

COMMUNITY ACTION DEVELOPMENT CORPORATION WEATHERIZATION APPLICATION

COUNTY: _____ DATE: _____
 FIRST NAME: _____ PHONE: _____
 LAST NAME: _____ EDUCATION LEVEL: _____
 SS#: _____ DISABLED? YES NO
 OCCUPATION: _____ INSURANCE? YES NO
 GENDER: MALE FEMALE VETERAN? YES NO
 ETHNICITY: _____ U.S. CITIZEN? YES NO
 DATE OF BIRTH: _____ ANNUAL HOUSEHOLD INCOME: _____
 CURRENT AGE: _____ FOOD STAMPS? YES NO
 STREET: _____ LEGISLATIVE DISTRICT: _____
 CITY: _____ DO YOU PAY FOR HEAT/COOLING? YES NO
 STATE: _____ ZIP: _____ ROOF CONDITION: _____
 HAS YOUR HOME BEEN PREVIOUSLY WEATHERIZED BY A COMMUNITY ACTION AGENCY? YES NO WHEN? _____
 HAVE YOU RECEIVED ASSISTANCE FROM THE OK DEPT OF HUMAN SERVICES LIHEAP PROGRAM? YES NO

FAMILY TYPE: (CHECK ONE)	SOURCE OF INCOME:	HOUSING:
TWO PARENT HOUSEHOLD	EMPLOYMENT	YEAR HOME WAS BUILT:
SINGLE PARENT/BIO MOTHER	EMPLOYMENT + OTHER	OWN
SINGLE PARENT/FEMALE	PENSION	RENT
TWO ADULTS/NO CHILDREN	SOCIAL SECURITY	FROM WHOM:
SINGLE PARENT/BIO FATHER	SUPPLEMENTAL SECURITY INCOME	ADDRESS:
SINGLE PARENT/MALE	TANF	PHONE:
INDIVIDUAL	UNEMPLOYMENT	SHELTER
OTHER	DISABILITY	HOMELESS
	OTHER	OTHER

OTHER HOUSEHOLD MEMBERS:	2 nd	3 rd	4 th	5 th	6 th
LAST NAME					
FIRST NAME					
D.O.B.					
S.S. #					
ETHNICITY?					
EDUCATION LEVEL					
RELATIONSHIP?					
DISABLED?					
INSURANCE?					
VETERAN?					

PLEASE LIST ADDITIONAL FAMILY MEMBERS ON BACK!

Is there anyone in your household who is (1) disabled as defined by section 7(6) of the Rehabilitation Act of 1973; (2) who is under a disability as defined in Section 1614 (1)(3)(a) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction Act; or (3) WHO IS RECEIVING BENEFITS UNDER Chapter 11 or 15 of Title 38, U. S. Code?

YES NO IF YES, PLEASE DESCRIBE: _____

DRIVING DIRECTIONS: _____

FUEL USAGE INFORMATION

What is the approximate annual cost of heating your house?

Electric \$ _____ Propane \$ _____ Natural Gas \$ _____ Wood \$ _____

HOUSING CONDITION:

1. How many windows are there on your house? _____
How many storm windows do you have? _____
How many windows have cracked or broken panes? _____
2. How many outside doors in your house? _____
Do they need to be replaced or repaired? Yes ___ No ___
Do they need weather strips? Yes ___ No ___
Do they need door sweeps or thresholds? Yes ___ No ___
3. What kind of heating system do you have? _____
Is it vented? Yes ___ No ___
4. Is your ceiling insulated? Yes ___ No ___
Can your ceiling be insulated? Yes ___ No ___
(If not, explain) _____

5. Are your walls insulated? Yes ___ No ___
6. What kind of foundation does your house have? Post & Pillar ___ Solid ___
Do you have large cracks or holes in your solid foundation? Yes ___ No ___
7. What is the exterior of your home (wood, stucco, brick, etc.)? _____
8. What is the year _____ make _____ and model _____ of your refrigerator?
9. Describe any other conditions at your home which could be improved with weatherproofing.

RELEASE OF ENERGY CONSUMPTION INFORMATION

I hereby grant permission to the CADC to inspect utility and billing records at the _____ for the address of _____. The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

Date

Signature of Applicant

Date

Witness

RELEASE OF PERSONAL INCOME INFORMATION

In order to determine my eligibility for the Weatherization Program, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department of Commerce (ODOC) or its designee to have access to my financial records in my possession or in the possession of any other entity prior to the starting date of the work to be done. I waive my right to privacy or confidentiality.

Date Signature of Applicant

Date Witness

INCOME CERTIFICATION (TO BE COMPLETED BY CAA STAFF):

Source: _____

Comments: _____

Verified By: _____
Signature Date

NOTE: In accordance with the policies at ODOC, you are hereby informed that you have the right of appeal of the decision made on this application and you have the right to expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of this Agency, who will furnish you with a copy of the Appeals Procedures established under the guidelines of 74 O.S. 5023 (1991).

DEFINITION OF INCOME

Income refers to total annual cash receipts before taxes from all sources, with the exceptions noted below. Income data for a part of a year may be annualized in order to determine eligibility – for example, by multiplying by four the amount of income received during the most recent three months. The method of calculation is to be determined by the Grantee. Grantees should have a consistent policy covering its subgrantees on re-certification of applicants whose eligibility may have changed due to the length of time that may have expired awaiting weatherization services.

INCOME INCLUDES money wages and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). INCOME ALSO INCLUDES regular payments from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

INCOME EXCLUDES capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car, one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. INCOME ALSO EXCLUDES noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal noncash benefit programs as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance. Note: CHILD SUPPORT PAYMENTS AND COLLEGE SCHOLARSHIPS ARE EXCLUDED.

OCCUPANT AGREEMENT

The Weatherization Assistance Program shall be defined as an U.S. Department of Energy funded program that increases the energy efficiency of dwellings owned or occupied by low-income persons. The programs serve to reduce the total residential energy expenditures, and improve the health and safety of the home.

I, _____, certify that I am the occupant of the property located at _____ in _____ County in the State of Oklahoma.

I further certify that I give my permission to CADC and their subcontractors to perform any and all work related to the Weatherization Assistance Program activities at the property listed above.

I certify that there are no pre-existing medical conditions that will be exacerbated by the performance of weatherization activities. I also certify that the activities to be performed were fully described to me, including moisture and hazardous material problems, and I am fully aware of the measures to be installed, the labor involved to install those measures, and the anticipated results.

I release and hold harmless the State of Oklahoma, its agents, officers and employees, and the Community Action Agency, named above, from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

Signature of Occupant

Witness

OCCUPANT AGREEMENT TO CARBON MONOXIDE TESTING

I, _____, hereby GRANT permission to CADC to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered that CADC can/or will contact the local gas utility and it could result in my gas being shut off, until the problem is corrected. I also understand that CADC is under NO obligation to make these repairs for me.

Applicant Signature

Date

CREW AND CONTRACTOR HEALTH AND SAFETY

I, _____, certify that I have been given the following notice:
CADC will inspect my property for health and safety hazards prior to beginning work. Should a health or safety condition be found, CADC will not proceed until the condition is corrected. I understand it will be my responsibility to correct the condition(s). Examples of health and safety hazards are open sewers, tall weeds, insect infestation, animal dropping, and trash -this is not a complete list. CADC will make the final determination.

Applicant Signature

Date

WEATHERIZATION PROGRAM AGREEMENT FOR RENTAL UNITS

THIS AGREEMENT, MADE THIS ____ DAY OF _____, 200____, between

Property Owner: _____

Address: _____

City, Zip: _____

Phone: _____

hereinafter called the Owner, and the Community Action Agency (CAA) _____

_____ hereinafter called the Contractor, for work to be completed on the structure located at:

Address: _____

City, Zip: _____

Occupied by _____, hereinafter called the Tenant.

This Agreement is entered into by and between the above-named Owner, Tenant and the Contractor.

The Contractor has determined that the Tenant's residence is eligible for weatherization improvements (under 10 CFR 440).

A residence is considered "completed" upon completion of the final inspection of the weatherized work by the Contractor.

The parties to this Agreement, for good and valuable consideration, agree that the weatherization improvements are subject to the following conditions:

1. The Contractor agrees to provide weatherization services/improvements to the residence of the Owner that is occupied by the current Tenant.
2. By entering into this Agreement, the Owner and his/her heirs or assigns agree not to raise the rent on the above-described property for a period of 12 months from the date of the completion of weatherization improvements.
3. The Owner also agrees that the Tenant will not be evicted, regardless of type of rental agreement without legal cause (non-payment of rent, etc.) for a period of 12 months from the date of the completion of weatherization improvements.
4. If this Agreement is not adhered to by the Owner and/or the rent is raised, the cost of the weatherization improvements shall be reimbursed by the Owner to the Contractor.
5. If the Tenant is leasing a low-income, federally subsidized residence, this Agreement shall supersede any and all rental contract agreements between the Owner and the other State and/or federal agency.

6. The parties to this Agreement agree that no undue or excessive enhancement shall be provided to the rental unit or building due to this weatherization assistance.
7. The Owner agrees to rent the premises at the current rate of \$_____ per _____ for a minimum of 12 months from the date of completion of weatherization improvements.
8. The Owner and Tenant agree to release and hold harmless the State of Oklahoma, its agents, officers, and employees and the above-named CAA, its agents, officers and employees from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

This Agreement constitutes the full and complete agreement between the parties.

Owner

Date

Weatherization Coordinator/Director

Date

Tenant

Date

The original document stays with the Contractor, one copy to the Owner and one to the Tenant.

FOR USE BY CADC STAFF
WEATHERIZATION NEEDS ASSESSMENT/PRIORITY SYSTEM

Job No.: _____ Applicant: _____

	<u>Household Assessment</u>		<u>Points</u>	
1.	Age 60 or over	(10)	_____	
2.	Disabled	(10)	_____	
3.	Children (12 years old and younger)	(8)	_____	
4.	High Residential Energy User	(5)	_____	
5.	Household With a High Energy Burden	(5)	_____	
6.	Income:	0 - 49%	(17)	_____
		50 - 74%	(12)	_____
		75 - 99%	(8)	_____
		100 - 125%	(5)	_____
		126 - 150%	(3)	_____
7.	Fuel Type:	Electric	(4)	_____
		Propane	(3)	_____
		Wood	(2)	_____
		Natural Gas	(1)	_____
8.	Date of Application:	More than 3 years old	(4)	_____
		2 to 3 years old	(3)	_____
		1 to 2 years old	(2)	_____
		Less than 1-year-old	(1)	_____
	Subtotal		_____	
B.	<u>Dwelling Needs:</u>			
1.	Ceiling: Insulation	(5)	_____	
	Wall insulation	(3)	_____	
2.	Walls: Replace sheet rock	(1)	_____	
	Replace, tighten caulk	(1)	_____	
3.	Floors: Repair flooring	(1)	_____	
4.	Doors: Weather-strip/caulk	(2)	_____	
	Install threshold/door sweep	(1)	_____	
	Jamb/sash/sill replace or repair	(1)	_____	
	Repair/replace exterior door	(1)	_____	
5.	Windows: Weather-strip/caulk	(2)	_____	
	Window repair/replacement	(2)	_____	
6.	Roof: Roof repairs	(2)	_____	
7.	Underpinning: Install underpinning/skirting	(3)	_____	
	Subtotal		_____	
C.	<u>Weatherization Review Committee Discretion:</u> If the Applicant has special problems which need extra consideration, the contractor's Weatherization Review Committee may award up to four (4) additional points. Such problems might include: Emergency situations, small children under age six, unusual medical expenses, etc.	(4)	_____	
	If discretionary points are awarded, please state. Reason: _____			
	Total points from A, B and C		_____	

Reviewer's Signature: _____ Date: _____