

# **HOME WEATHERIZATION ASSISTANCE PROGRAM**



## **APPLICATION PACKET FOR HOMEOWNERS**

### **CONTACT US**

#### **LORAIN COUNTY COMMUNITY ACTION AGENCY**

By Appointment:  
401 Broadway Ave., Lorain, Ohio 44052-0245

Mail to: 506 Broadway Avenue  
P.O. Box 245  
Lorain, OH 44052-0245

To Call: (440) 204-3155 (Options 1, 2 or 3)

Hours: 8am – 5pm Monday through Friday

[www.lccaa.net](http://www.lccaa.net)

**LORAIN COUNTY COMMUNITY ACTION AGENCY  
HOME WEATHERIZATION ASSISTANCE PROGRAM  
PLEASE READ THE FOLLOWING CAREFULLY**

The major objective of the Home Weatherization Assistance Program (HWAP) is to help low income residents of Lorain County reduce their energy consumption while increasing their living comfort.

Before a home is weatherized, an initial energy audit is performed by our Inspector/Estimator to determine the most cost effective weatherization measures for each home. The furnace and hot water tank are first inspected to ensure that they are operating safely and efficiently. Licensed heating contractors may be called for corrective measures depending on our Inspector's findings. Once the heating systems are operating safely and efficiently, our crews can begin the actual weatherization process.

Typical weatherization services, based on U.S. Department of Energy priority guidelines includes stopping air infiltration by caulking, weather-stripping windows and doors, replacing broken glass and insulating the attics and sidewalls.

To qualify for services, applicants must meet federal income guidelines and provide a valid proof of total household income for the twelve months preceding their date of application. If a member of the household receives benefits from SSI, HEAP, or ADC, the household is automatically eligible by category regardless of total household income.

**\*PLEASE NOTE THAT THIS PROGRAM IS A ONE-TIME ASSISTANCE, THEREFORE IF YOUR HOME HAS BEEN WEATHERIZED, WE CANNOT REVISIT YOUR HOME.**

**DOCUMENTATION NEEDED WHEN APPLYING:**

**A. IF YOU OWN YOUR HOME:**

- a. Complete the Homeowner/Authorized Agent Certification Form.
- b. Document that you own your home by providing your deed or Property tax receipt.
- c. Document total household income for the past twelve months from date of application for everyone in the household over 17 years of age.
- d. Provide your most recent Gas and Electric Bills **(front and back of all pages are required)**.
- e. Copy of HEAP approval letter, if applicable.

**B. IF YOU RENT:**

- a. Have your Landlord complete:
  - i. The Homeowner/Authorized Agent Certification Form.
  - ii. The Energy/Utility Cost included in the Rental Agreement Form if your landlord pays your heating bill.
  - iii. The Optional Landlord Contribution Form if you pay your own heating bill.
- b. You and your Landlord must complete the Landlord/Tenant/Agency Agreement Form.
- c. Documentation of total household income for the past twelve months from date of application for everyone in the household over 17 years of age.
- d. Provide your Gas and Electric Bills, regardless of who pays them **(front and back of all pages are required)**.
- e. Copy of HEAP approval letter, if applicable.
- f. **DUPLEXES NEED TO HAVE AN APPLICATION FILLED OUT FOR BOTH SIDES, AND ALL ABOVE INFORMATION WITH THE APPLICATION.**

Contact the HWAP Department between 8:00 am and 5:00 pm. Mail application to: P O Box 245, Lorain OH 44052, ATTN: HWAP. If there are any questions or need help to fill out this application, please call the Energy Coordinator at (440) 204-3155, Option #1.

**2013  
FEDERAL INCOME GUIDELINES  
EFFECTIVE JANUARY 24, 2013  
(AT 200% POVERTY LEVEL)  
FOR THE HOME WEATHERIZATION ASSISTANCE  
PROGRAM  
(ANNUAL INCOME)**

**Size of Family Unit**

1	22,980
2	31,020
3	39,060
4	47,100
5	55,140
6	63,180
7	71,220
8	79,260

\*Each Additional member add: 8,040

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

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**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 Mo. Day Yr.		E-mail Address					
	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/allen 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?
	<b>Self</b>							<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

- 6) INCOME SOURCE (Check the income source(s) for Your Household) **DOCUMENTATION MUST BE PROVIDED!**
- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> Wages               | <input type="checkbox"/> Pension               | <input type="checkbox"/> Social Security  | <input type="checkbox"/> Child Support | <input type="checkbox"/> Employment Disability |
| <input type="checkbox"/> Self Employment     | <input type="checkbox"/> VA Pension            | <input type="checkbox"/> SSDI   | <input type="checkbox"/> Workers' Comp | <input type="checkbox"/> Interest              |
| <input type="checkbox"/> Unemployment        | <input type="checkbox"/> VA Disability         | <input type="checkbox"/> SSI  | <input type="checkbox"/> TANF          | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Disability Assistance | <input type="checkbox"/> 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)?  
If yes, which program?   
yes no
- 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 (OSHIIP), 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

<p>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 <u>most recent</u> fuel or heating bill from your current address.</p> <p><b>Main Heating Source</b> (Same source as Question 16.)</p> <p><input type="checkbox"/> <input type="checkbox"/> If you are not currently enrolled in PIPP, do you want to enroll? (Please see front page for PIPP description) <small>yes no</small></p> <p><input type="checkbox"/> <input type="checkbox"/> If you are currently enrolled in PIPP, would you like to reverify your household income for eligibility? <small>yes no</small></p> <p>Company/Vendor <input type="text"/></p> <p>Account # <input type="text"/></p> <p>17) <input type="checkbox"/> <input type="checkbox"/> Are your heating costs included in your rent? <small>yes no</small></p> <p>18) <input type="checkbox"/> <input type="checkbox"/> Is the name on your heating bill different from the Applicant's name? If yes, give that name. <small>yes no</small></p> <p><input type="text"/> First: <input type="text"/> Last:</p> <p>19) <input type="checkbox"/> <input type="checkbox"/> Do you share a main heating source meter with another household? <small>yes no</small></p>	<p>Complete the section below with your electric company name and account number. Include a copy of your <u>most recent</u> electric bill from your current address.</p> <p><b>Electric</b></p> <p><input type="checkbox"/> <input type="checkbox"/> If you are not currently enrolled in PIPP, do you want to enroll? (Please see front page for PIPP description) <small>yes no</small></p> <p><input type="checkbox"/> <input type="checkbox"/> If you are currently enrolled in PIPP, would you like to reverify your household income for eligibility? <small>yes no</small></p> <p>Company/Vendor <input type="text"/></p> <p>Account # <input type="text"/></p> <p>20) <input type="checkbox"/> <input type="checkbox"/> Is your electricity included in your rent? <small>yes no</small></p> <p>21) <input type="checkbox"/> <input type="checkbox"/> Is the name on your electric bill different from the Applicant's name? If yes, give that name. <small>yes no</small></p> <p><input type="text"/> First: <input type="text"/> Last:</p> <p>22) <input type="checkbox"/> <input type="checkbox"/> Do you share an electric meter with another household? <small>yes no</small></p>
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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 \_\_\_\_\_

Program: HWAP

### CSBG INTAKE FORM HEAD OF HOUSEHOLD INFORMATION

CSBG #: \_\_\_\_\_

SS# \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

GENDER: F \_\_\_ M \_\_\_ DISABLED: Y \_\_\_ N \_\_\_ FOOD STAMPS: Y \_\_\_ N \_\_\_ VETERAN: Y \_\_\_ N

**ETHNICITY:**

- B Black
- W White
- H Hispanic
- N Native American
- A Asian
- O Other

**EDUCATION:**

- A 0-8
- B 9-12
- C HS Grad/GED
- D 12+
- E Unknown
- F College Grad

**HEALTH INSURANCE:**

- A Medicaid/HMO
- B Medicare
- C Private
- D Self Insured
- E Other
- F None

**FAMILY TYPE:**

- F Single Parent Female
- M Single Parent Male
- T Two Parent
- S Single Person
- C Couple
- O Other

HOUSING STATUS: RENT \_\_\_ OWN \_\_\_ HOMELESS \_\_\_ SITE COUNTY: LORAIN

HOUSING TYPE (Check  appropriate number below):



1. \_\_\_ Mobile Home



2. \_\_\_ Single Family



3. \_\_\_ Multi-family Low-rise  
(3 stories or less)



4. \_\_\_ Multi-family High-rise  
(4 stories or more)

**INCOME SOURCE:**

- A Employment
- B Unemployment
- C Social Security

- D AFDC
- E General Assistance
- F SSI/SSD

- G Pensions
- H Disability
- I Other

HOUSEHOLD MEMBERS INFORMATION (DO NOT INCLUDE YOURSELF)						
SS#						
LAST NAME						
FIRST NAME						
DATE OF BIRTH						
GENDER						
DISABLED						
ETHNICITY						
EDUCATION						
HEALTH INS						
VETERAN						
INCOME PERIOD						
AMOUNT						
INCOME SOURCE						

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE THE RELEASE OF ANY OR ALL INFORMATION NECESSARY FOR VERIFICATION PURPOSES.

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Date)

COMMENTS: \_\_\_\_\_

HOUSING & ENERGY SERVICES ADVOCATE	DATA ENTRY
SIGN	SIGN
DATE	DATE

**HOME WEATHERIZATION ASSISTANCE PROGRAM  
HOMEOWNER/AUTHORIZED AGENT CERTIFICATION**

**AGENCY:** LORAIN COUNTY COMMUNITY ACTION AGENCY

**ADDRESS:** PO BOX 245  
LORAIN, OH 44052

**PHONE:** (440) 204-3155

I, \_\_\_\_\_, certify that I am the  
Owner/Authorized Agent for the property at:

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

I further certify that I have given my permission to allow work on the property listed above,  
which may include (but is not limited to) the following:

- |   |        |       |        |
|---|--------|-------|--------|
| 1. Lift and remove aluminum and/or vinyl siding, so<br>that we can drill and plug to blow insulation<br>underneath, and then re-attach your siding. | Yes___ | No___ | N/A___ |
| 2. Drill and plug interior walls.   | Yes___ | No___ | N/A___ |
| 3. Install S-Type fuses.  | Yes___ | No___ | N/A___ |
| 4. Lower the thermostat on the water heater.  | Yes___ | No___ | N/A___ |
| 5. _____  |        |       |        |
| 6. _____  |        |       |        |
| 7. _____  |        |       |        |
| 8. _____  |        |       |        |
| 9. _____  |        |       |        |

10. Other work that must be done in accordance with the rules and regulations governing the  
Home Weatherization Assistance Program.

11. PLEASE MOVE ALL APPLIANCES BEFORE OUR CREW STARTS WORKING. WE WILL NOT  
BE RESPONSIBLE FOR DAMAGES AS A RESULT OF OUR CREW NOT MOVING FURNITURE  
AND/OR APPLIANCES.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

(OWNER/AUTHORIZED AGENT)

## ENERGY ASSISTANCE PROGRAMS APPLICATION FOR OFFICE USE ONLY

ORGANIZATION CERTIFYING ELIGIBILITY: LORAIN COUNTY COMMUNITY ACTION AGENCY

AGENCY REPRESENTATIVE: \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_

CLIENT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

CLIENT'S PHONE NUMBER: \_\_\_\_\_

TOTAL HOUSEHOLD INCOME: \_\_\_\_\_

INCOME SOURCE:  SSI    SS    SSD    EMPLOYMENT    CHILD SUPPORT    ADC    OTHER

Columbia Gas      Gas Account #: \_\_\_\_\_

Other Fuel      \_\_\_\_\_

Ohio Edison      Electric Account #: \_\_\_\_\_

Other Electric      Company & Account #: \_\_\_\_\_

### HWAP STATUS

Date Received:

Categorical Eligibility:    TANF       HEAP       SSI

Income Eligible?    YES       NO

	NAME	DATE
Eligibility Verified By:		
Approved By:		
Denied By:		

Reason for Denial:  OVER INCOME    CITIZENSHIP    ALREADY SERVED    OTHER

Income Verified By:

Date: