

# AIKEN/BARNWELL COUNTIES COMMUNITY ACTION AGENCY, INC.

*Also serving Lexington and other counties*

GEORGE A. ANDERSON  
EXECUTIVE DIRECTOR

JAMES GALLMAN, SR.  
CHAIRMAN OF THE BOARD

P.O. BOX 2066  
AIKEN, SOUTH CAROLINA 29802  
(803) 648-6836  
FAX (803) 648-1588

## PROGRAM OVERVIEW:

The goal of the Weatherization Program is to make homes more energy efficient. Energy efficiency is the use of less energy to perform the same task or produce the same result. Energy-efficient homes and buildings use less energy to heat, cool, and run appliances.

## BENEFITS OF ENERGY EFFICIENCY

### COST SAVINGS

At home, you can save money on energy bills by making energy-efficient and weatherization upgrades—such as adding insulation, using LED lighting, and installing a heat pump—that reduce your energy use and can improve comfort. Energy-efficient homes cost less to heat, cool, and operate.

### HEALTH BENEFITS

Reducing fossil fuel use results in cleaner air, water, and land, all of which directly affect human health—especially those in marginalized communities and people with conditions that are exacerbated by pollution.

***Please note that we are not a home repair or HVAC replacement program. The only repairs that are addressed in the weatherization process are those that pertain to making the home more energy efficient.***

### Weatherization Process

1. Apply for the program to see if you are **eligible** for weatherization services. Services are set up to assist low-income families. *Homes can only be weatherized once every 15 years.*
2. Wait to be contacted by an Energy Auditor for a pre-inspection of your home.
3. Office will analyze Energy Audit to determine if or what energy related repairs can be made to your home.
4. A Work Order created from the energy audit will be sent to a contractor.
5. Contractor will contact you to perform weatherization services on your home.

### Common Weatherization Measures

The weatherization repairs done will vary from home to home depending on the energy audit, but common work conducted on homes include:

- Insulation
- Door Weather Stripping
- Caulking around windows and doors
- Assessing appliances such as stoves, furnaces, and water heaters
- Heating & Air Conditioning Clean and Tunes
- Installation of LED light bulbs and low flow showerheads
- Duct Sealing
- Health and Safety Measures include installation of CO monitors, smoke alarms, exhaust fans, and furnace filters.

CENTRAL OFFICES LOCATED AT  
291 BEAUFORT STREET, NE  
AIKEN

### PROGRAM AREAS:

COMMUNITY SERVICES BLOCK GRANT • WEATHERIZATION  
LIHEAP • ENERGY ASSISTANCE • FOSTER GRANDPARENT



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Weatherization **cannot** be conducted if your home has:

- Major roof leaks
- Major Plumbing or electrical issues
- Structural issues
- Exceeded the weatherization budget allotted per home
- Crawl space lower than 22"

Please see the checklist below. We must have **ALL** documentation listed below to process your application.

Application Checklist
License or state ID for all household members over 18 <b>ID must reflect the street address of the home being considered for weatherization.</b>
Income for all household members over 18 <b>If you receive Social Security Income, we will need your Social Security Award Letter for the current calendar year.</b> <b>Bank statements CANNOT BE USED</b>
Social Security cards for all household members
Most Current Electricity Bill
Weatherization Application
Client Interview form <i>Please fill out the portion of the form highlighted in yellow</i>
Homeowner agreement- *Renters must have homeowners' signature*

Please note that this is **NOT** an emergency program. This program is also not first come first served. The Department of Energy has a priority list that agencies must follow. Please see the breakout of the priority list below. Each category that you fall into gives you 20 points for a possibility of 100 points. Households with the most points are considered the highest need and have priority.

Elderly	Individuals over 60 years old
Children in the home	Children under 18 years old
Energy Usage	Utility bill is
Energy Burden	More than 20 % of your monthly income
Disability	Disability as recognized by the state. SS Award Letters must show DI.

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**APPLICATION FOR WEATHERIZATION**  
 MAIL TO WEATHERIZATION P.O. BOX 2066 AIKEN, SC 29802

INTAKE DATE: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Social Security Number

FIRST NAME \_\_\_\_\_ MN \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  HOME

Area Code Telephone Number

CELL  CONTACT: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ ZIP CODE

Mailing Address (if different) \_\_\_\_\_ CITY \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ ZIP CODE

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		
1) MONEY, WAGES, SALARIES	7) GOVERNMENT EMPLOYEE RETIREMENT	14) ESTATES/TRUSTS (Periodic Receipts)
2) NET RECEIPTS from Non-Farm/Farm self-employment	8) MILITARY RETIREMENT/FAMILY ALLOTMENTS	15) GAMBLING or LOTTERY WINNINGS (Net)
3) SOCIAL SECURITY	9) UNEMPLOYMENT COMPENSATION	16) REGULAR INSURANCE/ANNUITY PMTS
4) SSI - Supplemental Security Income	10) VETERAN'S PAYMENTS	17) STRIKE BENEFITS from UNION FUNDS
5) TANF- Temporary Assistance for Needy Families	11) ALIMONY	18) TRAINING STIPENDS
6) PRIVATE OR RAILROAD RETIREMENT	12) RENTAL INCOME (Net)	19) OTHER - (Identify)
	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?  No  Yes Name: \_\_\_\_\_

Are you an agency employee?  No  Yes \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CLIENT INTERVIEW**

Interview conducted by:		Date:
Name:	Job#:	Phone - Home:
Address:	City/Zip:	Phone - Cell:
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 <input type="checkbox"/> 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"/> Kerosene <input type="checkbox"/> Oil	
Do you have a programmable thermostat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Heat Setting: <input type="text"/> F <sup>0</sup>	Cooling Setting: <input type="text"/> F <sup>0</sup>
Is your hot water heater working? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Health & Safety Issues		
Any dizziness, headaches, nausea flu-like symptoms during heating season? <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		
<p style="text-align: center;"><u>Moisture</u></p> <input type="checkbox"/> Water puddling in crawlspace <input type="checkbox"/> Dryer not vented to outside <input type="checkbox"/> Unvented space heater <input type="checkbox"/> Ductless Exhaust Fan - Bath <input type="checkbox"/> No Exhaust Fan - Bath <input type="checkbox"/> Ductless Exhaust Fan - Kitch <input type="checkbox"/> No Exhaust Fan - Kitch <input type="checkbox"/> Roof Leaks	<p style="text-align: center;"><u>Mold</u></p> <input type="checkbox"/> Gutters Clogged <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Aquarium <input type="checkbox"/> No Vapor Barrier <input type="checkbox"/> Rotten Wood	<p style="text-align: center;"><u>Mildew</u></p> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/> Bath room <input type="checkbox"/> Kitchen <input type="checkbox"/> Attic <input type="checkbox"/> Windows <input type="checkbox"/> Ceiling <input type="checkbox"/> Walls
<p style="text-align: center;"><u>Other Hazards</u></p> <input type="checkbox"/> Lead Paint <input type="checkbox"/> Asbestos <input type="checkbox"/> Radon <input type="checkbox"/> Unsafe Wiring <input type="checkbox"/> Carbon Monoxide <input type="checkbox"/> Unvented Space Heater <input type="checkbox"/> Sewage		

Client Signature \_\_\_\_\_

# 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 pre-weatherization and/or 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, weatherization work has not been performed on this property in the last 15 years.
- Owner/Agent agrees 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 and that repairs made by the owner/agent may impact installed weatherization measures.

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

- The Tenant is the intended recipient of the benefits of the Weatherization Program.
- Rent will not increase due to the improvements made by the weatherization work for a period of at least one (1) year.
- Rent will not be raised unless it is clearly shown that any rent increase is not related to the weatherization work in any way.
- The weatherization work will not increase the value of the rental units to an undue or excessive amount.
- If rent includes utilities, the cost savings as a result of the weatherization work must be transferred to the Tenant.
- 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.
- 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/Agent

Date

Print Name - Agency Representative

Date

Owner/Landlord Signature

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 #

## HEATING FUEL

OIL

KEROSENE

NATURAL GAS

PROPANE (LP) GAS

OTHER

Vendor Name

Vendor Address

Account #

Print Name of the Account Holder

Signature of the Account Holder

Date