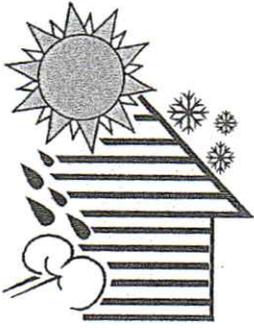


"Weatherization Works"



North Central WV Community Action
Weatherization Program
PO BOX 279
Philippi, WV 26416
304-457-3420

Attached is the Weatherization Application that you requested:

Complete ALL information and answer all questions. We cannot process any application without all the forms being complete.

You must provide written documentation of the income received for each family member. Copies of pay stubs and award letters (social security, retirement, etc) are examples of acceptable proof of income. **We can no longer accept bank statements to meet this requirement.** A zero income affidavit must be completed by any member of the home, 18 or older, who does not have a regular income. Two of these forms are attached to this application for your convenience. Additional forms may be obtained at your local NCWVCAA office or can be mailed to you at your request. There is also an income verification form if needed for anyone who has not yet received paystubs, award letters, etc. A recent heating bill and an electric bill are also needed and must be included at the time the application is submitted. If the home is heated with propane or fuel oil, we must receive the most recent copy of a vendor receipt showing purchase amount. If wood or pellets are used, please complete the solid fuel form enclosed as well. Please also sign all enclosed consent forms.

We must receive this information in order to complete the application process. Failure to send acceptable copies of the household income and required utility bills will result in a denial of your application.

Please be very specific with directions to your home.

***Rental Units must have the enclosed Landlord Agreement completed.**

Please return this completed application along with all required documentation to:

North Central WV Community Action Agency Inc.

PO BOX 279

Philippi, WV 26416

Or you may drop it off at any NCWVCAA county location.

Should you have any questions, please call 304-457-3420 Ext: 1302 for assistance.

Serving: Barbour, Marion, Harrison, Greenbrier, Monongalia, Pocahontas, Preston, Randolph, Taylor, and Tucker Counties.

NCWVCAA WX CLIENT INFORMATION SHEET

NAME: _____ PHONE#: _____

DETAILED DIRECTIONS TO YOUR HOME

DWELLING INFORMATION

DWELLING TYPE (CIRCLE): SITE BUILT MOBILE HOME MODULAR

YEAR OF HOME CONSTRUCTION: _____ NUMBER OF STORIES: _____

DO YOU HAVE A: ___ BASEMENT ___ CRAWLSPACE ___ BOTH

TO YOUR KNOWLEDGE, IS THERE INSULATION IN THE (CHECK IF PRESENT):

___ ATTIC ___ WALLS ___ FLOOR

ARE THERE ANY SAFETY CONCERNS WITH THE HOME THAT YOU ARE AWARE OF?

IF SO, PLEASE LIST BELOW

DO YOU HAVE ANY OF THE FOLLOWING?

___ ROOF LEAKS ___ ELECTRICAL ISSUES ___ MOLD/MOISTURE ISSUES

WATER HEATER AND COOK STOVE

HOT WATER TANK? ___ GAS ___ ELECTRIC COOK STOVE? ___ GAS ___ ELECTRIC

HEATING/COOLING SYSTEMS

PRIMARY HEATING SYSTEM

___ ELECTRIC ___ NATURAL GAS ___ LP GAS ___ FUEL OIL

___ KEROSENE ___ WOOD/COAL ___ PELLETS

IS THIS SYSTEM A FORCED AIR SYSTEM? (HAS DUCTWORK): ___ YES ___ NO

IS THIS SYSTEM VENTED TO THE OUTDOORS? ___ YES ___ NO

DO YOU HAVE A/C IN THE HOME? ___ YES ___ NO

WHAT TYPE? (CHECK ALL THAT APPLY) ___ CENTRAL ___ WINDOW UNITS

Intake Date ____ / ____ / ____ MM DD YYYY	Staff Completing Intake _____
---	--------------------------------------

Address / Demographics

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Mailing Address	_____ _____ _____ CITY STATE ZIP CODE _____ COUNTY	Physical Address	_____ _____ _____ CITY STATE ZIP CODE _____ COUNTY
Phone	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X	Message	Phone- (____) ____ - ____ E-mail- _____ <input type="checkbox"/> Block from Search
SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown

Family Type	<input type="checkbox"/> Grandparent(s) (raising grandchildren) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Multiple Adults (no children) <input type="checkbox"/> Single parent – female (living with children) <input type="checkbox"/> Single parent – male (living with children) <input type="checkbox"/> Single person (living alone) <input type="checkbox"/> Single person (living with partner) <input type="checkbox"/> Single person (living with others) <input type="checkbox"/> Two parent household (living with children)	Living Arrangement	<input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> High Energy User <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child		<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> HS- Board of Ed. 4 yr. old <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative or Board Member <input type="checkbox"/> HS/EHS- Over Income Exception

Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/> Alimony \$ _____ .00 Black Lung \$ _____ .00 Child Support \$ _____ .00 Educational Assistance \$ _____ .00 Employment Earnings \$ _____ .00 Estates/Trusts \$ _____ .00 Interest/Dividends \$ _____ .00 Miscellaneous \$ _____ .00 Outside Assistance \$ _____ .00 _____ \$ _____ .00 Non-Cash Benefit _____ \$ _____ .00 Non-Cash Benefit	Pension/Retirement \$ _____ .00 Public Assistance \$ _____ .00 Rental Income \$ _____ .00 Royalties \$ _____ .00 Social Security \$ _____ .00 SSI \$ _____ .00 State Assistance (IS Gen. Assistance) \$ _____ .00 TANF \$ _____ .00 Unemployment \$ _____ .00 Veteran's Benefits \$ _____ .00 Worker's Compensation \$ _____ .00 Total Monthly Income \$ _____ .00
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Employment

Employment Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Current Employer Name: _____ Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY Current Employer Name: _____ Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY
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Additional Household Member

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt <input type="checkbox"/> Brother <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Former Spouse	<input type="checkbox"/> Foster Child <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> In-law <input type="checkbox"/> Mother	<input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/> Sister <input type="checkbox"/> Son	<input type="checkbox"/> Spouse <input type="checkbox"/> Stepchild <input type="checkbox"/> Uncle
--	--	--	--	---

SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative OR Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

(Agency Name)

Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>		Pension/Retirement	\$ _____ .00
			Public Assistance	\$ _____ .00
			Rental Income	\$ _____ .00
			Royalties	\$ _____ .00
			Social Security	\$ _____ .00
			SSI	\$ _____ .00
			State Assistance (IS Gen. Assistance)	\$ _____ .00
			TANF	\$ _____ .00
			Unemployment	\$ _____ .00
			Veteran's Benefits	\$ _____ .00
			Worker's Compensation	\$ _____ .00
			Total Monthly Income	\$ _____ .00
		Alimony	\$ _____ .00	
		Black Lung	\$ _____ .00	
		Child Support	\$ _____ .00	
	Educational Assistance	\$ _____ .00		
	Employment Earnings	\$ _____ .00		
	Estates/Trusts	\$ _____ .00		
	Interest/Dividends	\$ _____ .00		
	Miscellaneous	\$ _____ .00		
	Outside Assistance	\$ _____ .00		
		\$ _____ .00		
	Non-Cash Benefit	\$ _____ .00		
		\$ _____ .00		
	Non-Cash Benefit	\$ _____ .00		

Employment

Employment Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employer Name: _____
	If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Employed Since: ____/____/____ MM DD YYYY
		Current Employer Name: _____
		Employed Since: ____/____/____ MM DD YYYY

Additional Household Member

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative OR Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

(Agency Name)

DBA FACS Pro Client Intake Form

Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>		Pension/Retirement	\$ _____ .00
			Public Assistance	\$ _____ .00
			Rental Income	\$ _____ .00
			Royalties	\$ _____ .00
			Social Security	\$ _____ .00
			SSI	\$ _____ .00
			State Assistance (IS Gen. Assistance)	\$ _____ .00
			TANF	\$ _____ .00
			Unemployment	\$ _____ .00
			Veteran's Benefits	\$ _____ .00
			Worker's Compensation	\$ _____ .00
			Total Monthly Income	\$ _____ .00
		Alimony	\$ _____ .00	
		Black Lung	\$ _____ .00	
		Child Support	\$ _____ .00	
	Educational Assistance	\$ _____ .00		
	Employment Earnings	\$ _____ .00		
	Estates/Trusts	\$ _____ .00		
	Interest/Dividends	\$ _____ .00		
	Miscellaneous	\$ _____ .00		
	Outside Assistance	\$ _____ .00		
		\$ _____ .00		
	Non-Cash Benefit	\$ _____ .00		
		\$ _____ .00		
	Non-Cash Benefit			

Employment

Employment Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employer Name: _____
	If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY
		Current Employer Name: _____
		Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY

Additional Household Member

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____ / ____ / ____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative OR Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

Residence Information / Residence Energy Information

Dwelling Type	<input type="checkbox"/> Site Built (built from bottom up) <input type="checkbox"/> Modular Home (no wheels) <input type="checkbox"/> Doublewide <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Mobile Home with add-on <input type="checkbox"/> Row House <input type="checkbox"/> Multi-Family Unit (5 or more homes in 1) <input type="checkbox"/> Duplex (2 homes under 1 roof)	<input type="checkbox"/> 3 to 4 Unit Rental <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Other		
Structure	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Wood Frame	# of Stories	<input type="checkbox"/> 1 story <input type="checkbox"/> 1.5 stories <input type="checkbox"/> 2 stories <input type="checkbox"/> 3 stories <input type="checkbox"/> 4 stories	Do you live in?	<input type="checkbox"/> City/Town <input type="checkbox"/> Suburb <input type="checkbox"/> Rural Area
Smokers in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	Was the dwelling previously Weatherized?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Were DOE funds used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are non-electric, unvented space heaters in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____
If previously Weatherized, was the dwelling subsequently damaged by fire, flood, wind or any other Act of God?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____		Does the Government assist with the rent or mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No How much is monthly Rent or Mortgage Payment? \$ _____	
If dwelling is rented and being Weatherized, what is Owner's Contribution?	\$ _____		House Exposure	<input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Shielded	
Primary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood		Who is your Primary Heating Vendor?	Vendor _____ Acct. #- _____	
Secondary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood		Who is your Secondary Heating Vendor?	Vendor _____ Acct. #- _____	
Cooling Energy	<input type="checkbox"/> Electric <input type="checkbox"/> None Vendor _____ Acct. #- _____		How much is your monthly energy bill?	\$ _____	
Please provide detailed directions to your dwelling.	_____ _____ _____				

Customer Consent Form

DBA FACS Pro Client Intake Form

I, _____ give (Agency Name) consent to release, obtain and share all pertinent identifying and non-personally identifying social, educational, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by (Agency Name). I release (Agency Name) and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to (Agency Name) that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

Customer Signature

Date

Signature of CAA Staff Member

Date

Weatherization Consent Form

DBA FACS Pro Client Intake Form

Attach the following to this application:

- Proof of Income for all Household Members
 - A copy of most recent electric utility bill **AND**
 - A copy of most recent primary and secondary household heating bill (if applicable)
-

I _____ understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. I hereby authorize the agency indicated above to obtain information regarding past, present and future utility bills. I further authorize work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations. I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency Weatherization Program. I also understand that I cannot hold the agency responsible for existing conditions prior to weatherization work. I further understand that the weatherization crew may need to use my electricity to perform weatherization measures. I certify that to best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

Customer Signature

Date

Signature of CAA Staff Member

Date

NORTH CENTRAL WEST VIRGINIA COMMUNITY ACTION

WEATHERIZATION PROGRAM

WOOD/SOLID FUEL VERIFICATION FORM*

Date: _____

I, _____, supply the wood and/or coal for heating my home and purchase from various local vendors. The usual amount spent **monthly** when purchasing wood and/or coal is \$_____.

I state the above is true to the best of my knowledge,

Client's Signature: _____

Client's Printed Name: _____

Agency Representative Signature: _____

***ONLY COMPLETE THIS FORM IF YOU USE WOOD AND/OR COAL AS A HEATING SOURCE IN THE HOME.**

Weatherization Assistance Program

Rental Release and Agreement

I, _____, owner of the dwelling unit located at _____ and presently occupied by _____, hereby give my consent to having said dwelling unit weatherized by North Central West Virginia Community Action (NCWVCAA).

I further agree that for a period of two years, the rent shall not be raised because of the increased value of the dwelling unit solely due to weatherization, unless those increases are demonstrably related to matters other than weatherization work. I understand that in the event of a rent increase, the agency can request justification of such increases and could seek remuneration of the increases. In cases where the cost of heating and cooling the dwelling are included in the rent, I further agree that any significant reduction in such costs will be passed onto the occupant in the form of reduced rents.

It is understood that the West Virginia Weatherization Assistance Program (WAP) policy requires the agency obtain investments from the owner to supplement the weatherization energy conservation services to be performed on the building. The policy states:

1. If an owner of the dwelling unit qualifies for WAP, no landlord contribution is expected.
2. In all other situations, a mandatory landlord contribution of 25% of the total cost of weatherization to the sub-grantee performing the work is expected.

It is further understood that the agency and the weatherization program cannot be held liable for existing program-identified health and safety violations that are not corrected by the agency. It is also understood that the work to be done shall consist of weatherization activities only, as defined by the WAP audit, and that no undue enhancement shall accrue to the value of the dwelling.

A cost estimate of needed weatherization work will be made and supplied to me. I will review the estimate, and upon agreement, will sign so that the work can begin. Upon completion of the agreed work, an invoice will be sent to me reflecting the work completed and my costs based on the above-mentioned policy. In the even the costs exceed those estimated, the additional costs will be explained to me and those additional costs negotiated.

Owner Signature

Date

Signature of NCWVCAA Staff Member

Date

*This page must be completed by the Landlord if the home is a rental. If you own the home, do not complete this page.

Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income¹ in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my West Virginia Tax Return for this purpose. My household living expenses have been met over the past twelve (12) months as follows:

Housing Assistance Amount: \$ _____ Date Received: _____

Source of Assistance/Name: _____

Utility Assistance Amount: \$ _____ Date Received: _____

Source of Assistance/Name: _____

Food Assistance Amount: \$ _____ Date Received: _____

Source of Assistance/Name: _____

Cash or Other Assistance Amount: \$ _____ Date Received: _____

Source of Assistance/Name: _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Date: _____

Signature of Zero Income Claimant

NOTARY ACKNOWLEDGEMENT

WITNESS my hand and seal this _____ day of _____ 20__.

My County of Residence: _____

Notary Public -Signature

My Commission Expires: _____

Notary Public -Printed Name

HEAD OF HOUSEHOLD AND AGENCY SIGNATURES

Head of Household Signature

Date: _____

Agency Representative Signature

Date: _____

¹Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); 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 and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings.

Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income¹ in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my West Virginia Tax Return for this purpose. My household living expenses have been met over the past twelve (12) months as follows:

Housing Assistance Amount: \$ _____ Date Received: _____
Source of Assistance/Name: _____

Utility Assistance Amount: \$ _____ Date Received: _____
Source of Assistance/Name: _____

Food Assistance Amount: \$ _____ Date Received: _____
Source of Assistance/Name: _____

Cash or Other Assistance Amount: \$ _____ Date Received: _____
Source of Assistance/Name: _____

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Signature of Zero Income Claimant Date: _____

NOTARY ACKNOWLEDGEMENT

WITNESS my hand and seal this _____ day of _____ 20__.

My County of Residence: _____
Notary Public -Signature

My Commission Expires: _____
Notary Public -Printed Name

HEAD OF HOUSEHOLD AND AGENCY SIGNATURES

Head of Household Signature Date: _____

Agency Representative Signature Date: _____

¹Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); 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 and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings.