

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION
MUST PROVIDE PROOF OF INCOME WITH COMPLETED APPLICATION!!

APPLICANT INFORMATION:

APPLICATION DATE: _____

Name: _____

Social Security No.: _____

Address: _____

Date of Birth: _____

City: _____

Telephone No.: _____

Directions: _____

What year was your home built: _____

Do you own your own home? Yes ___ No ___

Section 8 Yes ___ No ___

Do you rent? Yes ___ No ___

If so, from whom?

Name: _____ Address: _____ Phone: _____

Do you pay for heating and cooling of your home? Yes ___ No ___

Have you received assistance from the Oklahoma Department of Human Services LIHEAP Program?

Yes ___ No ___

Has your home been previously weatherized by a Community Action Agency?

Yes ___ No ___ If yes, when? _____

SOURCE OF INCOME

Employment ___ Unemployment ___ Disability ___ Social Security ___

SSI ___ AFDC ___ Other ___

Amount of household income for the last twelve (12) months. \$ _____

If employed, give employer's name, address, and telephone number:

HOUSEHOLD MEMBERSHIP (INCLUDE APPLICANT):

NAME	OCCUPATION	AGE*	RACE*

***This is voluntary information.**

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973; (2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction Act; or (3) who is receiving benefits under Chapter 11 or 15 of Title 38, U.S. Code?

Yes ___ No ___ If yes, please describe: _____

Weatherization Assistance Program Application

Fuel Usage Information:

What is the annual cost of heating your house?

Electric \$ _____ Propane \$ _____ Natural Gas \$ _____ Wood \$ _____

Housing Condition:

1. How many Windows are there on your house? _____
How many windows have cracked or broken panes? _____
2. How many outside Doors in your house? _____
Do they need to be replaced or repaired? Yes _____ No _____
Do they need weather strips? Yes _____ No _____
Do they need door sweeps or thresholds? Yes _____ No _____
3. What kind of Heating system do you have? Wall or floor furnace _____ Is it Vented? _____
Central _____ Space Heaters _____ Wood Stove _____ Other _____

What kind of Cooling system do you have? Fans _____ Evaporated cooler _____
Central Unit _____ Refrigerated Window Unit _____ Other _____

4. Is your Ceiling Insulated? Yes _____ No _____
Can your ceiling be insulated? Yes _____ No _____
(If not, explain) _____
5. Does your Roof leak? Yes _____ No _____
6. Are your Walls Insulated? Yes _____ No _____
7. What kind of Foundation does your house have? Post & Pillar _____ Solid _____
Do you have large cracks or holes in your solid foundation? Yes _____ No _____
8. What is the Exterior of your home? Wood _____ Stucco _____ Vinyl _____ Mobile Home _____
9. Refrigerator. What is the year _____ brand _____ and model number _____.
10. Describe any other conditions at your home which could be improved with weatherproofing.

Release of Energy Consumption Information:

I hereby grant permission to the *United Community Action Program, Inc.* to inspect utility billing records at the _____ for the address of _____ . The purpose is to obtain data needed to evaluate the effects of Weatherization and energy conservation education upon energy consumption.

Utility Account Numbers:

Electric _____ Natural Gas _____ Propane _____

Date

Signature of Applicant

Date

Witness

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

RELEASE OF PERSONAL INCOME INFORMATION:

In order to determine my eligibility for the Weatherization Program, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department of Commerce (ODOC) or its designee to have access to my financial records in my possession or in the possession of any other entity prior to the starting date of the work to be done. I waive my right to privacy or confidentiality.

Date

Signature of Applicant

Date

Witness

INCOME CERTIFICATION (TO BE COMPLETED BY CAA STAFF):

Source: _____

Comments: _____

Verified By: _____

Signature

Date

NOTE:

In accordance with the policies at ODOC, you are hereby informed that you have the right of appeal of the decision made on this application and you have the right to expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of this Agency, who will furnish you with a copy of the Appeals Procedures established under the guidelines of 74 O.S. 5023 (1991).

DEFINITION OF INCOME

Refers to the total annual cash receipts before taxes from all sources, with the exceptions noted below. Income data for a part of a year may be annualized in order to determine eligibility -- for example, by multiplying by four the amount of income received during the most recent three months. The method of calculation is to be determined by the Grantee. Grantees should have a consistent policy covering its subgrantees on re-certification of applicants whose eligibility may have changed due the length of time that may have expired awaiting weatherization services.

INCOME INCLUDES money, wages and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). **INCOME ALSO INCLUDES** 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, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

INCOME EXCLUDES capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump sum inheritances, one-time insurance payments, or compensation for injury. **INCOME ALSO EXCLUDES** non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance. Note: **CHILD SUPPORT PAYMENTS AND COLLEGE SCHOLARSHIPS ARE EXCLUDED.**

OCCUPANT AGREEMENT

The Weatherization Assistance Program shall be defined as an U.S. Department of Energy program that increases the energy efficiency of dwellings owned or occupied by low-income persons. The program serves to reduce the total residential energy expenditures and improve the health and safety of the home.

I, _____, certify that I am the occupant of the property located at _____ in _____ County in the State of Oklahoma.

I further certify that I give my permission to *United Community Action Program, Inc.*, and their subcontractors to perform any and all work related to the Weatherization Assistance Program activities at the property listed above.

I certify that there are no pre-existing medical conditions that will be exacerbated by the performance of weatherization activities. I also certify that the activities to be performed were fully described to me, including moisture and hazardous material problems, and I am fully aware of the measures to be installed, the labor involved to install those measures, and the anticipated results.

I release and hold harmless the State of Oklahoma; its agents, officers and employees, and the Community Action Agency named above, from all liability for any weatherization related damages, whatever the cause, to any real and/or personal property and/or to any person.

Signature of Occupant

Witness

******COMPLETE PAGES 6 & 7 ONLY IF YOU LIVE IN A RENTAL******

WEATHERIZATION PROGRAM AGREEMENT FOR RENTAL UNITS

THIS AGREEMENT, MADE THIS _____ DAY OF _____, 200____, between

Property Owner: _____

Address: _____

City, Zip: _____

Phone: _____

hereinafter called the Owner, and the Community Action Agency (CAA) _____
_____ hereinafter called the Contractor, for work to be completed on the
structure located at:

Address: _____

City, Zip: _____

Occupied by _____, hereinafter called the Tenant.

This Agreement is entered into by and between the above-named Owner, Tenant and the Contractor.

The Contractor has determined that the Tenant's residence is eligible for weatherization improvements (under 10 CFR 440).

A residence is considered "completed" upon completion of the final inspection of the weatherized work by the Contractor.

The parties to this Agreement, for good and valuable consideration, agree that the weatherization improvements are subject to the following conditions:

1. The Contractor agrees to provide weatherization services/improvements to the residence of the Owner that is occupied by the current Tenant.
2. By entering into this Agreement, the Owner and his/her heirs or assigns agree not to raise the rent on the above-described property for a period of 12 months from the date of the completion of weatherization improvements.
3. The Owner also agrees that the Tenant will not be evicted, regardless of type of rental agreement without legal cause (non-payment of rent, etc.) for a period of 12 months from the date of the completion of weatherization improvements.
4. If this Agreement is not adhered to by the Owner and/or the rent is raised, the cost of the weatherization improvements shall be reimbursed by the Owner to the Contractor.
5. If the Tenant is leasing a low-income, federally subsidized residence, this Agreement shall supersede any and all rental contract agreements between the Owner and the other State and/or federal agency.

6. The parties to this Agreement agree that no undue or excessive enhancement shall be provided to the rental unit or building due to this weatherization assistance.
7. The Owner agrees to rent the premises at the current rate of \$ _____ per _____ for a minimum of 12 months from the date of completion of weatherization improvements.
8. The Owner and Tenant agree to release and hold harmless the State of Oklahoma, its agents, officers, and employees and the above-named CAA, its agents, officers and employees from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

This Agreement constitutes the full and complete agreement between the parties.

Owner

Date

Weatherization Coordinator/Director

Date

Tenant

Date

The original document stays with the Contractor, one copy to the Owner and one to the Tenant.

United Community Action Program, Inc.

Occupant Agreement to Carbon Monoxide Testing

I hereby grant permission to United Community Action Program, Inc. to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered United Community Action Program, Inc. and/or will contact the local gas utility and it could result in my gas being shut off until the problem is corrected. I also understand that United Community Action Program, Inc. is under no obligation to make these repairs for me.

Applicant

Date

Confirmation of Receipt of Lead Pamphlet

- I have received a copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools* informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of recipient

Date

Signature of recipient

Self-Certification Option (for tenant-occupied dwellings only) —

If the lead pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Refusal to sign** — I certify that I have made a good faith effort to deliver the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature** — I certify that I have made a good faith effort to deliver the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care providers and Schools*, to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door.

Printed name of person certifying

Attempted delivery
date and time
lead pamphlet delivery

Signature of person certifying lead pamphlet delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation (Document with a certificate of mailing from the post office).

UNITED COMMUNITY ACTION PROGRAM, INC.
CLIENT INTAKE AND ASSESSMENT

ciform 09/10/2008

Please print all information

DATE OF INTAKE: _____

Client information

Do you wish to register client yes
 no

FIRST NAME: _____

LAST NAME: _____

COUNTY _____

REGISTERED CLIENT INFORMATION

SOCIAL SECURITY NO. _____

PHONE _____

GENDER male female other

ETHNICITY: Hispanic
 Non-Hispanic

RACE: White
 Black/African American
 Asian
 American Indian/Alaska Native
 Native Hawaiian or Pacific Islander
 N/A

HIGHEST LEVEL EDUCATION COMPLETED
 1, 2, 3, 4, 5, 6-(circle one)
 7, 8-(circle one)
 9, 10, 11, 12-(circle one)
 High School Diploma
 GED
 more than 12 years
 Don't know

TRIBAL AFFILIATION:

Disabled? yes no

DATE OF BIRTH: ____/____/____

Health Insured? yes no
If yes what type of Insurance?

ADDRESS: Street _____

Veteran? yes no

City _____

U.S. Citizen yes no

State _____

Zip Code _____

NOTE: In accordance with the Policies of the Oklahoma Department of Commerce, you are hereby informed that you have the right of appeal of the decision made on this application, and you have the right to expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of this agency who will furnish you a copy of the Appeals Procedure established under the guidelines of Title 74 of the Oklahoma Statutes (9182) Section 1433.2.

HOUSEHOLD INFORMATION

**Please print all information

Client's name _____ SS# _____

INCOME INFORMATION Dollar amounts only below

HOUSEHOLD

ANNUAL INCOME _____ Employment
 _____ SSI _____ Social Security
 _____ Disability
 _____ Other

SOURCE OF FAMILY INCOME

____ Employment
 ____ Employment *other
 ____ Pension
 ____ Safety Net Assistance
 ____ Social Security
 ____ Supplemental Insurance
 ____ TANIF
 ____ Unemployment Insurance
 ____ Other
 ____ No Income

TOTAL

ANNUAL INCOME _____

DOES CLIENT RECIVE FOOD STAMPS _____ YES _____ NO
 If not receiving food stamps has client applied for food stamps? _____ yes _____ no If denied, why? _____

FAMILY TYPE: _____ Single parent/male
 _____ Single Grandparent/male
 _____ Single male
 _____ Single female
 _____ Single parent/female
 _____ Single Grandparent/female
 _____ Two parent household
 _____ Two Grandparent household
 _____ Two adults-no children
 _____ None of the above

HEAD OF HOUSHOLD: _____ Single male 18-65
 _____ Single female 18-65
 _____ Single youth under 18
 _____ Two adults 18-65
 _____ Two youths under 18
 _____ One adult one youth
 _____ Single elderly over 65
 _____ One elderly adult
 _____ Two elderly adults over 65

HOUSING: _____ Own/Buy
 _____ Rental
 _____ Shelter
 _____ Homeless
 _____ Temp. Housing
 _____ Room and Board
 _____ Subsidized
 _____ Other _____

LEGISLATIVE DISTRICT

____ 29- Creek-Tulsa
 ____ 30 -Creek
 ____ 37- Kay
 ____ 36 -Osage
 ____ 35 -Noble, Osage, Pawnee

*OTHER FAMILY MEMBERS (this is a required field) please fill in accurately

FIRST	LAST	BIRTHDATE	RACE/ETHN.	M/F
_____	_____	____/____/____	_____	____
_____	_____	____/____/____	_____	____
_____	_____	____/____/____	_____	____
_____	_____	____/____/____	_____	____
_____	_____	____/____/____	_____	____
_____	_____	____/____/____	_____	____

AGREEMENT: By signing below I certify that all the information contained in this document is true to the best of my knowledge. I also give this agency permission to release the information in this document to appropriate individual agencies.

_____ Client Signature _____ Date

 Signature of Person taking this application
STOP!----- CLIENT DOES NOT COMPLETE REMAINDER OF FORM.

PLEASE MARK THE PROGRAM, SERVICES AND CONTRACT FOR WHICH THE CLIENT HAS RECEIVED SERVICES. DATE ONLY THE TOP AS THE DATE OF INTAKE.

FUNNEL MANAGEMENT

TO BE FILLED IN BY PERSON DOING CASE MANAGEMENT

NAME OF CLIENT _____

SS# _____

SAF INTAKE/REFERRAL

DATE _____

WEATHERIZATION PROGRAMS

DOE-----

DHS-LIHEAP-----

WEATHERIZATION CONTRACT

DOE-----

DHS-LIHEAP-----

ACTIVITY CODE

004-PUT ON WAITING LIST-----

005-ENROLLED IN PROGRAM-----

702-HOUSING UNIT PRESERVED
-WEATHERIZED-----

REFERRAL MADE

REFERRED TO:

