

## **CLIENT APPLICATION CHECKLIST WEATHERIZATION**

1. PROOF OF INCOME FOR EVERYONE IN HOUSEHOLD
2. THREE MONTHS OF WAGES OR SSA, SSDI OR SSI AWARDS LETTER
3. COPY OF SOCIAL SECURITY CARD FOR EVERYONE IN HOUSEHOLD AND PICTURE ID OF HEAD OF HOUSEHOLD
4. MOST RECENT UTILITY BILL AND 12 MONTH PRINTOUT FROM UTILITY CO
5. PROOF OF OWNERSHIP FROM TN PROPERTY DATA
6. IF YOU ARE RENTING MUST SIGN SERVICE AGREEMENT FOR RENTERS AND LANDLORD MUST SIGN LANDLORD AGREEMENT
7. MUST SIGN APPLICATION, SERVICE AGREEMENT FOR OWNERS, ENERGY BILL RELEASE FORM AND WAP GRIEVANCE PROCEDURES
8. IF ANYONE 18 OR OLDER HAS ZERO INCOME MUST COMPLETE SELF-CERTIFICATION OF ZERO INCOME AND STATEMENT OF SUPPORT FORM



Priority Points	Agency Use Only
Eligibility Certification Date	Agency Use Only

Agency: \_\_\_\_\_ Intake Initials: \_\_\_\_\_ Intake Date: \_\_\_\_\_

First name	Middle Initial	Last Name	Date of Birth MM/DD/YYYY
SERVICE ADDRESS - Address where you live (this cannot be a P.O. Box)			
Service Address			Unit Number
Service City	Service County	Service State	Service Zip Code
Have you lived at this residence during each of the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your service address the same as mailing address?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address/P.O. Box			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code
Social Security Number (SSN):		Primary Phone ( )	
E-mail Address:			

<b>DWELLING INFORMATION</b>	Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent <b>Renters Only, provide Landlord Information below:</b>
Square Footage: _____	Landlord Information:
Year Home Built: _____	Name: _____
	Phone: _____ Email: _____
	Address: _____

<b>Building Type:</b>	<b>Building Exterior:</b>	<b>Foundation Type:</b>
<input type="checkbox"/> Site Built <input type="checkbox"/> Mobile/Manufactured Home <input type="checkbox"/> Multi-family Building Total number of units in building: _____	<input type="checkbox"/> Brick Exterior <input type="checkbox"/> Vinyl Siding Exterior <input type="checkbox"/> Wood Exterior <input type="checkbox"/> Concrete Exterior <input type="checkbox"/> Other (describe below) _____	<input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Basement <input type="checkbox"/> Mobile Home Skirting <input type="checkbox"/> Other (describe below) _____

<b>HOUSEHOLD INFORMATION</b>	Are you or someone in your household CURRENTLY receiving SNAP benefits? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you or any household members have any known or suspected health concerns that would be negatively impacted by weatherization work? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

Enter the number of people in the household who are:		Enter the total <b>gross</b> annual income for <b>all</b> people living in the household:	
Ages 0 – 5 Years		TANF	\$
Ages 6 – 17 Years		SSI	\$
Ages 18 - 59 Years		SSA / SSDI	\$
Ages 60 – 74 Years		Paycheck(s)	\$
Ages 75 and older		Pension / Retirement	\$
<b>Total Household Size</b>		Other	\$
		<b>Total Annual Income</b>	\$

*(Household details continued on next page)*

**HOUSEHOLD MEMBERS**

Enter the information below for ALL household members. If you have more than 5 people in your household, please list the information on a separate piece of paper.

**HOUSEHOLD MEMBER 1 (APPLICANT)**

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 2**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 3**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 4**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 5**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):		Source of Income:	

<b>ENERGY INFORMATION</b>	Indicate the types of energy used in your home (check all that apply):	
	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> Other Fuel	
Are your utilities included in rent or submetered? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please provide energy company information below:
<b>Energy Company Information</b>		
Company Name: _____		Account # _____
Account Holder Name: _____		Energy Type: _____
<b>Energy Company Information</b>		
Company Name: _____		Account # _____
Account Holder Name: _____		Energy Type: _____

**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 false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility and acknowledge 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 of Federal Regulations 600.153(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program.

I do \_\_\_\_\_ /do not \_\_\_\_\_ agree that the information contained in my application may 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 BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM.**

<b>TO BE COMPLETED BY AGENCY STAFF ONLY</b>		
Application Status: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	If denied, list reason:	
Eligibility Type: <input type="checkbox"/> Income <input type="checkbox"/> Categorical	Total Priority Points:	Site ID:
SIGNATURE OF DETERMINING OFFICIAL:		Date:

# Weatherization Assistance Program | Service Agreement for Owners

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

**By signing below, I authorize:**

1. I am the owner of the property listed above.
2. This property 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 of the home related to the energy audit, work orders and subsequent inspections;
  - c. The installation of weatherization materials as determined appropriate;
  - d. Inspection of the work upon completion by the contractor, sub-contractor staff, local, state, and federal officials;
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 Program's 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.

**I understand and agree to the following conditions:**

1. No undue or excessive enhancement shall occur to the value of the property identified above;
2. If this Agreement is not adhered to, the cost of the weatherization improvements shall be reimbursed by the Owner to the Agency.

**Homeowner/Applicant Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Weatherization Assistance Program | Energy Bill Release Form

**Applicant Name:** \_\_\_\_\_

**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 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:	
Account Number:	
Name on Account:	
Energy Provider Name:	
Account Number:	
Name on Account:	

**Applicant Signature:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**If the account is not in the applicant's name, the account holder must sign below:**

By signing below, I certify that the energy bill at the above address is in my name, but the Applicant listed above is responsible for payment of the entire 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 payment on this account.

**Account Holder Signature:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# 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).

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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.

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WAP Applicant Signature

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SCHRA Staff Member

# Weatherization Assistance Program | Self-Certification of Zero Income

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

You are being asked to complete this form because you or members of your household have reported zero income for the period requested.

I certify that during the period of \_\_\_\_\_ I earned *zero* income.

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please explain briefly how basic needs have been met during this period:

Expense Type	Amount	How has this expense been paid/covered?
Mortgage/Rent	\$	
Utility Bills	\$	
Food	\$	
Transportation	\$	
Phone	\$	

I 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

## Weatherization Assistance Program | Statement of Support

I, \_\_\_\_\_, certify that I am providing or have provided the following  
(PRINT NAME)

support to \_\_\_\_\_:  
(APPLICANT NAME)

Check all that apply:	Expense Type	Amount	Period of time provided to applicant:
<input type="checkbox"/>	Mortgage/Rent	\$	
<input type="checkbox"/>	Utility Bills	\$	
<input type="checkbox"/>	Food	\$	
<input type="checkbox"/>	Transportation	\$	
<input type="checkbox"/>	Phone	\$	
<input type="checkbox"/>	Cash	\$	
<input type="checkbox"/>	Other: _____	\$	
<input type="checkbox"/>	Other: _____	\$	

\_\_\_\_\_  
 Signature of Individual Providing Support

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

## Weatherization Assistance Program | Landlord Agreement

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 actions 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, collecting necessary photographs to support the weatherization work, 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

## Weatherization Assistance Program | Service Agreement for Renters

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

By signing below, I authorize:

1. The local Weatherization Agency to make arrangements for weatherization activities, including:
  - a. The inspection of the interior and exterior of my home;
  - b. Photographs of the home related to the energy audit, work orders and subsequent inspections;
  - c. The installation of weatherization materials as determined appropriate;
  - d. Inspection of the work upon completion by the contractor, sub-contractor staff, local, state, and federal officials;
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.

Tenant/Applicant Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date