



**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 your have any questions, please call 304-457-3420 Ext: 1302 or 1312**

# NCWVCAA

## Weatherization Application Checklist

Be sure that all the information listed below is included with your application before mailing it back to our agency. Use this checklist to prevent delay in application processing. We must have all the required information to process.

- Intake form completed for each person in the home.
- Residence form completed.
- Customer consent form signed.
- Weatherization form signed.
- Complete and sign occupant pre-existing or potential health condition screening form.
- All income is 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 must be completed if the home is heated with pellets, coal, or wood. If the home is not heated with one of these sources, skip this form.
- Rental agreement form completed and signed by the landlord if the home is a rental. If the home is not a rental, skip this form.
- 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 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 we 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 West Virginia Community Action Agency

DBA FACS Pro Client Intake Form

### Head of Household Continued

<b>Family Type</b>	<input type="radio"/> Grandparent(s) Raising Grandchildren <input type="radio"/> Multiple Adults (living with children) <input type="radio"/> Multiple Adults (no children) <input type="radio"/> Single Parent—Female (living with children) <input type="radio"/> Single Parent (living alone) <input type="radio"/> Single Person (living with partner) <input type="radio"/> Single Person (living with others) <input type="radio"/> Two Parent Household (living with children)	<b>Living Arrangement</b>	<input type="radio"/> Homeless <input type="radio"/> Incarcerated <input type="radio"/> Living with Family or Friends <input type="radio"/> Own <input type="radio"/> Rent- Subsidized (HUD, Sect. 8) <input type="radio"/> Rent- Unsubsidized <input type="radio"/> Transitional/Shelter <input type="radio"/> Unknown
<b>Characteristics (check all that apply)</b>	<input type="radio"/> Applicant <input type="radio"/> Disabled <input type="radio"/> Veteran <input type="radio"/> No Health Insurance <input type="radio"/> High Energy User <input type="radio"/> Migrant/Seasonal Worker <input type="radio"/> No Heat Emergency <input type="radio"/> Referred by DHHR	<input type="radio"/> Head Start/Early Head Start Parent of Child <input type="radio"/> Head Start/Early Head Start Parent of Foster Child <input type="radio"/> Vision Impaired <input type="radio"/> Hearing Impaired <input type="radio"/> Debarred <input type="radio"/> Employee/Relative or Board Member	

### Income/Employment Information

<b>Monthly Income Sources for this Household Member</b>	<input type="radio"/> No Financial Resources Alimony----- \$ _____ .00 Black Lung----- \$ _____ .00 Child Support----- \$ _____ .00 Education Assistance----- \$ _____ .00 Employment----- \$ _____ .00 Estates/Trusts----- \$ _____ .00 Interest/Dividends--- \$ _____ .00 Miscellaneous----- \$ _____ .00 Outside Assistance-- \$ _____ .00	Pension/Retirement----- \$ _____ .00 Public Assistance----- \$ _____ .00 Rental Income----- \$ _____ .00 Royalties----- \$ _____ .00 Social Security ----- \$ _____ .00 Social Security Disability --- \$ _____ .00 SSI - ----- \$ _____ .00 State Assistance/TANF ---- \$ _____ .00 Unemployment - ----- \$ _____ .00 Veteran's Benefits ----- \$ _____ .00 Worker's Compensation----- \$ _____ .00 Total Monthly Income: \$ _____ .00
<b>Employment Information</b>	Is this person employed? <input type="radio"/> Yes <input type="radio"/> No If so what is the status? <input type="radio"/> Full-time w/benefits <input type="radio"/> Full-time, no benefits <input type="radio"/> Part-time <input type="radio"/> Laid off <input type="radio"/> Temporary	Current Employer Name: <hr style="border: 0.5px solid black;"/> Employed Since: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>MM</span> <span>DD</span> <span>YEAR</span> </div>

## North Central West Virginia Community Action Agency

DBA FACS Pro Client Intake Form

### Additional Household Member

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

<b>SS#</b>	_____ - _____ - _____ <input type="radio"/> Partial SSN Reported <input type="radio"/> Confidential <input type="radio"/> Unavailable <input type="radio"/> Refused	<b>Date of Birth</b>	_____ / _____ / _____ MM      DD      YEAR
<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female	<b>Ethnicity</b>	<input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Hispanic/Latino
<b>Race</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Bi-Racial or Multi-Racial <input type="radio"/> Black or African American <input type="radio"/> Middle Eastern <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Unspecified	<b>Marital Status</b>	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
<b>Primary Language</b>	<input type="radio"/> African <input type="radio"/> Caribbean <input type="radio"/> Creole <input type="radio"/> East Asian <input type="radio"/> English <input type="radio"/> European/Slavic <input type="radio"/> German <input type="radio"/> Middle Eastern/South Asian <input type="radio"/> Native Central/South American <input type="radio"/> North American/Alaskan <input type="radio"/> Pacific Islander <input type="radio"/> Spanish <input type="radio"/> Other	<b>Secondary Language</b>	<input type="radio"/> African <input type="radio"/> Caribbean <input type="radio"/> Creole <input type="radio"/> East Asian <input type="radio"/> English <input type="radio"/> European/Slavic <input type="radio"/> German <input type="radio"/> Middle Eastern/South Asian <input type="radio"/> Native Central/South American <input type="radio"/> North American/Alaskan <input type="radio"/> Pacific Islander <input type="radio"/> Spanish <input type="radio"/> Other
<b>Tribe</b>	<input type="radio"/> None <input type="radio"/> Blackfoot <input type="radio"/> Cherokee <input type="radio"/> Choctaw <input type="radio"/> Pawnee <input type="radio"/> Pima	<b>Education Level</b>	<input type="radio"/> 0-8 <input type="radio"/> 9-12 Non-Graduate <input type="radio"/> High School Graduate/GED <input type="radio"/> Some College/Certificate/ Trade <input type="radio"/> 2-4 Year College Graduate <input type="radio"/> Post-Grad Degree <input type="radio"/> Unknown

# North Central West Virginia Community Action Agency

DBA FACS Pro Client Intake Form

## Additional Household Member Continued

<b>Characteristics</b> (check all that apply)	<ul style="list-style-type: none"> <li><input type="radio"/> Applicant</li> <li><input type="radio"/> Disabled</li> <li><input type="radio"/> Veteran</li> <li><input type="radio"/> No Health Insurance</li> <li><input type="radio"/> High Energy User</li> <li><input type="radio"/> Migrant/Seasonal Worker</li> <li><input type="radio"/> No Heat Emergency</li> <li><input type="radio"/> Referred by DHHR</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Head Start/Early Head Start Parent of Child</li> <li><input type="radio"/> Head Start/Early Head Start Parent of Foster Child</li> <li><input type="radio"/> Vision Impaired</li> <li><input type="radio"/> Hearing Impaired</li> <li><input type="radio"/> Debarred</li> <li><input type="radio"/> Employee/Relative or Board Member</li> </ul>
--	---	---

## Income

<b>Monthly Income Sources for this Household Member</b>	<ul style="list-style-type: none"> <li><input type="radio"/> No Financial Resources</li> <li>Alimony----- \$ _____ .00</li> <li>Black Lung----- \$ _____ .00</li> <li>Child Support----- \$ _____ .00</li> <li>Education Assistance----- \$ _____ .00</li> <li>Employment----- \$ _____ .00</li> <li>Estates/Trusts----- \$ _____ .00</li> <li>Interest/Dividends--- \$ _____ .00</li> <li>Miscellaneous----- \$ _____ .00</li> <li>Outside Assistance-- \$ _____ .00</li> </ul>	<ul style="list-style-type: none"> <li>Pension/Retirement----- \$ _____ .00</li> <li>Public Assistance----- \$ _____ .00</li> <li>Rental Income----- \$ _____ .00</li> <li>Royalties----- \$ _____ .00</li> <li>Social Security ----- \$ _____ .00</li> <li>Social Security Disability --- \$ _____ .00</li> <li>SSI - ----- \$ _____ .00</li> <li>State Assistance/TANF ----- \$ _____ .00</li> <li>Unemployment - ----- \$ _____ .00</li> <li>Veteran's Benefits ----- \$ _____ .00</li> <li>Worker's Compensation----- \$ _____ .00</li> </ul> <p style="text-align: right;">Total Monthly Income: \$ _____ .00</p>
---	--	--

## Employment Status

<b>Employment Information</b>	Is this person employed? <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> If so what is the status? <ul style="list-style-type: none"> <li><input type="radio"/> Full-time w/benefits</li> <li><input type="radio"/> Full-time, no benefits</li> <li><input type="radio"/> Part-time</li> <li><input type="radio"/> Stipend</li> <li><input type="radio"/> Temporary</li> <li><input type="radio"/> Laid off</li> </ul>	Current Employer Name: <hr style="border: 1px solid black;"/> Employed Since: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>MM</span> <span>DD</span> <span>YEAR</span> </div>
-------------------------------	--	---



# North Central West Virginia Community Action Agency

DBA FACS Pro Client Intake Form

**Additional Household Member**

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

<b>SS#</b>	_____ - _____ - _____ <input type="radio"/> Partial SSN Reported <input type="radio"/> Confidential <input type="radio"/> Unavailable <input type="radio"/> Refused	<b>Date of Birth</b>	_____ / _____ / _____ MM          DD          YEAR
<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female	<b>Ethnicity</b>	<input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Hispanic/Latino
<b>Race</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Bi-Racial or Multi-Racial <input type="radio"/> Black or African American <input type="radio"/> Middle Eastern <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Unspecified	<b>Marital Status</b>	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
<b>Primary Language</b>	<input type="radio"/> African <input type="radio"/> Caribbean <input type="radio"/> Creole <input type="radio"/> East Asian <input type="radio"/> English <input type="radio"/> European/Slavic <input type="radio"/> German <input type="radio"/> Middle Eastern/South Asian <input type="radio"/> Native Central/South American <input type="radio"/> North American/Alaskan <input type="radio"/> Pacific Islander <input type="radio"/> Spanish <input type="radio"/> Other	<b>Secondary Language</b>	<input type="radio"/> African <input type="radio"/> Caribbean <input type="radio"/> Creole <input type="radio"/> East Asian <input type="radio"/> English <input type="radio"/> European/Slavic <input type="radio"/> German <input type="radio"/> Middle Eastern/South Asian <input type="radio"/> Native Central/South American <input type="radio"/> North American/Alaskan <input type="radio"/> Pacific Islander <input type="radio"/> Spanish <input type="radio"/> Other
<b>Tribe</b>	<input type="radio"/> None <input type="radio"/> Blackfoot <input type="radio"/> Cherokee <input type="radio"/> Choctaw <input type="radio"/> Pawnee <input type="radio"/> Pima	<b>Education Level</b>	<input type="radio"/> 0-8 <input type="radio"/> 9-12 Non-Graduate <input type="radio"/> High School Graduate/GED <input type="radio"/> Some College/Certificate/ Trade <input type="radio"/> 2-4 Year College Graduate <input type="radio"/> Post-Grad Degree <input type="radio"/> Unknown

# North Central West Virginia Community Action Agency

DBA FACS Pro Client Intake Form

## Additional Household Member Continued

<b>Characteristics (check all that apply)</b>	<input type="radio"/> Applicant <input type="radio"/> Disabled <input type="radio"/> Veteran <input type="radio"/> No Health Insurance <input type="radio"/> High Energy User <input type="radio"/> Migrant/Seasonal Worker <input type="radio"/> No Heat Emergency <input type="radio"/> Referred by DHHR	<input type="radio"/> Head Start/Early Head Start Parent of Child <input type="radio"/> Head Start/Early Head Start Parent of Foster Child <input type="radio"/> Vision Impaired <input type="radio"/> Hearing Impaired <input type="radio"/> Debarred <input type="radio"/> Employee/Relative or Board Member
---	---	---

## Income

<b>Monthly Income Sources for this Household Member</b>	<input type="radio"/> No Financial Resources  Alimony-----\$ _____ .00 Black Lung-----\$ _____ .00 Child Support-----\$ _____ .00 Education Assistance-----\$ _____ .00 Employment-----\$ _____ .00 Estates/Trusts-----\$ _____ .00 Interest/Dividends---\$ _____ .00 Miscellaneous-----\$ _____ .00 Outside Assistance--\$ _____ .00	Pension/Retirement-----\$ _____ .00 Public Assistance-----\$ _____ .00 Rental Income-----\$ _____ .00 Royalties-----\$ _____ .00 Social Security -----\$ _____ .00 Social Security Disability ---\$ _____ .00 SSI - -----\$ _____ .00 State Assistance/TANF ----\$ _____ .00 Unemployment - -----\$ _____ .00 Veteran's Benefits -----\$ _____ .00 Worker's Compensation-----\$ _____ .00  Total Monthly Income: \$ _____ .00
---	---	---

## Employment Status

<b>Employment Information</b>	Is this person employed? <input type="radio"/> Yes <input type="radio"/> No  If so what is the status? <input type="radio"/> Full-time w/benefits <input type="radio"/> Full-time, no benefits <input type="radio"/> Part-time <input type="radio"/> Stipend <input type="radio"/> Temporary <input type="radio"/> Laid off	Current Employer Name:  <hr style="border: 1px solid black;"/> Employed Since: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>MM</span> <span>DD</span> <span>YEAR</span> </div>
-------------------------------	---	---

# North Central West Virginia Community Action Agency

DBA FACS Pro Client Intake Form

**Additional Household Member**

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

<b>SS#</b>	_____ <input type="radio"/> Partial SSN Reported <input type="radio"/> Confidential <input type="radio"/> Unavailable <input type="radio"/> Refused	<b>Date of Birth</b>	_____ / _____ / _____ MM                  DD                  YEAR
<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female	<b>Ethnicity</b>	<input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Hispanic/Latino
<b>Race</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Bi-Racial or Multi-Racial <input type="radio"/> Black or African American <input type="radio"/> Middle Eastern <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White <input type="radio"/> Unspecified	<b>Marital Status</b>	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
<b>Primary Language</b>	<input type="radio"/> African <input type="radio"/> Caribbean <input type="radio"/> Creole <input type="radio"/> East Asian <input type="radio"/> English <input type="radio"/> European/Slavic <input type="radio"/> German <input type="radio"/> Middle Eastern/South Asian <input type="radio"/> Native Central/South American <input type="radio"/> North American/Alaskan <input type="radio"/> Pacific Islander <input type="radio"/> Spanish <input type="radio"/> Other	<b>Secondary Language</b>	<input type="radio"/> African <input type="radio"/> Caribbean <input type="radio"/> Creole <input type="radio"/> East Asian <input type="radio"/> English <input type="radio"/> European/Slavic <input type="radio"/> German <input type="radio"/> Middle Eastern/South Asian <input type="radio"/> Native Central/South American <input type="radio"/> North American/Alaskan <input type="radio"/> Pacific Islander <input type="radio"/> Spanish <input type="radio"/> Other
<b>Tribe</b>	<input type="radio"/> None <input type="radio"/> Blackfoot <input type="radio"/> Cherokee <input type="radio"/> Choctaw <input type="radio"/> Pawnee <input type="radio"/> Pima	<b>Education Level</b>	<input type="radio"/> 0-8 <input type="radio"/> 9-12 Non-Graduate <input type="radio"/> High School Graduate/GED <input type="radio"/> Some College/Certificate/ Trade <input type="radio"/> 2-4 Year College Graduate <input type="radio"/> Post-Grad Degree <input type="radio"/> Unknown

# North Central West Virginia Community Action Agency

DBA FACS Pro Client Intake Form

## Additional Household Member Continued

<b>Characteristics (check all that apply)</b>	<input type="radio"/> Applicant <input type="radio"/> Disabled <input type="radio"/> Veteran <input type="radio"/> No Health Insurance <input type="radio"/> High Energy User <input type="radio"/> Migrant/Seasonal Worker <input type="radio"/> No Heat Emergency <input type="radio"/> Referred by DHHR	<input type="radio"/> Head Start/Early Head Start Parent of Child <input type="radio"/> Head Start/Early Head Start Parent of Foster Child <input type="radio"/> Vision Impaired <input type="radio"/> Hearing Impaired <input type="radio"/> Debarred <input type="radio"/> Employee/Relative or Board Member
---	---	---

## Income

<b>Monthly Income Sources for this Household Member</b>	<input type="radio"/> No Financial Resources  Alimony-----\$ _____ .00 Black Lung-----\$ _____ .00 Child Support-----\$ _____ .00 Education Assistance-----\$ _____ .00 Employment-----\$ _____ .00 Estates/Trusts-----\$ _____ .00 Interest/Dividends---\$ _____ .00 Miscellaneous-----\$ _____ .00 Outside Assistance--\$ _____ .00	Pension/Retirement-----\$ _____ .00 Public Assistance-----\$ _____ .00 Rental Income-----\$ _____ .00 Royalties-----\$ _____ .00 Social Security -----\$ _____ .00 Social Security Disability ---\$ _____ .00 SSI - -----\$ _____ .00 State Assistance/TANF ----\$ _____ .00 Unemployment - -----\$ _____ .00 Veteran's Benefits -----\$ _____ .00 Worker's Compensation-----\$ _____ .00  Total Monthly Income: \$ _____ .00
---	---	---

## Employment Status

<b>Employment Information</b>	Is this person employed? <input type="radio"/> Yes <input type="radio"/> No  If so what is the status? <input type="radio"/> Full-time w/benefits <input type="radio"/> Full-time, no benefits <input type="radio"/> Part-time <input type="radio"/> Stipend <input type="radio"/> Temporary <input type="radio"/> Laid off	Current Employer Name:  <hr style="border: 1px solid black;"/> Employed Since: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>MM</span> <span>DD</span> <span>YEAR</span> </div>
-------------------------------	---	---

## North Central West Virginia Community Action Agency

DBA FACS Pro Client Intake Form

### Residence Information/Energy Information

<b>Dwelling Type</b>	<input type="radio"/> Site Built (built from bottom up) <input type="radio"/> Modular home (no wheels) <input type="radio"/> Doublewide <input type="radio"/> Singlewide Mobile Home <input type="radio"/> Mobile Home with Add-On <input type="radio"/> Multi-Family Unit (5 or more home in 1 building) <input type="radio"/> Duplex (2 homes under 1 roof)	<b>Structure</b>	<input type="radio"/> Brick <input type="radio"/> Masonry <input type="radio"/> Mobile Home <input type="radio"/> Multi-Unit <input type="radio"/> Wood Frame
<b># of Stories</b>	<input type="radio"/> 1 Story <input type="radio"/> 1.5 Stories <input type="radio"/> 2 Stories <input type="radio"/> 3 Stories <input type="radio"/> 4 of more stories	<b>Do you live in?</b>	<input type="radio"/> City/Town <input type="radio"/> Suburb <input type="radio"/> Rural Area <b>YEAR OF CONSTRUCTION:</b> _____
<b>Smokers in Household</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Was the dwelling Previously Weatherized?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>If the home was previously weatherized, was dwelling subsequently damaged by fire, flood, wind, or any other act of God?</b>	<input type="radio"/> Yes <input type="radio"/> No  If so, what year? _____	<b>House exposure</b>	<input type="radio"/> Exposed <input type="radio"/> Normal <input type="radio"/> Shielded _____ <input type="radio"/> Yes <input type="radio"/> No If so, how much do they pay? \$ _____
<b>Primary Heating</b>	<input type="radio"/> Electricity <input type="radio"/> Fuel Oil <input type="radio"/> Natural Gas <input type="radio"/> Propane/LP <input type="radio"/> Wood/Coal <input type="radio"/> Pellets <input type="radio"/> Other	<b>Primary Heating Vendor</b>	Vendor Name _____  Account #: _____
<b>Secondary Heating</b>	<input type="radio"/> Electricity <input type="radio"/> Fuel Oil <input type="radio"/> Natural Gas <input type="radio"/> Propane/LP <input type="radio"/> Wood/Coal <input type="radio"/> Pellets <input type="radio"/> Other	<b>Secondary Heating Vendor</b>	Vendor Name _____  Account #: _____
<b>Cooling Energy</b>	<input type="radio"/> Window unit (s) <input type="radio"/> Central Unit <input type="radio"/> None	<b>Are gas/LP space heaters used?</b>	<input type="radio"/> Yes <input type="radio"/> No

# Customer Consent Form

DBA FACS Pro Client Intake Form

I, \_\_\_\_\_ give \_\_\_\_\_ 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 \_\_\_\_\_. I release \_\_\_\_\_ 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 \_\_\_\_\_ 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 V.12.2024.

- The following must be attached to this application:
- Proof of Income for all Household Members
- A copy of the most recent electric utility bill AND A copy of the most recent primary and secondary household heating bill (if applicable)

I, \_\_\_\_\_, acknowledge that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. By signing below, I authorize the agency indicated above to obtain comprehensive information regarding my past, present, and future utility bills.

Furthermore, I grant consent for the agency to perform weatherization measures on the dwelling listed above, with an understanding that these measures have been thoroughly explained to me. I acknowledge that weatherization measures are subject to change based on federal and state weatherization priorities, as well as existing and future funding limitations.

I understand and accept that I cannot hold the agency liable for any pre-existing program-identified health and safety violations that may not be corrected by the agency Weatherization Program. I also acknowledge that the agency cannot be held responsible for existing conditions prior to weatherization work.

Moreover, I acknowledge that the weatherization crew may need to utilize my electricity to perform the aforementioned weatherization measures.

In addition to the above, I certify that, to the best of my knowledge, all information provided by me is true. I am aware that any falsification of information is subject to prosecution.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CAA Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: \_\_\_\_\_

Agency Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



NORTH CENTRAL WEST VIRGINIA COMMUNITY ACTION

WEATHERIZATION PROGRAM

SOLID FUEL VERIFICATION FORM

\*\*Only complete this form if you use wood/pellets/propane and/or coal as a heating source\*\*

Date: \_\_\_\_\_

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

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

Client's signature: \_\_\_\_\_

Client's printed name: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_

---

# 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 income<sup>1</sup> 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: \_\_\_\_\_

<sup>1</sup>Income 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.