

HOME WEATHERIZATION ASSISTANCE PROGRAM



APPLICATION PACKET FOR RENTERS

CONTACT US

LORAIN COUNTY COMMUNITY ACTION AGENCY

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

Mail to: 506 BROADWAY AVE.
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

LORAIN COUNTY COMMUNITY ACTION AGENCY HOME WEATHERIZATION ASSISTANCE PROGRAM

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 service, based on U.S. Department of Energy priority guidelines, includes topping 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 last twelve months preceding the date the application is submitted. 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 OWN 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 everyone in the household over 17 years of age for the last twelve months preceding the date the application is submitted.
- d. Provide your Gas and Electric Bills (must both pages of your bills).

B. IF YOU RENT:

- a. Have your Landlord complete:
 - i. The Homeowner/Authorize Agent Certification Form.
 - ii. The Energy/Utility Cost included in the Rent form if your landlord pays your heating bill.
 - iii. The Option Landlord Contribution Form if you pay your own heating bill.
- b. Your and your Landlord must complete the Landlord/Tenant/Agency Agreement Form.
- c. Document total household income for everyone in the household over 17 years of age for the last twelve months preceding the date the application is submitted.
- d. Provide your Gas and Electric Bills, regardless of who pays them (must bring both pages of your bills).
- e. **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: PO 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

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

8) Landlord's Name
Address
Telephone Number

- 9) yes no Do you rent a room in someone else's home? If yes, please list all household member information under question number 3.
- 10) yes no Do you receive **rental** assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?
- 11) yes no Has your household received weatherization services from any other program; (for example, a utility program)?
If yes, which program?
- 12) yes no Would you like to apply for the Home Weatherization Assistance Program (HWAP)?
- 13) yes no 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.
- 14) yes no 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.
- 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 most recent fuel or heating bill from your current address.</p>	<p>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.</p>
<p>Main Heating Source (Same source as Question 16.)</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no If you are not currently enrolled in PIPP, do you want to enroll? (Please see front page for PIPP description)</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no If you are currently enrolled in PIPP, would you like to reverify your household income for eligibility?</p> <p>Company/Vendor <input type="text"/></p> <p>Account # <input type="text"/></p> <p>17) <input type="checkbox"/> yes <input type="checkbox"/> no Are your heating costs included in your rent?</p> <p>18) <input type="checkbox"/> yes <input type="checkbox"/> no Is the name on your heating bill different from the Applicant's name? If yes, give that name. First: <input type="text"/> Last: <input type="text"/></p> <p>19) <input type="checkbox"/> yes <input type="checkbox"/> no Do you share a main heating source meter with another household?</p>	<p>Electric</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no If you are not currently enrolled in PIPP, do you want to enroll? (Please see front page for PIPP description)</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no If you are currently enrolled in PIPP, would you like to reverify your household income for eligibility?</p> <p>Company/Vendor <input type="text"/></p> <p>Account # <input type="text"/></p> <p>20) <input type="checkbox"/> yes <input type="checkbox"/> no Is your electricity included in your rent?</p> <p>21) <input type="checkbox"/> yes <input type="checkbox"/> no Is the name on your electric bill different from the Applicant's name? If yes, give that name. First: <input type="text"/> Last: <input type="text"/></p> <p>22) <input type="checkbox"/> yes <input type="checkbox"/> no Do you share an electric meter with another household?</p>

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:

- E 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 that we can drill and plug to blow insulation 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)

RENTAL AGREEMENT

The parties to this Rental Agreement are the following:

Tenant: _____

Owner/Authorized Agent: _____

Agency: _____

The Owner/Authorized Agent consents and agrees that the following weatherization work shall be done by the **LCCAA (Agency)** to the property located at:

and presently leased to the above named tenant

The estimated value of the weatherization materials and labor to be supplied by the Agency is:

\$ _____

Major retrofits proposed include: _____

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 demonstrable 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 the Rent.** In the event the Owner/Authorized Agent is directly responsible for the energy/utility costs used primarily for the heating purpose of the property covered by this Rental Agreement, the Owner/Authorized Agent agrees to:

4. **Eviction.** The Tenant will 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.
5. **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 condition:

- 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 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 parties and shall terminate one year after the date of the last signature.

Tenants Name

Date

Owner/Authorized Agent's Name

Date

By

Title

LORAIN COUNTY COMMUNITY ACTION AGENCY

Agency Name

Date

By

Title

HWAP LANDLORD CONTRIBUTION FORM

In the event the tenant is directly responsible for the energy/utility costs used primarily for heating purposes on the property covered by Landlord/Tenant/Agency Agreement, the Landlord is not required to contribute as a condition of the tenant receiving HWAP services. However, HWAP providers are encouraged to solicit contributions from all Landlords as a means of leveraging funds to supplement HWAP. Effective June 1, 1991, this optional Landlord contribution form will be given to each Landlord whose tenant applies for the HWAP Program and the Landlord will be given the opportunity to contribute or not.

These are basically two forms of contributions that can take place, cash or in-kind. A Landlord could make specific need energy conservation implements in the dwelling before the weatherization service or could simply make a cash contribution to help offset the financial investment of the weatherization program. Cash should be self explanatory, but in-kind contributions need some definition. The following activities are acceptable:

- Correcting health, safety or technical problems which would prevent the weatherization of the unit.
- Performing repair-rehab work including repair or replacement of the primary heating source.
- Providing weatherization materials (must meet HWAP Program Standards).

PLEASE CHOOSE AN OPTION LISTED BELOW:

Option A: ___ I agree to make a cash contribution towards HWAP in the amount of \$_____.

Option B: ___ I agree to make an in-kind contribution towards HWAP by providing:

Option C: ___ I am not able to make a cash or in-kind contribution towards HWAP at this time.

Landlord's Name

Date

Tenant's Name

Date

Street Address

City and Zip Code

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

Tenant's Name

Owner/Authorized Agent Name

Street Address

Street Address

City and Zip

City and Zip

Phone Number

Phone Number

You and your rental property Owner/Authorized Agent have entered into an Agreement with Lorain County Community Action Agency, 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 for you below.

1. Except for reasons unrelated to the weatherization work, the Owner/Authorized Agent cannot raise your rent until _____, even if your 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.
3. If you happen to move from your unit before _____, the Owner/Authorized Agent must charge the new Tenant the same rent as you are charged.
4. 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.
5. The Agreement protects you from eviction for _____ months 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

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

1 Columbia Gas Gas Account #: _____

Other Fuel _____

23 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: