



**North Central West Virginia Community Action
Weatherization Program**

**Attached is the Weatherization Application that your requested.
Please complete all information. We cannot process any applications that are
missing information. Incomplete applications will be denied.**

Informational forms for all household members must be completed. There are four forms attached. Only complete one form per household member. If you have more than four residents, please attach a sheet with client name, DOB, and relationship to the head of household. You must provide written documentation of all income for each family member over the age of 18. Copies of paystubs and award letters (social security, retirement, pension, etc.) are examples of acceptable proof of income. We can no longer accept bank statements to meet this requirement. Unless acceptable income verification is received, the application will be denied. A zero-income affidavit is attached as well and must be completed for any household member over 18 who does not have a regular income. The form must be notarized. This is only needed if there is no other proof of income. Additional zero income forms may be obtained at your local NCWVCAA office or can be mailed to you at your request. 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 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.

- * Rental Units must have the enclosed Landlord Agreement completed. ***
- * We must also receive proof of ownership from the applicant. This can be in the form of deeds/titles, copy of property tax records, municipal websites, mortgage documents, and insurance documents. This must be sent in with the rest of the application. ***

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

**North Central WV Community Action Agency
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 or 1312

NCWVCAA Weatherization Application Checklist

Be sure all the information listed below is included with your application before mailing it back to our agency. Use this checklist to prevent a delay in application processing.

- Intake form completed for each person in the home.
- Residence form completed.
- Customer consent form signed.
- Weatherization consent form signed.
- All income included for every individual over 18 years old in the household. (If no income, the zero-income form needs to be completed and must be notarized)
- Copy of electric and heating bill.
- Solid fuel form completed if the home is heated with pellets, coal, or wood.
- Rental agreement form completed if the home is a rental.
- Proof of home ownership. (please see application cover for acceptable forms of verification)

NCWVCAA Weatherization Assistance Program FAQ

What is weatherization?

Weatherization is a Federal Program that began in 1976 with the intent of reducing energy costs of low-income households while maintaining the health and safety of the inhabitants. It is funded through a both the Department of Energy (DOE) and Department of Health and Human Resources (DHHR). To date, the program has helped 7 million families.

What does weatherization do?

Weatherization is intended to lower energy costs. This is obtained through completing energy efficiency measures in a home such as installing insulation, air sealing, cleaning heating and cooling systems, etc. Each home is visited by a trained energy auditor who will gather all important information. This will be entered into the DOE approved energy audit program, which will in turn come up with the best plan of action for each home.

Do you replace windows and doors?

Weatherization is a very complex program that uses advanced computer systems and diagnostic testing, to determine the best way to save energy in each particular home. The energy audit computer program that is used tells our energy auditors what measures would be most beneficial for each dwelling. Sometimes the system may recommend window or door replacements. Other times, it will simply recommend we seal the existing units. This will differ for each home and each audit.

Do you repair roofs?

Weatherization does not complete roof replacement and extensive repair. Small patches needed in order to complete other weatherization measures will be evaluated on a case by case basis.

Do you repair/replace furnaces?

Heating systems are always addressed if weatherization is to be completed on the home. This may include a simple clean and tune of the existing unit or a replacement. An audit would need to be completed to determine the best action. There are seasonal programs available in the event that the home does not have working or safe heat. This would need to be noted on the application and a referral will be made if deemed necessary.

Do you repair septic systems?

Weatherization does not work on septic systems in any way.

Do you replace appliances in the home?

Refrigerators are always tested for replacement at each audit unless the client declines testing. Depending on testing results, the audit may recommend replacing some units. Other appliances are not addressed through the weatherization program. Supplemental programs are sometimes available.

Do you complete electrical work?

Weatherization is not intended to complete extensive electrical rewiring in a home. However, sometimes small upgrades and electrical issues can be addressed in order for weatherization to be completed safely. This is on a case by case basis and is completed by a licensed electrician.

Do you replace porches and decks?

Weatherization does not work on porches.

Do you help with cosmetic repairs and remodeling?

The weatherization program is not intended for home repair. Small wall and floor repairs needed in order to weatherize are allowable and will be completed on a case by case basis however, extensive remodeling is not allowable.

What are some reasons you may not be able to work on my home?

Not all homes are weatherizable. Each auditor is trained to recognize areas in a home that may prevent weatherization from being completed. Common reasons for deferral are: moisture issues, extensive roof leaks, venting problems that are not able to be addressed using weatherization, clutter and debris in and around the home, dangerous work environment, sewer leaks, etc. These issues will be pointed out during the audit and the client will have a period of a year to address issues and notify our agency. After a year, the application will be denied and the client will need to reapply.

What order are homes worked on?

Our agency works in ten counties. Approved applicants are added to our agencies waitlist which is monitored by state officials. We are required to work on clients in the order in which they are listed on our waitlist. Priority points are given to homes with children, the elderly, and disable individuals. You will be notified when your application is nearing the top of our list. This is why it is very important to keep contact information, such as phone numbers, up to date with our agency.

North Central WV Community Action Agency

DBA FACS Pro Client Intake Form

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"/>		Pension/Retirement	\$ _____ .00
	Alimony	\$ _____ .00	Public Assistance	\$ _____ .00
	Black Lung	\$ _____ .00	Rental Income	\$ _____ .00
	Child Support	\$ _____ .00	Royalties	\$ _____ .00
	Educational Assistance	\$ _____ .00	Social Security	\$ _____ .00
	Employment Earnings	\$ _____ .00	SSI	\$ _____ .00
	Estates/Trusts	\$ _____ .00	State Assistance (IS Gen. Assistance)	\$ _____ .00
	Interest/Dividends	\$ _____ .00	TANF	\$ _____ .00
	Miscellaneous	\$ _____ .00	Unemployment	\$ _____ .00
	Outside Assistance	\$ _____ .00	Veteran's Benefits	\$ _____ .00
	\$ _____ .00	Worker's Compensation	\$ _____ .00	
	Non-Cash Benefit	\$ _____ .00	Total Monthly Income \$ _____ .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

Attach Additional Sheets for More Household Members

North Central WV Community Action Agency

DBA FACS Pro Client Intake Form

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
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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)	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <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 </div> <div style="width: 48%;"> <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 </div> </div>		

North Central WV Community Action Agency

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	\$	_____	.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

North Central WV Community Action Agency

DBA FACS Pro Client Intake Form

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		

North Central WV Community Action Agency

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
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: ____/____/____ MM DD YYYY
		Current Employer Name: _____
		Employed Since: ____/____/____ MM DD YYYY

North Central WV Community Action Agency

DBA FACS Pro Client Intake Form

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
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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
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North Central WV Community Action Agency

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
	Alimony	\$ _____ .00	Rental Income	\$ _____ .00
	Black Lung	\$ _____ .00	Royalties	\$ _____ .00
	Child Support	\$ _____ .00	Social Security	\$ _____ .00
	Educational Assistance	\$ _____ .00	SSI	\$ _____ .00
	Employment Earnings	\$ _____ .00	State Assistance (IS Gen. Assistance)	\$ _____ .00
	Estates/Trusts	\$ _____ .00	TANF	\$ _____ .00
	Interest/Dividends	\$ _____ .00	Unemployment	\$ _____ .00
	Miscellaneous	\$ _____ .00	Veteran's Benefits	\$ _____ .00
	Outside Assistance	\$ _____ .00	Worker's Compensation	\$ _____ .00
	_____ \$ _____ .00		Total Monthly Income	\$ _____ .00
	Non-Cash Benefit			
	_____ \$ _____ .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: ____/____/____ MM DD YYYY
		Current Employer Name: _____
		Employed Since: ____/____/____ MM DD YYYY

North Central WV Community Action Agency

DBA FACS Pro Client Intake Form

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		

North Central WV Community Action Agency

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
	Alimony	\$ _____ .00	Rental Income	\$ _____ .00
	Black Lung	\$ _____ .00	Royalties	\$ _____ .00
	Child Support	\$ _____ .00	Social Security	\$ _____ .00
	Educational Assistance	\$ _____ .00	SSI	\$ _____ .00
	Employment Earnings	\$ _____ .00	State Assistance (IS Gen. Assistance)	\$ _____ .00
	Estates/Trusts	\$ _____ .00	TANF	\$ _____ .00
	Interest/Dividends	\$ _____ .00	Unemployment	\$ _____ .00
	Miscellaneous	\$ _____ .00	Veteran's Benefits	\$ _____ .00
	Outside Assistance	\$ _____ .00	Worker's Compensation	\$ _____ .00
		\$ _____ .00		
	Non-Cash Benefit	\$ _____ .00	Total Monthly Income	\$ _____ .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

North Central WV Community Action Agency

DBA FACS Pro Client Intake Form

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	Year of Construction	_____ YYYY
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.	_____ _____ _____						

West Virginia Weatherization Assistance Program

Occupant Pre-Existing or Potential Health Condition Screening

Client Name: _____

Address to be Weatherized: _____

During the weatherization process your household will be exposed to materials and equipment that may pose a risk to their health and safety. Common weatherization measures may include work on air sealing, insulation, windows, doors, HVAC and ventilation equipment. Known hazards are like those found in a construction environment such as exposure to power tools, excessive noise, dust, temporary odors, etc.

Below is a list of Known Risks associated with having your home Weatherized:

Materials w/ potential allergens:

- Spray Foams
- Caulking
- Adhesives
- Latex
- Duct mastic
- Plastics
- AC Refrigerants
- Insulations

Common Weatherization Risks:

- Exposure to Power tools
- Disturbance of Mold
- Temporary debris
- Dust
- Noise
- Odors

Do you or any member of your household have any known, or suspected, health concerns that could be made worse by exposure to any of the materials or risks listed above?

No: _____ Yes: _____

If Yes, please describe your concerns below:

A member of our agency will discuss any concerns listed during the initial home assessment (Home Energy Audit) and will work with you to develop a plan to minimize risks.

OCCUPANT HEALTH RISK PREVENTION PLAN *(To be filled out by Agency when plan to prevent risk is needed)* To prevent the following Health risk(s):

The Weatherization Agency will:

The Client will:

Client Signature: _____

Date: _____

Agency Signature: _____

Date: _____

Customer Consent Form

DBA FACS Pro Client Intake Form

I, _____ give NCWVCAA _____ consent to release, obtain, store 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 be stored in a secure electronic data system. My 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 NCWVCAA _____. I release NCWVCAA _____ 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 NCWVCAA _____ 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 (Agency name).

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 or cooling the dwelling unit is included in the rent, I further agree that any significant reduction in such costs will be passed on to the occupant in the form of reduced rents.

It is understood that the West Virginia Weatherization Assistance Program (WAP) policy requires this agency to 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 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 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 event that costs exceed those estimated, the additional costs will be explained to me and those additional costs negotiated.

Owner Signature

Date

Signature of CAA Staff Member

Date

Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following:
(1) I have not received any income¹ in the current month 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. Please state how you have provided for the costs of the household living expenses listed below :

Housing: \$ _____ Date Received: _____
Source/Name: _____

Utilities: \$ _____ Date Received: _____
Source/Name: _____

Food: \$ _____ Date Received: _____
Source /Name: _____

Cash or Other Assistance: \$ _____ Date Received: _____
Source/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.

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.