benefits of the Weatherization Program.
- 2) Rent will not increase due to the improvements made by the weatherization work for a period of at least one (1) year.
- 3) Rent will not be raised unless it is clearly shown that any rent increase is not related to the weatherization work in any way.
- 4) The weatherization work will not increase the value of the rental units to an undue or excessive amount.
- 5) If rent includes utilities, the cost savings as a result of the weatherization work must be transferred to the Tenant.
- 6) At least 50% of the units in a building of only 2 to 4 dwelling units, or 66% of the units in a building of 5 or more dwelling units, are eligible dwelling units or will become eligible dwelling units within 180 days under a Federal, State or local government program for rehabilitating the building or making similar improvements to the building.
- 7) The Tenant has the right to file an appeal with the Agency requesting a formal hearing if the Tenant believes this agreement has been violated.

Print Name - Owner/Landlord

Date

Owner/Landlord Signature

Date

Print Name - Agency Representative

Date

FUEL RELEASE AGREEMENT

The undersigned grants permission to Agency to acquire the fuel consumption and cost records of the below indicated account for a period of no less than 5 years following the date of this agreement and for the 12 months immediately preceding this agreement. This information is to be used exclusively for the purpose of measuring the impact of the weatherization of the dwelling.

ELECTRICITY

Vendor Name	Vendor Address	Account #
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HEATING FUEL

OIL	KEROSENE	NATURAL GAS	PROPANE (LP) GAS	OTHER
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Vendor Name	Vendor Address	Account #
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Print Name of the Account Holder

Signature of the Account Holder

Date