



(Office Use Only)

Job #: \_\_\_\_\_

Income date: \_\_\_\_\_

Intake date: \_\_\_\_\_

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

## Weatherization Application Checklist

PLEASE MARK ITEMS INCLUDED WITH APPLICATION- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

### Weatherization Application:

Completed & Signed

### Health and Safety:

Health and Safety Evaluation **and**

ASHRAE Approval

### Utilities:

Utility Bill History Release Authorization **and**

Copy of Most Recent Utility Bills- Gas and Electric

### Home Ownership (Provide Applicable Option)

Recorded Deed, Property Tax Notice, GIS, **and Homeowner/Auth. Agent Certification**

Mobile Home Title, Property Tax Notice, GIS, **and Homeowner/Auth. Agent Certification**

**Rental Property Weatherization Agreement** (Renters Only)

### Energy Assistance Program Eligibility:

EAP Application (Submission Date: \_\_\_\_\_ / Approved Date: \_\_\_\_\_)

### Without EAP Approval:

Copy of the **Social Security Card** for each member of the household.

### Proof of Income

3 months of income (include pay statement) for all those 18 years of age and older residing in the household **and/or**

Current yearly benefit/award letter from the Social Security Office **and/or**

Workforce Development Release of information for anyone 18 years and older.

Copy of Drivers License for Applicant

Proof of Disability (If Applicable)

Questions/Concerns:

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### To Submit Your Application or Contact Us with Questions:

South Central Community  
Action, Inc.

Weatherization  
1500 W. 15<sup>th</sup> Street  
Bloomington, IN 47404

Phone: 812-339-3447

Fax: 812-334-8366

Email: [wx@insccap.org](mailto:wx@insccap.org)



Applicant name: \_\_\_\_\_

Home to be weatherized is: Owner Occupied  Y  N

Title is recorded in the name of: \_\_\_\_\_

Rented or Leased:  Y  N Landlord Name & Address: \_\_\_\_\_

A signed Homeowner/Authorized Agent Certification form must be included if the application is for a rented or leased dwelling.

Date of construction (if known): \_\_\_\_\_ \*Is the home a mobile/manufactured home?  Y  N

**\*All mobile homes require a copy of the "Title" to the home in the name of the applicant.**

Is this dwelling scheduled or in the process for other housing rehabilitation  Y  N

Have you participated in any of the other programs offered by South Central Community Action Program, Inc.? If so, please specify which program(s): \_\_\_\_\_

If you have **submitted a complete application for Energy Assistance (EAP)**, skip the section below.

**All others**, please provide as much information as you are able about the household's income. We will not accept any applications that are missing the income portion completely and/or are inaccurately filled out.

Earned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Employment	Y / N				
Employment	Y / N				
Self-employment	Y / N				
Self-employment	Y / N				

Unearned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Social Security, SSI, SSD	Y / N				
Social Security, SSI, SSD	Y / N				
Unemployment	Y / N				
Pension	Y / N				
Retirement	Y / N				
Veterans Benefits	Y / N				
Workers Comp	Y / N				
Other:	Y / N				
Explanation:					

Mail/Fax/Email completed application to:  
South Central Community Action Program, Inc.  
*Weatherization Program*  
1500 W. 15<sup>th</sup> Street, Bloomington, IN 47404  
812-339-3447

Please submit your complete application to:  
Fax: 812-334-8366  
Email: [wx@insccap.org](mailto:wx@insccap.org)

# Applicant Health and Safety Evaluation

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

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**Client Pre-Weatherization Assessment of Home Health and Safety:** To be completed by the client and submitted as part of the Application for Weatherization Services. Please answer all questions as accurately as possible.

1. Do you have mold or mildew issues in your home, or do you experience high humidity at any time of the year? Yes No  
*If Yes, please describe location & time of year* \_\_\_\_\_

2. Is the basement or crawl space below your home frequently damp or wet? Yes No

3. Please check if you typically store any of the following items *inside* your home:

- |                                   |                                   |  |  |
|-----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Solvents | <input type="checkbox"/> Pesticides            | <input type="checkbox"/> Space Heaters |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Grease   | <input type="checkbox"/> Herbicides            | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Paints   | <input type="checkbox"/> Oil      | <input type="checkbox"/> Gas Powered Equipment |  |

4. Please check if any member of your household is experiencing any of the following symptoms:

- |   |   |                                       |                                 |
|---|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Chronic headaches      | <input type="checkbox"/> Chronic drowsiness | <input type="checkbox"/> Dizziness    | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Burning or watery eyes | <input type="checkbox"/> Asthma             | <input type="checkbox"/> Other: _____ |                                 |
| <input type="checkbox"/> Difficulty breathing   | <input type="checkbox"/> Bronchitis         |                                       |                                 |

Answer the following if a member of your household is experiencing symptoms:

a. Number of household member(s) experiencing symptoms \_\_\_\_\_

b. List the age of the household member(s) experiencing symptoms \_\_\_\_\_

c. During which season are symptoms most severe:

- Spring     Summer     Fall     Winter     No difference

d. Symptoms are most severe in household members who spend most of their time

- Inside the home     Outside     Away from the home     No difference

5. Check if any of the following things have occurred at your home in the last 2 years:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Construction     | <input type="checkbox"/> New Carpets                    | <input type="checkbox"/> Changes to your Water Heater        |
| <input type="checkbox"/> Extensive Remodeling | <input type="checkbox"/> New Draperies, or furniture    | <input type="checkbox"/> New Wood Stove                      |
| <input type="checkbox"/> Painting             | <input type="checkbox"/> Changes to your heating system | <input type="checkbox"/> Changes to your existing wood stove |

6. Is there anything else about your home that you suspect may contribute to poor indoor air quality, excessive moisture, or be a physical hazard to the occupants? Please explain:

7. I have answered the above questions to the best of my knowledge.

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

# ASHRAE Approval



Dear Weatherization Client:

In 2011 the American Society of Heating Refrigeration Air Conditioning Engineers (ASHRAE) concluded a study concerning healthy homes. Their recommendations to the Department of Energy (DOE) dealt with the indoor air quality of homes that are weatherized using DOE funds. The conclusions apply to both single family homes and multi-family structures of three stories or fewer above grade, including modular or manufactured homes. The study is only concerned about indoor air quality, not energy efficiency.

Part of the weatherization includes testing such appliances as your furnace and water heater, as well as the general air circulation of your home. AHSRAE requires that the air supply be at a certain level not only for your health as an individual, but will also help to reduce the problems of mold and other indoor air contaminants that cause poor health.

If your home is tested and found to have inadequate air supply based on the ASHRAE 62.2 standards, it may be necessary for our crew to install a continuous exhaust fan in your home. This fan will run at all times. In addition, we may need to install grills to facilitate airflow throughout the home. Please understand that these are requirements of the Department of Energy. Beginning August 15, 2012 for your health and safety we will follow this standard. Your energy auditor will be able to provide you with a determination of the expected cost of operating this fan.

If your home is determined to be one that requires this fan and/or pressure relieving grills, we must be able to install these measures or we will be unable to perform any weatherization work on your home. To that end we need your signature below to verify you understand that this fan must be installed for your health and safety and that you give your approval for us to do so. If you decline to give your approval, we will have no alternative but to cancel any weatherization activities in your residence.

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I understand that the ASHRAE 62.2 standards may affect my home and require that a continuous operating exhaust fan may be necessary for my health and safety. I confirm that:

**I Do**  **I Do Not** approve of the installation of a continuous operating exhaust fan for the health and safety of my household.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

# Authorization to Release Customer Utility Information

Please include a copy of your current utility bills

Application Name: \_\_\_\_\_

**This form authorizes** the South Central Community Action Program, Inc. to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicants' energy burden and to measure the effectiveness of the Weatherization Program. This form must be signed by the Account Holder or Customer of Record for each listed utility.

Physical Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

Unit or Apt #: \_\_\_\_\_ Unit or Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Information Specified

This authorization provides the South Central Community Action Program, Inc., the right to request and receive information regarding billing history\* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (\*billing history does not include the payment history or notices of discontinuation of service).

### Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of weatherization services, completion of which is documented by the weatherization final inspection process.

### Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the South Central Community Action Program, Inc. I hereby release, hold harmless and indemnify the natural gas provider and the electricity provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

#### Gas Bill Release (Natural gas or Propane)

Natural Gas (or Propane) Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the Gas Provider listed above to release the designated information to the South Central Community Action Program, Inc. as specified herein.

#### Account Holder

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

#### Electricity Release

Electricity Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

I authorize the Electricity Provider listed above to release the designated information to the South Central Community Action Program, Inc. as specified herein.

#### Account Holder

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



## Homeowner/Authorized Agent Certification

I certify that I am the owner/authorized agent for the property at

\_\_\_\_\_  
(Street Address/Mailing Address)

\_\_\_\_\_, Indiana, \_\_\_\_\_  
(City) (Zip Code)

I give my permission to allow work on the property listed above in accordance with the following provisions:

\_\_\_\_\_

I understand that an Energy Auditor will inspect my home in its entirety and develop work plans to address weatherization needs. Except for the items listed above, I agree to allow all work specified by the Energy Auditor on my home and will not refuse work on my home that is part of the overall home plan.

I further certify that if I sell or otherwise dispose of this property within one year, I will repay South Central Community Action Program, Inc. for the cost of all work done.

I understand that the weatherization services and materials are being provided to my household without consideration or payment by me as a gift. I hereby release the State of Indiana, the South Central Community Action Program, Inc., or other entity administering the Weatherization Program, from any liability whatsoever resulting from the provision of weatherization materials or services. I have received no expressed or implied warranties concerning my receipt of weatherization materials or services from these entities.

I understand that a Lead Based Paint Inspection may be performed on my dwelling and that I will be given the results of said Inspection. I further understand that by law I must provide the results of the Lead Based Paint Inspection to all future tenants and purchasers of this dwelling.

In my absence, I authorize the following individual(s) to sign any weatherization document on my behalf:

\_\_\_\_\_  
Name of Individual Relationship to Owner

\_\_\_\_\_  
Name of Individual Relationship to Owner

Additionally, if applicable, I authorize my tenant (or tenant's designee) to sign any necessary documents. I hereby acknowledge that I have read or have had read to me and understand the above release.

SIGNED: \_\_\_\_\_ Date \_\_\_\_\_  
Owner or Authorized Agent

\_\_\_\_\_  
Printed Name of Owner or Authorized Agent





## Rental Property Weatherization Agreement

Property owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Tenant/Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Job #: \_\_\_\_\_

### Information about Weatherization Assistance Program (WAP):

The Weatherization Assistance Program (WAP) offered by SCCAP reduces energy costs for low-income households by increasing the energy efficiency of their homes, while ensuring their health and safety. SCCAP personnel will conduct an Energy Audit in order to help identify potential savings. SCCAP will treat the weatherization of rental units in the same manner as the weatherization of owner-occupied units. SCCAP will perform evaluations on all heat sources and/or combustion appliances. Heat sources and/or combustion appliances that do not adhere to state guidelines will be required to be replaced and/or repaired to WAP specifications.

By signing below as the Owner/Authorized Agent, I hereby certify that:

- I am the owner or authorized agent for the owner of the property leased/rented to the above listed tenant. I hereby certify that said property is not currently listed for sale.
- This property will not be sold within the next year. I understand that if this property is sold within the next year, I will be responsible for repaying the cost of weatherization services incurred by the South Central Community Action Program (SCCAP).
- For one year after the completion of weatherization work, tenants in a unit (including households paying for their energy through their rent) shall not be subject to rent increases unless those rent increases are demonstrably related to matters other than the weatherization work performed.
- I have read the above Federal rule and understand that this Rule applies to my dwelling unit after it has been weatherized by this program.
- I understand that there are no expressed or implied warranties regarding said work or materials. I understand that a safety evaluation of all heat sources and combustion appliances will be done. I understand that all heat sources and combustion appliances must pass a safety inspection before any weatherization work can take place on the unit.
- I understand that if any heat sources and/or combustion appliances are found to be hazardous by SCCAP, it is required by law to shut down the heat source and/or combustion appliance. All heat sources and combustion appliances must meet WAP specifications before services will be provided.
- I understand that an Inspection of Lead Based Paint may be performed on this dwelling and that I and the current tenant will be given the results of said Inspection. I further



understand that by law I must disclose the results of the Lead Based Paint Inspection to all future tenants and purchasers of this dwelling.

- I agree to allow Program Personnel access to the above rental property to accomplish the weatherization work.

Owner and Tenant hereby release and agree to indemnify and hold harmless the South Central Community Action Program, Inc., its staff, sub-contractors, and volunteer assistants from any liability in connection with the performance of the weatherization services, or any act or eventuality arising therefrom.

In the tenant's absence, I authorize the following individual(s) to sign any weatherization document on my behalf:

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Name of Individual Relationship to Tenant

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Name of Individual Relationship to Tenant

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Owner/Authorized Agent Date

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Tenant Date

---

For office use only:

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SCCAP Staff Date



## RELEASE OF INFORMATION

\*APPLICANT'S NAME: \_\_\_\_\_

Additional names used during employment: \_\_\_\_\_

\*SOCIAL SECURITY or INDIVIDUAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*Applicant contact information

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the organization below.

\_\_\_\_\_  
\*SIGNATURE OF APPLICANT

\_\_\_\_\_  
\*TODAY'S DATE:

NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

Check this box if a Power of Attorney is attached.

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NOTE: This section must be completed by the organization requesting employment history.

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

\*SIGNATURE OF REQUESTOR: \_\_\_\_\_

\*Printed Name of the Requestor: \_\_\_\_\_

\* Requesting Organization: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*REQUIRED FIELDS

\*\* Applicant's phone number, email address, or mailing address is required.

Email [employverification@dwd.in.gov](mailto:employverification@dwd.in.gov) to reach a DWD employment history or LKE website specialist.

Please keep this for your records

U.S. Department of Energy

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## **PRIVACY ACT**

### **Privacy Act Provisions**

Under section 3(e)(3) of the Privacy Act 1974, 5 USC 552a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

### **Program Authority**

The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program, and to require a weatherization agency implementing this program to keep records for DOE monitoring.

The South Central Community Action Program, Inc. is the recipient of weatherization funds from both DOE and the Department of Health and Human Services, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation.

### **Voluntary Disclosure**

Your responses to the request for information on the Weatherization Assistance Application, Authorization for Release of Information form, and Fuel Information form are entirely voluntary.

### **Principal Purpose of Information**

The information will be used by the local weatherization agency to implement the weatherization program. It will be used by DOE to monitor the effectiveness of the program.

### **Routine Uses**

The information, which you provide, will be used in monitoring and evaluating the effectiveness of the weatherization program. In addition, the information may be used in investigative, enforcement, or prosecutorial proceedings.

### **Effects of Not Providing Information**

Should you decline to provide the information requested on the application form, your dwelling will not be considered for weatherization assistance. However, you need not sign the Billing History Release Authorization form in order to be considered for weatherization assistance.