

**ATTENTION: You must submit the following items with your Weatherization Application in order to be considered for the program.**

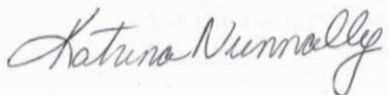
The following checklist is to assist you in submitting proper documentation with your application. If any documentation is missing we CAN NOT process your application.

- \_\_\_\_\_ Completed Application (ALL Pages filled out completely)
- \_\_\_\_\_ Copy of your Deed, Mobile Home Title, Rental Agreement (if you rent), and/or a Copy of your **Recorded** Land contract.
- \_\_\_\_\_ A copy of your gas and electric bills.
- \_\_\_\_\_ Verification of Income for ALL members of the household for the past twelve months.

If you have any questions when completing the application or about the information you will need please feel free to contact our office Monday-Friday from 7:30-4:00. We can be reached by calling, 740-753-3062.

Your completed application should be mailed to: HAPCAP  
50 Saint Charles St.  
Nelsonville, OH. 45764  
Attn: Katrina

Sincerely,



Katrina Nunnally  
Senior Housing Clerk  
Hocking Athens Perry Community Action

HAPCAP  
50 Saint Charles St.  
Nelsonville, OH. 45764  
Attn: Katrina

## HOME WEATHERIZATION ASSISTANCE PROGRAM (HWAP)

HWAP is a federally funded, low income residential energy efficiency program that reduces the energy use of qualified households throughout the state. HWAP services include attic, wall, and basement insulation; blower door guided air leakage reduction; heating system repairs or replacements; electric baseload measures that address lighting and appliance efficiency; and Health and safety inspections and testing. Services are based on the structure and energy use of the home.

HWAP is administered locally by community action, social service, and local government agencies.

### WEATHERIZATION

Can not service anyone if they have been serviced in the last 17 years.  
Mobile Homes and Recorded Land Contracts are eligible.  
**MUST meet income guidelines.**

1. Furnace repair/replacement
2. Hot water tank repair/replacement
3. Duct system work
4. Blow in insulation in the floors, walls, attics
5. Air sealing around doors and windows

### 2016 Income Guidelines

#### Family Size

1	23,760
2	32,040
3	40,320
4	48,600
5	56,880
6	65,160
7	73,460
8	81,780
each additional add	8,320

**Hocking Athens Perry  
Community Action Agency  
Weatherization  
50 St. Charles Street  
Nelsonville, OH 45764**

Dear Applicant,

Thank you for your patience during this process. We understand how important this service is to you and your family. Unfortunately, due to the large number of applications we receive for weatherization, your completed application must be placed on a waiting list. In order for us to process your application in a timely manner, you must submit one of each of the following with your application:

- 1. Copy of Proof of Ownership (send only ONE of the following)**
  - Landlord/tenant agreement (if you rent)
  - Mobile Home Title ( Must be in applicants name)
  - Copy of your Deed
  - Land Contract (**MUST** be recorded by your counties Recorder Office)
  - Property tax document
  
- 2. Copy of Proof of Income (send only ONE of the following)**
  - Copy of **two months** most recent pay stubs.
  - Copy of current Social Security Award Letter
  - Verification of any other income coming into the household
  
- 3. Completed Application (make sure to fill out the ENTIRE application)**
  - **ALL** questions must be answered, even if repeated information
  - **ALL** blanks must be filled in (Complete address, utility company(s) name, account numbers, household members names, social security numbers, everything.
  - **ALL** signatures must be present
  
- 4. Copies of your most recent electric and heating utility bills**

Once your **completed** application is received we will sent you a blue card to let you know that you have been approved and you will be added to the waiting list. If at anytime while filling out this application you need assistance please feel free to call our office Monday through Friday 7:30am to 4:00 pm at (740)753-3062 or 1-866-992-8858.

### **PROOF OF INCOME**

You must provide proof of income for everyone living in your household. Examples of documents, which provide proof of income, are: Payroll stubs, statements from employers, public assistance payment histories, or benefit letters from Social Security, Workers' Compensation, Unemployment Compensation. Please provide income documentation to support your response to question # 3. If you are missing documentation for any income source or you list "0" income, please explain. If your response to question #5 is "No Income", a written, signed statement which provides an explanation as to how you are maintaining your household must be submitted. Failure to provide the required documents will delay the processing of your application. Please try to include copies, since originals will not be returned.

### **2016 Income Guidelines**

Size of Household	Total Gross Household Income
1	up to \$ 23,760
2	up to \$ 32,040
3	up to \$ 40,320
4	up to \$ 48,600
5	up to \$ 56,880
6	up to \$ 65,160
7	up to \$ 73,460
8	up to \$ 81,780

For households with more than 8 members, add \$ 8,320 per member

### **PROOF OF DISABILITY**

If you answered yes to question #12, you must submit proof of disability, but need not disclose the nature of the disability. Proof includes a doctor's statement, benefits letter for Supplemental Security Income, Social Security Disability, Workers Compensation, etc. Permanently and totally disabled means a person who has, on the first day of July of the year an application is made, some impairment in body or mind that makes the person unfit to work at any substantial employment that they person would otherwise be reasonably able to perform and that will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication of recovery therefrom, or who has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons.

### **PROOF OF HEAT TYPE**

Attach a copy of your fuel bill or any other document showing your main heating fuel and main fuel supplier. Also attach a copy of your electric bill even if electricity is not your main heating fuel.

**PLEASE SIGN AND MAIL APPLICATION TO:  
WEATHERIZATION  
50 ST CHARLES ST.  
NELSONVILLE, OH 45764**

For Office Use Only

**COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD**  
**Please complete all items and questions and attach required proof.**  
**An incomplete application will delay assistance.**

For Office Use Only (Date)

**YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE**

Client Number

**PRIMARY APPLICANT**

Please Print or Type	First Name	M. I.	Last Name	Your Social Security Number			
	Current Mailing Address (no. and street, including route)			Apartment / Lot / Unit / Floor			
	City		State	Zip code	Ohio County		
	Daytime Telephone including Area Code		Date of Birth		E-mail Address		
	( )		Mo. Day Yr.				
	Current Service Address (if different from above)			Apartment / Lot / Unit / Floor			
City		State	Zip code	Ohio County			

- Check the box that most closely describes the type of building you live in. (Check only one.)  
 Mobile Home     Single Family     Multi-family Low-rise (3 stories or less)     Multi-family High-rise (4 stories or more)
- Including yourself, how many people live in your household?  
(Include all persons listed on question number 3.)
- Including yourself, please list the names, relationships, social security number(s), date(s) of birth, and gross incomes of everyone living in your household. Please indicate if each household member is disabled and if they are a U.S. citizen by checking yes or no in the appropriate box. Include all income of all persons living in your household except for wage or salary income earned by dependent minors under 18. (**Attach proof of income, disability and citizenship/alien status-see "Instructions"**) Use a separate sheet if necessary. Failure to provide the required income documents for at least the previous 90 days will delay the processing of your application.

Household Members	Relationship to You (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source	Current Mo.	Last 3 Mo.	Last 12 Mo.	Disabled?	U.S. Citizen?
	Self							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
								<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

- What was your total gross household income for the last 12 months?
- yes  no Do you receive Public Assistance? Case Number
- INCOME SOURCE (Check the Income Source(s) for Your Household) **DOCUMENTATION MUST BE PROVIDED!**  
 Wages     Pension     Social Security     Child Support     Employment Disability  
 Self Employment     VA Pension     SSDI     Workers' Comp     Interest  
 Unemployment     VA Disability     SSI     TANF     Other  
 Active Military Pay     Disability Assistance     No Income (Explain how you pay bills on a separate sheet.)

7) Do you rent or own your home?  Rent  Own (Buying) skip to question 13.

8) Landlord's Name   
Address   
Telephone Number

9)   Do you rent a room in someone else's home? If yes, please list all household member information under question number 3.  
yes no

10)   Do you receive **rental** assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?  
yes no

11)   Has your household received weatherization services from any other program; (for example, a utility program)?  
yes no  
If yes, which program?

12)   Would you like to apply for the Home Weatherization Assistance Program (HWAP)?  
yes no

13)   I consent to the release of my name, phone number, and social security number to the local telephone company so that I may receive a possible reduced telephone rate through the Lifeline Program.  
yes no

14)   I am enrolled in or eligible for Medicare. I consent to the release of my name, address, phone number, and social security number to my local Area Agency on Aging, or the Ohio State Health Insurance Information Program (OSHIIIP), or their designee, for help in applying for prescription drug assistance and other benefits.  
yes no

15)  Number of Native Americans in the household (as defined by the U.S. Bureau of Indian Affairs).

16) What is your **main** source of heat? (Check only one)

Natural Gas  Bottle Gas or Propane (L.P. Gas)  Fuel oil or Kerosene  Coal, Wood or Pellets  Electric  Other

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. **Include a copy of your most recent fuel or heating bill from your current address.**

**Main Heating Source** (Same source as Question 16.)

If you are not currently enrolled in PIPP, do you want to enroll? (Please see front page for PIPP description)  
yes no

If you are currently enrolled in PIPP, would you like to reverify your household income for eligibility?  
yes no

Company/Vendor

Account #

17)   Are your heating costs included in your rent?  
yes no

18)   Is the name on your heating bill different from the Applicant's name? If yes, give that name.

First:  Last:

19)   Do you share a main heating source meter with another household?  
yes no

Complete the section below with your electric company name and account number. **Include a copy of your most recent electric bill from your current address.**

**Electric**

If you are not currently enrolled in PIPP, do you want to enroll? (Please see front page for PIPP description)  
yes no

If you are currently enrolled in PIPP, would you like to reverify your household income for eligibility?  
yes no

Company/Vendor

Account #

20)   Is your electricity included in your rent?  
yes no

21)   Is the name on your electric bill different from the Applicant's name? If yes, give that name.

First:  Last:

22)   Do you share an electric meter with another household?  
yes no

I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company, or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45CFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here  Application Date

Client ID # \_\_\_\_\_

Program Year: \_\_\_\_\_

**CSBG INTAKE**

SS#: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_ Whose Phone: \_\_\_\_\_

<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnicity:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more above)
---------------------------------------------------------------------------------	------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Agency Site:</b>	<b>Client E-mail:</b>
---------------------	-----------------------

<b>Education:</b> <input type="checkbox"/> A. 0-8 <input type="checkbox"/> B. 9-12 (Non-Grad) <input type="checkbox"/> C. HS Grad/GED <input type="checkbox"/> D. 12+ <input type="checkbox"/> E. 2-4 yr. Grad College	<b>Food Stamps:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Health Insurance:</b> <input type="checkbox"/> A. Medicaid <input type="checkbox"/> D. Self-Ins. <input type="checkbox"/> B. Medicare <input type="checkbox"/> E. None <input type="checkbox"/> C. Private <input type="checkbox"/> F. Unknown	<b>Farmer:</b> <input type="checkbox"/> A. Farmer <input type="checkbox"/> B. Migrant <input type="checkbox"/> C. Seasonal
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b># In HH</b>	<b>Family Type:</b> <input type="checkbox"/> F. Single Par/Female <input type="checkbox"/> Single <input type="checkbox"/> M. Single Par/Male <input type="checkbox"/> Couple <input type="checkbox"/> Two Parent <input type="checkbox"/> Other	<b>Housing:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<b>Income Eligibility Period:</b> <input type="checkbox"/> A. Weekly <input type="checkbox"/> D. Annually <input type="checkbox"/> B. Bi-Weekly <input type="checkbox"/> E. 13 Weeks <input type="checkbox"/> C. Monthly <input type="checkbox"/> F. 3 Months <input type="checkbox"/> G. 6 Months
--------------------------------------------------------------------------------	----------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Source of Income:</b> <input type="checkbox"/> A. Employment <input type="checkbox"/> C. Social Security <input type="checkbox"/> E. GA <input type="checkbox"/> G. Pension <input type="checkbox"/> I. Other <input type="checkbox"/> B. Unemployment <input type="checkbox"/> D. TANF <input type="checkbox"/> F. SSI/SSD <input type="checkbox"/> H. No Income <input type="checkbox"/> J. Zero Income <input type="checkbox"/> K. Refused - Only used for programs that do NOT require income verification	<b>Income Amount:</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

**Other Household Members**

Use codes from above ONLY for information listed below

SS#	Last Name	First Name	Date of Birth	Male/Female (M, F)	Disabled (Y, N)	Ethnicity (B, A, NHPI, NA, HL, W, O, MR)	Education (A, B, C, D, E)	Veteran (Y, N)	Health Insurance (A, B, C, D, E, F)	Income Period: (A, B, C, D, E, F, G)	Source (A, B, C, D, E, F, G, H, I, J, K)	Income Amount

<b>Code#:</b>													<b>Initials</b>	<b>Date</b>
<b># of Units:</b>													<b>Intake:</b>	
<b>Date of Service:</b>													<b>Data Entry</b>	

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

HOME WEATHERIZATION ASSISTANCE PROGRAM  
HOMEOWNER/AUTHORIZED AGENT CERTIFICATION

Agency: HAP Community Action  
Address: 50 St. Charles Street  
Nelsonville, Ohio 45767  
Phone: (740) 753-3062 or 753-9000

I, \_\_\_\_\_, certify that I am the  
(Name)  
owner/authorized agent for the property located at:

\_\_\_\_\_  
\_\_\_\_\_

I further certify that I have given my permission to allow work on the property listed above which may include the following:

1. Drill and plug aluminum and/or vinyl siding \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A
2. Drill and plug wood siding \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A
3. Drill and Plug interior walls \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A
4. Install S-TYPE fuses \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A
5. Lower the thermostat on the water heater \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A
6. Heating Unit Inspection
7. General Heat Waste
8. Air Leakage
9. Attic Insulation ( If Applicable)
10. Wall Insulation (If Applicable)
11. Floor Insulation ( If Applicable)
12. Other work that must be done in accordance with the Minimum Weatherization Program Standards.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

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



## RENTAL AGREEMENT

The parties to this Rental Agreement are the following:

**Tenant:** \_\_\_\_\_

**Owner/Authorized**

**Agent:** \_\_\_\_\_

**Agency:** Hocking Athens Perry Community Action Agency / Gregg Andrews

The Owner/Authorized Agent consents and agrees that the following weatherization work shall be done by the Agency to the property located at \_\_\_\_\_ and presently leased to the Tenant: \_\_\_\_\_.

The estimated value of the weatherization materials and labor to be supplied by the Agency is \$ 6,000.00

Major retrofits proposed include: Insulation, air leakage, Furnace, and water heater inspections, etc .

The Agency agrees to use its best efforts to complete the weatherization work by \_\_\_\_\_  
(Date)

In consideration for the weatherization work to be performed the parties agree:

- 1) Amount of Rent: The present rent for the above described premises is \$ \_\_\_\_\_ per \_\_\_\_\_.
- 2) Limitations of Rent Increases: For a period of one year after the date of the execution of the Rental Agreement, the rent shall not be raised unless the increase is demonstrably related to matters other than the weatherization work performed. In instances of complaints regarding rent increases brought to the Agency's attention by the Tenant, the Owner/Authorized Agent agrees to document the basis of the increase to the Agency's satisfaction and to accept the Agency's decision regarding the applicability of the increase under the terms of this Rental Agreement.
- 3) Energy Utility Cost Included in Rent: In the event the Owner/Authorized Agent is directly responsible for the energy/utility costs used primarily for heating purposes on the property covered by this Rental Agreement, the Owner/Authorized Agent agrees to:  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Eviction: The Tenant shall not be evicted from the premises for a period of one year after the date of the execution of this agreement so long as every ongoing obligation and responsibility owed to the owner/Authorized Agent is met.

**TENANTS SYNOPSIS OF THE PROVISIONS CONTAINED IN THE WEATHERIZATION  
OWNER/AUTHORIZED AGENT & TENANT, & AGENCY AGREEMENT**

Tenants Name: \_\_\_\_\_

Owner/Authorized Agent  
Name: \_\_\_\_\_

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

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

City, Zip: \_\_\_\_\_

City, Zip: \_\_\_\_\_

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

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

You and your rental property Owner/Authorized Agent have entered into an Agreement with HOCKING ATHENS PERRY COMMUNITY ACTION AGENCY (HWAP), to have your home weatherized. Most, if not all, of the materials and labor to weatherize the unit are being supplied free of charge to your Owner/Authorized Agent because you are income eligible to receive the benefits of the weatherization program. In return for this weatherization, your Owner/Authorized Agent has agreed to several provisions that benefit you and give you specific rights. These provisions and rights are summarized below:

1. Except for reasons unrelated to the weatherization work, the Owner/Authorized Agent cannot raise your rent until \_\_\_\_\*\_\_\_\_ even if you have previously agreed that your present rent could be increased before that date.
2. If your Owner/Authorized Agent tries to raise your rent before \_\_\_\_\*\_\_\_\_, you have the right to file a complaint with the Agency. The Agency will review your complaint and, if necessary will determine if the landlord has grounds to raise the rent or not. You may also have the right to assert a claim against him/her in court. If this happens and you need assistance in asserting your claim, call your local legal services agency at:  
Hocking: 740-385-5135, Athens: 740-594-3558 and Perry: 1-800-686-3671.
3. If you happen to move out of the unit before \_\_\_\_\*\_\_\_\_ the Owner/Authorized Agent must charge the new Tenant the same rent as you were charged.

The Agency must provide you with a copy of the signed Owner/Authorized Agent/Tenant Agency Agreement. You may use the agreement document as evidence in court to prove your claim.

This Agreement protects you from eviction for \_\_\_\_\*\_\_\_\_ following the completion of the Weatherization work, except for:

- \* failure to pay rent;
- \* violating the terms of the lease (other than to surrender possession upon notice);
- \* causing substantial damage to the premises;
- \* permitting a nuisance; or
- \* carrying on an unlawful business.

\* = 1 year

4. Sale of Premises: In the event that the Owner/Authorized Agent sells the premises within one year of the date of the execution of this Rental Agreement, the Owner/Authorized Agent will comply with one of the following two conditions:

(a) The Owner/Authorized Agent shall repay the Agency at the date of sale an amount equal to the amount of materials and labor supplied by the Agency.

(b) The Owner/Authorized Agent shall obtain, in writing prior to the sale, the purchaser's agreement to assume the Owner/Authorized Agent's obligations under this Rental Agreement.

The Owner/Authorized Agent shall, immediately upon entering into an agreement of sale of the premises, so inform both the Agency and the Tenant by written notice.

This Agreement will begin on the date of last signature of the parties and shall terminate one year after the date of the last signature.

Tenant:

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

Owner/Authorized Agent:

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

By: \_\_\_\_\_ Title: \_\_\_\_\_

Agency:

Name HAP Community Action Agency Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_