

APPLICATION FOR HOME WEATHERIZATION

This application is for a home Weatherization grant for low-income households. The Weatherization Assistance Program is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Questar Gas. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. Providing false information, to obtain assistance, will result in this Weatherization application being denied. You should also receive a Privacy Act statement with this application for Weatherization services.

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED

Applicant's Name: _____ Soc. Sec. #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Date of Birth _____ Age _____ E-Mail address: _____ (if you have one)

The Home to be weatherized is:

Owner Occupied: _____ Title is recorded in the name of: _____

Rented or Leased: _____ Landlord Name & Address: _____

A signed Landlord Agreement must be included if the application is for a rented or leased dwelling.

Date of construction (if known): _____ Is the home a mobile/manufactured home? Yes _____ No _____

This dwelling is scheduled for or has in progress other housing rehabilitation besides Weatherization. Yes _____ No _____

Does this household contain members that are Native Americans? Yes _____ No _____ (for federal reporting only)

Home is Located on Tribal Lands (Dwellings located on tribal lands do not require proof of Ownership):

Total number of people living at the above residence: _____ List each below:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Soc. Sec. # 18 & Older</u>	<u>Income***</u>	<u>Source</u>	<u>Disabled ?</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

List additional household members on the back of the application.

***Income for the month before application. Income from all sources must be calculated before taxes and deductions. Proof of income must be included with application in order to be considered for Weatherization services.

I hereby give permission to the administering local agency, State of Utah, U.S. Department of Energy, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine weatherization needs, complete the weatherization work, and after weatherization, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I authorize employers, government agencies, (Soc. Sec. Admin, Veterans Admin, Welfare Programs, etc.) to provide information concerning the income statement above. Where applicable I grant permission for Rocky Mountain Power to pay the State of Utah for the installation of approved measures and administrative services in the dwelling I occupy, described above. I acknowledge that I have received a copy of the Privacy Act.

Applicant's Signature: _____ Date: _____

APPLICANT HEALTH AND SAFETY EVALUATION

Applicant Name: _____

Application Number: _____

Client Pre-Weatherization Assessment of Home Health and Safety: To be completed by the client and submitted as part of the Weatherization Assistance Application. Please answer all questions as accurately as possible.

1. Do you have mold or mildew problems in your home, or do you experience high humidity at any time of the year? Yes No

If Yes, please describe location & time of year _____

2. Is the basement or crawl space below your home frequently damp or wet? Yes No

3. Please check if you typically store any of the following items *inside* your home:

- | | | | |
|-----------------------------------|-----------------------------------|------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Solvents | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Space Heaters |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Grease | <input type="checkbox"/> Herbicides | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Paints | <input type="checkbox"/> Oil | <input type="checkbox"/> Gas Powered Equipment | <input type="checkbox"/> None |

4. Please check if any member of your household is experiencing any of the following symptoms:

- | | | | |
|-------------------------------------------------|---------------------------------------------|------------------------------------------|-------------------------------|
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Chronic drowsiness | <input type="checkbox"/> Dizziness | <input type="checkbox"/> None |
| <input type="checkbox"/> Burning or watery eyes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Repeated Nausea | |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Other: _____ | |

Answer the following *If* a member of your household is experiencing symptoms:

- Number of household member(s) experiencing symptoms _____
- List the age of the household member(s) experiencing symptoms _____
- During which season are symptoms most severe:

<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> No difference
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- Symptoms are most severe in household members who spend most of their time

<input type="checkbox"/> Inside the home	<input type="checkbox"/> Outside	<input type="checkbox"/> Away from the home	<input type="checkbox"/> No difference
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5. Check if any of the following things have occurred at your home in the last 2 years:

- | | | |
|-----------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> New Carpets | <input type="checkbox"/> Changes to your Water Heater |
| <input type="checkbox"/> Extensive Remodeling | <input type="checkbox"/> New Draperies, or furniture | <input type="checkbox"/> New Wood Stove |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Changes to your heating system | <input type="checkbox"/> Changes to your existing wood stove |

6. Is there anything else about your home that you suspect may contribute to poor indoor air quality, excessive moisture, or be a physical hazard to the occupants? Please explain: _____

7. I have answered the above questions to the best of my knowledge.

Applicant Signature: _____

Date: _____



Use this space for additional information

Do Not Write Below This Line-For Office Use Only

Income Verification provided:	Type	Date	Amount
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Total Household income from all sources			\$ _____

Percent of poverty based on current guidelines _____

I certify I have reviewed the attached documentation.
Based on current guidelines, this client is eligible for
Weatherization services.

_____ Signature/Eligibility date

AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION

Applicant Name: _____

Application Number: _____

This Form Authorizes the Utah Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicants energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed

Physical Address: _____

Mailing Address (if different): _____

Unit or Apt #: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Information Specified

This authorization provides the Utah Weatherization Assistance Program, the right to request and receive information regarding billing history* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (*billing history does not include the payment history or notices of discontinuation of service).

Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the Utah Weatherization Assistance Program. I hereby release, hold harmless, and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

NATURAL GAS RELEASE

Natural Gas Provider: _____

Name of Account Holder: _____

Service Agreement #: _____

Account #: _____

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder

Signature: _____ Date: _____

ELECTRICITY RELEASE

Electricity Provider: _____

Name of Account Holder: _____

Account #: _____

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder

Signature: _____ Date: _____

