

CLIENT APPLICATION CHECKLIST

(WEATHERIZATION)

1. PROOF OF INCOME FOR EVERYONE IN HOUSEHOLD
2. THREE MONTHS OF WAGES OR 1 AWARDS LETTER FOR SSA, SSI, OR SSDI. IF DISABLED MUST HAVE A COPY OF LETTER TO PROVE IT.
3. COPY OF SOCIAL SECURITY CARD FOR EVERYONE IN HOUSHOLD OR GET FROM ACCENT. PICTURE ID OF HEAD OF HOUSEHOLD.
4. MOST RECENT UTILITY BILL +12 MONTH PRINT OUT FROM UTILITY COMPANY
5. PROOF OF OWNERSHIP FROM TN PROPERTY DATA
6. IF CLIENT IS RENTING A SIGNED LANDLORD AGREEMENT IS REQUIRED
7. MUST SIGN APPLICATION, HOME OWNER PERMISSION, ENERGY RELEASE AND APPEAL PROCESS FORM
8. IF ANYONE 18 OR OLDER HAS ZERO INCOME THEY MUST HAVE THE FORM NOTARIZED

Weatherization Assistance Program (WAP) Application For Assistance--Program Year 2019

*Application is not complete without signature on page 2

The applicant must provide proof of identity and citizenship. A driver's license, passport or other government issued document is acceptable proof

Has this home been weatherized under the WAP program since September 30, 1994 through any TN WAP Agency YES NO

If yes which agency provided assistance? _____

If yes what was the month\year weatherization was performed? _____

For Agency Use Only

DATE APPLICATION RECEIVED _____

DATE APPLICATION COMPLETED _____

APPLICATION TYPE WEATHERIZATION OR RE-WEATHERIZATION

APPLICATION STATUS APPROVAL OR DENIED

JOB NUMBER ASSIGNED _____

Name of applicant (must provide first and last name): _____ Telephone: _____

Current Home Address: _____ City _____ State _____ Zip _____ Telephone: _____
Cell: _____

Mailing Address(if different from home address): _____ City _____ State _____ Zip _____ County (current home address): _____

Emergency/ Alternative Contact (Name & Phone Number): _____

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT) USE ADDITIONAL PAPER IF YOU NEED MORE SPACE

NAME (must provide first & last name)	MARITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE (Optional to provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, or Other--Define	Citizenship Indicate if U.S. Citizen, Illegal Alien or Legal Alien	DOES HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR PERMANENT DISABILITY?	Health Insurance	Income	Has this person received Families First(Temporary Assistance for Needy families) or SSI Benefits within last 12 months? Please mark Yes or No
Applicant Name:									Y or N	Y or N	Y or N	Y or N
Household Member:									Y or N	Y or N	Y or N	Y or N
Household Member:									Y or N	Y or N	Y or N	Y or N
Household Member:									Y or N	Y or N	Y or N	Y or N
Household Member:									Y or N	Y or N	Y or N	Y or N
Household Member:									Y or N	Y or N	Y or N	Y or N

FAMILY TYPE (check one)

- Single Parent Female Single Female (no children)
 Single Parent Male Single Male (no children)
 Two parent Household More than one adult (no children)

DECLARATION OF DISABILITY

(Please use additional paper if more space is needed)

LIST THE NAME OF ANY HOUSEHOLD MEMBER WITH A DISABILITY BELOW, AHE HOW IT WAS ESTABLISHED (Social Security Disability, SSI, VA Voc Rehab, ETC)

Household Total Income (Below list income information for applicant and all household members.) Use additional paper if more space is needed

Name	SOURCE OF INCOME	GROSS MONTHLY INCOME (provide proof of all income)	IF EMPLOYED, PROVIDED EMPLOYER'S NAME & ADDRESS

NOTE 2 YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN YOUR HOUSEHOLD

COMPLETE BOTH PAGES

HOUSING

OWN RENT SQUARE FOOTAGE: _____ YEAR HOME BUILT _____

IF OWNER OF HOME PLEASE PROVIDE FOLLOWING INFORMATION:

NAME(S) ON DEED _____

DEED BOOK: _____ PAGE: _____ TITLE # (if mobile home) _____

ROOF CONDITION: (PLEASE CIRCLE) POOR FAIR GOOD
EVIDENCE of MOLD or MOISTRURE YES NO

IF RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION

LANDLORD NAME (first/last): _____

LANDLORD PHONE NUMBER: _____

LANDLORD ADDRESS: _____

TYPE OF HOME STRUCTURE (Check one in each column)

Foundation Type	Building Exterior	SINGLE OR MULTIPLE BUILDING TYPE
<input type="checkbox"/> Crawl Spaces	<input type="checkbox"/> Brick Exterior	<input type="checkbox"/> Owner Occupied--Site built
<input type="checkbox"/> Slab	<input type="checkbox"/> Vinyl Siding Exterior	<input type="checkbox"/> Renter Occupied--Site built
<input type="checkbox"/> Basement	<input type="checkbox"/> Wood Exterior	<input type="checkbox"/> Mobile Home-- Owner Occupied
<input type="checkbox"/> Mobile Home Skirting	<input type="checkbox"/> Concrete Exterior	<input type="checkbox"/> Mobile Home-- Renter Occupied
<input type="checkbox"/> Other:	<input type="checkbox"/> Other Exterior - Describe Below _____	<input type="checkbox"/> Multi-Family--2-4 Units (total units in building) _____
		<input type="checkbox"/> Multi-Family--5+ Units (total units in building) _____

Heating Source (Check your primary source)

<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Kerosene
<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Coal	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:

Home Energy Costs? \$ _____

Utility Company Name: _____

Utility Company Address: _____

Phone Number: _____

Account Number: _____

Utility Company Name: _____

Utility Company Address: _____

Phone Number: _____

Account Number: _____

PLEASE ATTACH STUBS, INVOICES, RECEIPTS, ETC FOR ALL ENERGY SOURCES IN THE HOUSEHOLD

I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF _____

IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS.

IS THIS ACCOUNT IN YOUR LANDLORD'S NAME? YES or NO

NOTE: If the energy bill is not a household member's name you must provide proof you are responsible for the payment of the bill

Applicant Certification

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives information for the receipt of weatherization assistance is liable upon conviction a fine of \$10,000 or imprisonment not more than 5 years or both. I understand that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status. Pursuant to federal law (5 United States Code 552 (B)(6) and 10 Code Federal Regulations 600.153 (f)) identifying information provided by you for determination of eligibility for weatherization assistance and for the provisions of services from the program will be considered confidential and, unless otherwise authorized or required by law will not be shared with any other person or agencies except for the purpose of directly related to the administration of Weatherization Programs. I do not agree that the information contained in my application will be shared with other agencies from which I seek additional services.

Applicant Signature: _____ Date: _____

NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, SEX, AGE OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION, OR BE DENIED BENEFITS OF, OR OTHERWISE SUBJECT TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM

To Be Completed By Agency Staff Only:

Total Children under age of 6 _____	% OF POVERTY _____	% OF ENERGY BURDEN: _____
Total Disabled Members _____	APS REFERRAL? YES _____ NO _____	HIGH ENERGY BURDEN? YES _____ NO _____
Total Age 60 yrs or older _____	TOTAL PRIORITY POINTS: _____	HIGH RESIDENTIAL ENERGY USER? YES _____ NO _____
Total Household Members _____	TOTAL ANNUAL HOUSEHOLD INCOME DETERMINED \$ _____	CATEGORICALLY ELLIGIBLE? YES _____ NO _____
Total Illegal Alien in HH _____	TOTAL ANNUAL HOUSE HOLD ENERGY COST DETERMINED \$ _____	

SIGNATURE OF DETERMING OFFICIAL _____

DATE CERTIFIED _____

Home Owner Permission
Weatherization Assistance Program

Address: _____

By signing below, I authorize:

1. I am the owner of the property listed above.
2. This residence is not currently for sale, nor is it designated for acquisition or foreclosure by federal, state or local programs.
3. The Local Weatherization Agency to make arrangements for weatherization activities, including:
 - a. The inspection of the interior and exterior of my home
 - b. Photographs to document work
 - c. The installation of weatherization materials as determined appropriate
 - d. Upon completion of the work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
 - e. I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
4. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Programs effectiveness as a result of services provided.
5. The Local Weatherization Agency to share information contained in my Weatherization Assistance Program Application with agencies and/or programs for which I may qualify for additional services.

Homeowner/Applicant:

Signature

Date

Energy Bill Release
Weatherization Assistance Program

Address: _____

I authorize the release of information pertaining to my energy bills, both past and future, to my local weatherization agency, or its designee for the purpose of obtaining data for the evaluation of my energy conservation effectiveness. I understand that this information will be used only to provide data for the program and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Energy Provider Name # 1: _____

Account Number: _____

Name Account: _____

Energy Provider Name #2: _____

Account Number: _____

Name Account: _____

Applicant Signature: _____

Signature

Date

If the Account is not in the Applicants Name, The Account Holder must sign below:

I certify that the energy bill at the above address is in my name, but the Applicant listed above is responsible for the payment of the entire energy bill. I understand that by signing this statement I am verifying the above named person's responsibility and acknowledge my acceptance of the agencies policies and procedures regarding the payment on this account.

Name

Signature

Date

Appeals Process

After applying for assistance and receiving notification, you have the right to a fair hearing if you are denied or your application for assistance is not acted upon with reasonable promptness, except if the denial or lack of reasonable promptness is due to the lack of funds. No hearing shall be required if the WAP funds are no longer available to the local contracting agency. You have thirty (30) days from the date on the denial letter to appeal. You also have the right to be represented by an authorized representative, such as legal counsel, relative or friend. To report fraud or file a complaint regarding service, please contact our Central Office at (931)433-7182.

Any individual who wishes to file a formal grievance should make initial contact with the Program Director within (30) days of the occurrence which prompted the action. This request must be in writing on a form provided by the agency. The Program Director will provide assistance in completing the form if so desired by the applicant. A copy of the completed form will be given to the person with the grievance, with one copy sent to the THDA, and a copy retained in the individual's permanent file.

A hearing date will be arranged before the Programmatic Appeals Committee within ten (10) working days at a place convenient for both the applicant and the Committee. The Committee will notify the applicant in writing the decision made in the hearing within five (5) working days. With a copy of the results to DHS. If the client receives an adverse decision from the local appeal, he/she may appeal to the Tennessee Housing Development Agency (THDA).

I have been informed of and received a copy of the Grievance Procedure/Appeals Process by SCHRA staff member. I understand that I have the right to file a formal grievance within 30 days from the date on my denial letter. I understand that I must submit this formal grievance in writing on the form provided by the agency. I also understand that I have the right to be represented by an authorized representative, such as legal counsel, relative or friend.

LIHEAP Applicant Signature

SCHRA Staff Member

WAP Grievance Procedures

After applying for assistance and receiving notification, you have the right to a fair hearing if you are denied or your application for assistance is not acted upon with reasonable promptness, except if the denial or lack of reasonable promptness is due to lack of funds. No hearing shall be required if WAP funds are no longer available to the local contracting agency. You have 30 days from the date on the denial letter to appeal. You also have the right to be represented by an authorized representative, such as legal counsel, relative, or friend. To report fraud or file a complaint regarding services, please contact our Central Office at (931) 433-7182.

Any individual who wishes to file a formal grievance should make initial contact with the Program Director within thirty (30) days of the occurrence which prompted the action. The request must be in writing on a form provided by the agency. The Program Director will provide assistance in completing form if so desired by the applicant. A copy of the completed form will be given to the person with the grievance, with one copy sent to THDA and a copy retained in the individual's permanent file.

A hearing date will be arranged before the Programmatic Appeals Committee within ten (10) working days at a place convenient to both the applicant and the Committee. The Committee will notify the applicant in writing of the decision made in the hearing within five (5) working days with a copy of the results to THDA. If the client receives an adverse decision from the local appeal, he/she may appeal to the Tennessee Housing Development Agency (THDA).

I have been informed of and received a copy of the Grievance Procedure/Appeal Process by
SCHRA Staff member. I understand that I have a right to file a formal grievance **within 30 days from the date on my denial letter.** I understand that I must submit this formal grievance **in writing on the form provided by the agency.** I also understand that I have the right to be represented by an authorized representative, such as legal counsel, relative, or friend.

WAP Applicant Signature

SCHRA Staff Member

**Landlord Agreement (Single Family)
Weatherization Assistance Program**

Address: _____

This Agreement is for the provision of work under the Weatherization Assistance Program for the property located at the address above. The Owner/Authorized Agent agrees to the following conditions:

1. The benefits of the weatherization assistance provided shall accrue primarily to the lessee;
2. The rent for the property shall not be raised for a period of one year from the completion date of the weatherization work, unless the increase is demonstrably related to matters other than the weatherization work performed. This rent freeze remains in place for a period of one year from date of completion of the weatherization work, even if the applicant no longer resides in the property;
3. The lessee will not be evicted without legal cause (non-payment of rent, etc.) for a period of one year from the date of the completion of the weatherization work;
4. If a complaint regarding a rent increase or eviction action is received by the Agency, the Owner/Authorized Agent agrees to immediately provide the Agency, upon request, written information that the terms of this Agreement have not been violated;
5. No undue or excessive enhancement shall occur to the value of the property identified above;
6. There is no known plan for government acquisition or clearance of the property within 12 months of receiving weatherization work;
7. Permission is granted for the Agency to conduct or to make arrangements for weatherization work to take place, including, the inspection of the interior and exterior of the home, the installation of weatherization materials as authorized by the weatherization agency, access to the home for the inspection of completed work;
8. In the event the property is sold, the new owner shall be bound by the terms of this agreement;
9. The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns;
10. If this Agreement is not adhered to the cost of the weatherization improvements shall be reimbursed by the Owner/Authorized Agent to the Agency.

Owner/Authorized Agent:

Signature

Date

Owner Mailing Address

**Renter Permission
Weatherization Assistance Program**

Address: _____

By signing below, I authorize:

1. The Local Weatherization Agency to make arrangements for weatherization activities, including:
 - The inspection of the interior and exterior of my home;
 - Photographs to document work;
 - The installation of weatherization materials as determined appropriate;
 - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
 - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
2. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
3. The Local Weatherization Agency to share information contained in my Weatherization Assistance Program application with agencies and/or programs for which I may qualify for additional services.

Applicant/Tenant:

Signature

Date

Notarized Self-Certification of Income Statement Weatherization Assistance Program

Address: _____

A: I certify that during the period of _____ that I had the following income or employment:

Source	Amount	Frequency
--------	--------	-----------

B: I certify that during the period of _____ I earned *zero* income.

C: I certify that the following household members 18 years or older have *zero* income:

Name: _____ has zero income as of ____/____/____

Name: _____ has zero income as of ____/____/____

Name: _____ has zero income as of ____/____/____

I further certify that I cannot obtain proof of this employment and the amount of money I received, and this is a true and complete statement to the best of my knowledge. I further understand that knowingly giving false information for the receipt of Weatherization Assistance Program benefits is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five (5) years, or both.

Signature

Date

Date subscribed and sworn to before me: _____	
NOTARY PUBLIC: My commission expires: _____	
[Notary Seal:]	
_____ Signature of Notary	_____ Printed/Typed Name of Notary