north central west virginia
community action

Believing in *your* success!

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.)

North Central West Virginia Community Action Agency

Head of Household Information

First Name: _____ MI: _____ Last Name: _____

Mailing Address	_____ _____ _____	Physical Address	_____ _____ _____ County: _____
Phone	Home (____)-_____-_____ Cell (_____)- _____-_____ Other (____)-_____-_____ Email: _____	Social Security #	_____-_____-_____ ○ Confidential DOB: _____/_____/_____
Gender	○ Male ○ Female	Ethnicity	○ Hispanic ○ Non-Hispanic
Race	○ Native America ○ White ○ Asian ○ Black or African American ○ Multi-Racial ○ Other	Marital Status	○ Single ○ Married ○ Partnered ○ Divorced ○ Separated ○ Windowed/Widower
Primary Language	○ English ○ Spanish ○ French ○ Other	Secondary Language	○ English ○ Spanish ○ French ○ Other
US Citizen	○ Yes ○ No	Disabling Condition	○ Yes ○ No
Tribe (If Any)	_____ _____	Military Status	○ Veteran ○ Active Duty ○ Never Served
Education	○ 0-8 ○ 9-12 Non-Grad ○ HS Grad/GED ○ Some College ○ 2-4 Year Degree ○ Advanced Degree	Work Status	○ Full Time Employment ○ Part Time Employment ○ Unemployed (Short Term) ○ Unemployed (Long Term) ○ Retired
Health Insurance	○ Yes ○ No	Health Insurance Type	○ Medicaid ○ Medicare ○ Employment Based ○ Children's Health Care Program ○ Military Insurance

Income Information

Monthly Income Sources for This Member of the Household (Must Provide Documentation for Proof of Income with Application)	○ No Financial Resources Alimony-------$_____ Black Lung---$_____ Child Support-$_____ Employment-$_____ Estates/Trusts-$_____ Interest/Dividends-$_____ Pension/Retirement-$_____ Rental Income-------$_____	Royalties----------$_____ Social Security----------$_____ Social Security Disability (SSDI)-$_____ Supplemental Security (SSI)----$_____ State Assistance/TANF----------$_____ Unemployment----------$_____ Veteran's Benefits----------$_____ Worker's Compensation--------$_____ Other----------$_____

North Central West Virginia Community Action Agency

Additional Household Member Form

First Name: _____ MI: _____ Last Name: _____

Phone	Home (____)-_____-_____ Cell (_____)- _____-_____ Other (____)-_____-_____ Email: _____	Social Security	_____-_____-_____ ○ Confidential DOB: ____/____/_____
Gender	○ Male ○ Female	Ethnicity	○ Hispanic ○ Non-Hispanic
Race	○ Native America ○ White ○ Asian ○ Black or African American ○ Multi-Racial ○ Other	Marital Status	○ Single ○ Married ○ Partnered ○ Divorced ○ Separated ○ Windowed/Widower
Primary Language	○ English ○ Spanish ○ French ○ Other	Secondary Language	○ English ○ Spanish ○ French ○ Other
US Citizen	○ Yes ○ No	Disabling Condition	○ Yes ○ No
Tribe (If Any)	_____ _____	Military Status	○ Veteran ○ Active Duty ○ Never Served
Education	○ 0-8 ○ 9-12 Non-Grad ○ HS Grad/GED ○ Some College ○ 2-4 Year Degree ○ Advanced Degree	Work Status	○ Full Time Employment ○ Part Time Employment ○ Unemployed (Short Term) ○ Unemployed (Long Term) ○ Retired
Health Insurance	○ Yes ○ No	Health Insurance Type	○ Medicaid ○ Medicare ○ Employment Based ○ State's Children's Health Care Program (CHIPS) ○ Military Insurance

Income Information

Monthly Income Sources for This Member of the Household (Must Provide Documentation for Proof of Income with Application)	○ No Financial Resources Alimony-------$_____ Black Lung---$_____ Child Support-$_____ Employment-$_____ Estates/Trusts-$_____ Interest/Dividends-$_____ Pension/Retirement-$_____ Rental Income-------$_____	Royalties----------$_____ Social Security----------$_____ Social Security Disability (SSDI)-$_____ Supplemental Security (SSI)----$_____ State Assistance/TANF----------$_____ Unemployment----------$_____ Veteran's Benefits----------$_____ Worker's Compensation--------$_____ Other----------$_____

North Central West Virginia Community Action Agency

Additional Household Member Form

First Name: _____ MI: _____ Last Name: _____

Phone	Home (____)-_____-_____ Cell (____)- _____-_____ Other (____)-_____-_____ Email: _____	Social Security	_____-_____-_____ ○ Confidential DOB: ____/____/_____
Gender	○ Male ○ Female	Ethnicity	○ Hispanic ○ Non-Hispanic
Race	○ Native America ○ White ○ Asian ○ Black or African American ○ Multi-Racial ○ Other	Marital Status	○ Single ○ Married ○ Partnered ○ Divorced ○ Separated ○ Windowed/Widower
Primary Language	○ English ○ Spanish ○ French ○ Other	Secondary Language	○ English ○ Spanish ○ French ○ Other
US Citizen	○ Yes ○ No	Disabling Condition	○ Yes ○ No
Tribe (If Any)	_____ _____	Military Status	○ Veteran ○ Active Duty ○ Never Served
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Primary Language	○ English ○ Spanish ○ French ○ Other	Secondary Language	○ English ○ Spanish ○ French ○ Other
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Phone	Home (_____)-_____-_____ Cell (_____)- _____-_____ Other (_____)-_____-_____ Email: _____	Social Security	_____-_____-_____ ○ Confidential DOB: _____/_____/_____
Gender	○ Male ○ Female	Ethnicity	○ Hispanic ○ Non-Hispanic
Race	○ Native America ○ White ○ Asian ○ Black or African American ○ Multi-Racial ○ Other	Marital Status	○ Single ○ Married ○ Partnered ○ Divorced ○ Separated ○ Windowed/Widower
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North Central West Virginia Community Action Agency

LITT Client Intake Form

Residence Information/Energy Information

Dwelling Type	○ Site Built (built from bottom up) ○ Modular home (no wheels) ○ Doublewide ○ Singlewide Mobile Home ○ Mobile Home with Add-On ○ Multi-Family Unit (5 or more home in 1 building) ○ Duplex (2 homes under 1 roof)	Structure	○ Wood Frame ○ Brick ○ Mobile Home ○ Multi-dwelling Unit ○ Other
# of Stories	○ 1 Story ○ 1.5 Stories ○ 2 Stories ○ 3 Stories ○ 4 of more stories	Do you live in?	○ City/Town ○ Suburb ○ Rural Area YEAR OF CONSTRUCTION: _____
Living Arrangements	○ Own ○ Rent-Subsidized (HUD, Section 8, Etc.) ○ Rent-Unsubsidized ○ Other (Please list) _____		
Family Type	○ Single Person (living alone) ○ Single Person (living with partner) ○ Single Parent-Male ○ Single Parent-Female	○ Two Parent Household ○ Non-Related Adults (Children in Home) ○ Non-Related Adults (No Children) ○ Grandparent (s) Raising Grandchildren ○ Multigenerational Household ○ Other	
Home Previously Weatherized?	○ Yes ○ No	Does the government pay rental assistance?	○ Yes ○ No
Primary Heating	○ Electricity ○ Fuel Oil ○ Natural Gas ○ Propane/LP ○ Wood/Coal ○ Pellets ○ Other	Primary Heating Vendor	Vendor Name _____ Account#: _____
Secondary Heating	○ Electricity ○ Fuel Oil ○ Natural Gas ○ Propane/LP ○ Wood/Coal ○ Pellets ○ Other	Secondary Heating Vendor	Vendor Name _____ Account #: _____
Cooling Energy	○ Window unit (s) ○ Central Unit ○ None	Are gas/LP space heaters used?	○ Yes ○ No

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

West Virgina 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[1] 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.

_____ 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

_____ **Date:** _____
Head of Household Signature

_____ **Date:** _____
Agency Representative Signature

[1]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.