



Weatherization Application

Dear Applicant,

Thank you for your interest in Community Action Partnership of Lancaster and Saunders Counties Weatherization Program. Enclosed you will find the application for our program. To speed your application process, be sure to fill out all pages of the application and the enclosed forms completely. Be sure to send us copies of verification documents, not originals. We will not be returning any materials to you. We will need documents to verify income for everyone in the household as well as utility usage. We will also need a citizen attestation form completed by each adult that lives in the household. If you need additional copies of this form, please let us know.

If you have any questions while filling out this application, we have also enclosed some Frequently Asked Questions that you may find helpful. You can also contact us:

Weatherization Program Assistance
210 O Street
Lincoln, NE 68508
402-471-4515 ext 242

We value our clients and look forward to working with you to make your home more energy efficient!

Sincerely,

Amy Jeanneret
Weatherization Program Administrator
Community Action Partnership of Lancaster and Saunders Counties

Community Action Partnership of Lancaster and Saunders Counties Weatherization Assistance Program Client Application

APPLICANT INFORMATION (please print)

Last Name:	First Name:	Social Security Number:
Street Address: (location of home)		Unit # or Mobile Lot #
City:	County:	Zip:
Home Phone:	Work Phone:	Cell Phone or Message #:

UTILITY INFORMATION

Natural Gas or Propane provider: _____	Account #: _____	Monthly \$ _____
Electric Company provider: _____	Account #: _____	Monthly \$ _____
<i>We will need copies of these bills</i>		

QUALIFICATION INFORMATION:

To AUTOMATICALLY QUALIFY through PUBLIC ASSISTANCE, check all that apply. *You must provide proof for one of the following by submitting a copy of a recent approval letter with this application.*

☐ TANF ☐ SSI (Supplemental Security Income) ☐ LIHEAP # or LIHEAP Application Attached: _____

To Income Qualify:

You must send income proof if you are not on one of the programs listed above. Send in pay stubs for the past 3 months of each employed household member.

Household income is received from: ☐ Job income ☐ Social Security ☐ Retirement (all types) ☐ Disability ☐ Alimony
☐ Workers Comp ☐ Net Rental Income ☐ Net gambling or lottery winnings ☐ Unemployment ☐ Royalties ☐ Periodic payments from estates or trusts ☐ Self-employed

If employed, what date did you start your current job? _____ **Gross monthly income: \$ _____**
(before tax and other deductions)

Is anyone in the household eligible for child support? ☐ Yes ☐ No Is it being received? ☐ Yes ☐ No

If so, list names and monthly amount _____

HOUSEHOLD INFORMATION:

Name (List yourself and all household members. Please attach separate sheet if more than seven people.)	Date of Birth	Social Security Number	Gender	Race	Ethnicity – Hispanic Y/N	Relation to Head of Household	Highest Grade/Diploma/Degree Achieved	Marital Status

Community Action Partnership of Lancaster and Saunders Counties Weatherization Assistance Program Client Application

HOUSEHOLD INFORMATION (cont.)

Household type: ☐ Couple with No Children ☐ Two Parent Family ☐ Single Person ☐ Grandparent(s) & Child
☐ Single Female Parent ☐ Single Male Parent ☐ Couple (Parent & Friend) with Child(ren) ☐ Foster Parent
☐ Other

Is anyone in the household a US military veteran who served in active duty? ☐ Yes ☐ No ☐ Not sure

If yes please list names of household members who served _____

Is anyone in the household Disabled? ☐ Yes ☐ No If yes, of long duration? ☐ Yes ☐ No

Please list names of household members who are disabled and type of disability: _____

Our household has the following types of health insurance: ☐ None ☐ Medicare ☐ Medicaid ☐ VA Benefits
☐ Employer Provided Health Insurance ☐ State Children's Health Insurance ☐ State Health Insurance for Adults
☐ Private Pay Health Insurance ☐ Health Insurance through COBRA ☐ Other: _____

If all household members are not covered by the same insurance, please explain who is covered by which type of insurance: _____

Is anyone in the household a Victim of Domestic Violence? ☐ Yes ☐ No ☐ Not sure

If yes please list names of household members who are _____

DESCRIPTION OF HOME:

Do you own or rent your home? ☐ OWN or ☐ RENT

If you are renting your landlord will need to fill out the Weatherization Permission Form

If this home is currently for sale weatherization services cannot be provided

How would you describe your housing status: ☐ Stable ☐ At Risk of Losing Housing ☐ Fleeing Domestic Violence
☐ Imminent Risk of Losing Housing ☐ Don't know

Do you receive housing subsidy? ☐ No ☐ VASH Subsidy ☐ Other Subsidy: _____

Has this address been weatherized before? ☐ Yes ☐ No If yes, name of Agency: _____ (year) _____

How long have you lived at this address: _____

How did you hear about the Weatherization Assistance Program? (Check all that apply)

<input type="checkbox"/> LIHEAP or LEAP	<input type="checkbox"/> Utility Company	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Community-based agency	<input type="checkbox"/> Faith-based agency	<input type="checkbox"/> Television
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Friend/ Family Member	<input type="checkbox"/> Radio
<input type="checkbox"/> Website	<input type="checkbox"/> Other Assistance Program	<input type="checkbox"/> Other: _____

**Community Action Partnership of Lancaster and Saunders Counties
Weatherization Assistance Program Client Application**

HOME ACCESS AUTHORIZATION:

Before weatherization work can begin, all homes must meet minimum standards of housekeeping.

- ☐ I agree
☐ Disability present (please describe in comments below)

Do you agree to and understand that areas are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed? (Where these conditions exist because of a disability, reasonable accommodations may apply.)

Access to your home:

- ☐ I agree

Do you agree to and understand that weatherization technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed?

Permission to photograph home:

- ☐ I agree

Do you agree to allow the Community Action Partnership of Lancaster and Saunders Counties Weatherization Program and its designees to photograph the unit for pre- and post-work documentation?

Comments: _____

Signature: _____

Date: _____

PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes Community Action Partnership of Lancaster and Saunders Counties weatherization Staff, Contractors and Crew to enter my home as needed to perform weatherization and furnace work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. **I intend to continue living in this home for at least twelve (12) months after weatherization services are completed.** Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand final inspections are necessary and I will be responsible for payment of services if I refuse final inspections. I understand WAP regulations prohibit warranties as an allowable program expense. Materials and labor being covered by manufacturers' warranties are for one year. My signature below authorizes the Weatherization Assistance Program (WAP) and its designees to inspect heating, fuel usage and utility billing records for up to 5 years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I agree, on behalf and for all who stand in my stead, that the state of Nebraska, its sub grantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the Community Action Partnership of Lancaster and Saunders Counties Weatherization Program to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the Community Action Partnership of Lancaster and Saunders Counties Weatherization Program is required to keep confidential any specifically identifying information related to an individual's eligibility application for weatherization services, or the individual's participation in weatherization services, such as name, address, or income information. The State of Nebraska in conjunction with the Community Action Partnership of Lancaster and Saunders Counties Weatherization Program may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature _____ Date _____

Community Action Partnership of Lancaster and Saunders Counties Weatherization Assistance Program Client Application

NMIS Release of Information

I hereby certify that to the best of my knowledge the information contained herein is true, correct and complete and that all the attachments provided by me, verifying my income, are valid. I understand that this information is utilized to determine eligibility for services for which I am applying. All the information contained on this document is used only for the purpose in accordance with the Privacy Act of 1974. The Social Security Number is used to identify and retrieve service records. This agency does not discriminate on the basis of sex, age, religion, race or national origin.

I understand that my signature authorizes the following:

1. To determine eligibility for services.
2. Release of information to services for which I am eligible
3. Allow information to be entered into the Nebraska Management Information System (NMIS) a statewide database to be shared with other social service agencies in the state.

I understand that I do not have to participate in the NMIS. I understand that I may revoke this authorization at any time, by doing so in writing to the NMIS user agency named above. A revocation of this authorization will be effective except to the extent the entity disclosing the information has taken action relying on this authorization. This authorization will expire **3 Years** from the date I sign it. I understand that revocation or expiration of this authorization will not affect information that has already been entered into the NMIS database in reliance on this authorization.

Applicant Signature: _____ Date: _____

(Do Not Write Below This Line---For Office Use Only)

I certify that this client is eligible under the appropriate funding guidelines JOB # _____ ☐ unit has **not** been previously Wx'ed
☐ has been previously weatherized Date: _____

Authorized WX Agent Signature

Date Approved

Income Verification

POV Level %

Household #

Date Eligibility Expires (Recertification must occur every 12 months.)

Authorized WX Administrator Signature

Date Approved



Community Action Weatherization Program STATEMENT OF CLIENT RIGHTS & RESPONSIBILITIES

Community Action forms partnerships with those it helps in order to assist individuals and families reach their full potential and achieve self-reliance. Each agency client is entitled to be treated with dignity and respect. In return, each client has the responsibility to treat others with dignity and respect.

As a client of the Community Action Weatherization Program, you have the right:

- ❖ to receive professional services
- ❖ to be treated with dignity which includes freedom from:
 - physical violence or contact which could cause physical or emotional damage
 - demeaning comments or actions made on the basis of race, religion, national origin, gender, mental or physical disability, marital status, sexual orientation, age or income status
 - sexual harassment of any type
- ❖ to expect program staff and contractors to respect your confidentiality

As a client of the Community Action Weatherization Program, you have the responsibility:

- ❖ to be honest in providing proof of eligibility and priority status
- ❖ to treat program staff and contractors with dignity which includes freedom from:
 - physical violence or contact which could cause physical or emotional damage
 - demeaning comments or actions made on the basis of race, religion, national origin, gender, mental or physical disability, marital status, sexual orientation, age or income status
 - sexual harassment of any type
- ❖ to provide a workspace supporting safe work in the home and on equipment including removal of pets and any items that limit access to the work area (boxes, clutter, etc.)
- ❖ to work cooperatively with program staff and contractors to schedule inspections and work in a timely manner.
- ❖ to provide access to my home during weekdays between the hours of 8 a.m. and 5 p.m. or at another time agreed upon with program staff and contractors.

AGREEMENT AND RELEASE

I have read and understood the Client Rights and Responsibilities explained above and agree to abide by these standards.

- ☐ If I feel my rights as outlined in this Statement have been violated, I will contact the Weatherization Director at Community Action to discuss my concerns.
- ☐ I also understand that my violation of the responsibilities outlined in this Statement, or violation of the program's rules, may result in termination of services.

Signature_____Date_____
Client

Signature_____Date_____
Weatherization Program Representative

**Client Health and Safety Consent Form****FORM
WX6**☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCS ☐NENCAP ☐NWCAP ☐SENCA

Client Name:

Job Number:

Address:

City:

Phone Number:

HEALTH AND SAFETY ASSESSMENT CONSENT

The Health & Safety of the home/building, the occupants or the Weatherization providers shall not be compromised by any material, technique or practice. To ensure Health & Safety, relevant assessments of the home/building must be conducted as part of the building analysis. Based on these Health & Safety Assessments the Weatherization Program provider will make a determination regarding whether there are any existing Health & Safety concerns that may result in a delay or deferral of Weatherization services.

I have read (or had explained) the above statements and I consent to permit the Weatherization program provider to enter my property and perform the required Health & Safety assessments.

**Sign
Here**

Client Signature

Date

Agency Representative Signature

CONSENT TO PERFORM WORK

This is a program funded by the U.S. Department of Energy to provide assistance to low income homeowners by making their homes more energy efficient. The goal of the program is to help low income people reduce their fuel bills by lowering their energy consumption. It is a onetime only service and the work performed is of a permanent nature. After final inspection, the measures implemented become my personal property and it is my responsibility to maintain and repair installed measures to keep the building systems in working condition.

I have read (or had explained) the above statements and I consent to permit the Weatherization program provider enter my property and perform these services on my home.

**Sign
Here**

Client Signature

Date

Agency Representative Signature

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



Home Health and Safety Screening Questionnaire

Agency:

☐ BVCAP☒ CAPLSC☐ CAPMN☐ CNCS☐ NENCAP☐ NWCAP☐ SENCA

Client Name:

Job Number:

Address:

City:

Phone Number:

CLIENT QUESTIONNAIRE

In performing Weatherization services, we strive to use the safest materials possible. All products used in Weatherization Services must be approved by the U.S. Department of Energy. It is recognized that some products used may have an odor (Volatile Organic Compound or VOC) that some people may find objectionable or to which some people may experience sensitivity. If any family member believes that they may be hypersensitive to, or otherwise objects to the use in your home of any of the common commercial building materials listed below, please indicate with a check mark next to the item:

- ☐ **NO** household occupant(s) have known hypersensitivities, allergies or objection to the use in my home of the commercial building products listed below, and I hereby agree to hold harmless and release the Weatherization Assistance Program, its agencies and contractors from any liability that may result from the use of these products.
- ☐ **YES** at least one household occupant is hypersensitive, allergic or objects to certain types of commercial building products.

If you answered "Yes" above, please fill out the section below.

PRODUCTS BANNED FROM USE

Please indicate the products that may **NOT** be used in your home. Be aware that there may be some products for which there are no reasonable or acceptable substitutions. Checking off some items on this list may mean that we are unable to perform some energy-saving measures for your home. If there are any questions about the products, please ask for more information about how the product may be used before checking an item as unacceptable:

Check the products NOT to be used:

- ☐ latex acrylic or silicone caulk or sealant
- ☐ spray-on adhesives
- ☐ wall spackle patch
- ☐ interior latex paint or primer
- ☐ vinyl or plastic products or sheeting
- ☐ fiberglass insulation (rigid, blanket, loose)
- ☐ fluorescent light bulbs
- ☐ any products with volatile organic compounds or odor

- ☐ adhesive tape products
- ☐ duct sealant
- ☐ gas pipe sealant, pvc primer or glue
- ☐ exterior paint, primer or roof sealant
- ☐ rigid foam insulation or spray foam
- ☐ cellulose insulation (loose fill)
- ☐ other (please list below) _____

The products checked above may not be used in the Weatherization of my home. It is understood that some energy conservation measures may not be completed due to the restrictions requested based upon possible health concerns.

SIGNATURES

Sign
Here

Client Signature

Date

Weatherization Representative

Date

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Weatherization Client Questionnaire

FORM
WX13

Agency:

☐ BVCAP☒ CAPLSC☐ CAPMN☐ CNCS☐ NENCAP☐ NWCAP☐ SENCA

Client Name:

Job Number:

Address:

City:

Phone Number:

QUESTION	YES	NO	REMARKS
1. Does the home have broken glass in windows or doors?			
2. Does the home have any foundation problems?			
3. Is there a basement or a crawl space?			
4. Is the outside of the home free of debris so work can be done?			
5. Does the roof leak or is there physical damage to the inside from a roof leak?			
6. Is there free access inside the home to windows, doors, attic etc.?			
7. Are you in the process of remodeling or do you plan on remodeling in the near future?			
8. Are parts of the ceilings, walls or floors incomplete or need repair?			
9. Are there any broken or leaking water or sewer lines?			
10. Does water leak/stand in the basement or crawlspace?			
11. If applicable, is the mobile home underbelly free of debris and/or standing water?			
12. Have you noticed mold/mildew growing on windows, walls or in corners?			
13. Is the attic used for storage?			
14. Does the furnace work?			
15. Are any utilities turned off by the utility companies?			
16. Are there pets in the house?			
17. Is there any type of wood, pellet, corn stove, or fire place?			
18. Is the house listed for sale?			

BUILDING DETAILS

19. Water heater: ☐ Gas ☐ Electric
20. Cook stove: ☐ Gas ☐ Electric
21. Do you have a: ☐ Breaker ☐ Fuse box
22. Heating system:
- ☐ Forced Air ☐ Steam ☐ Water Boiler ☐ Vented Console
- ☐ Wall Furnace ☐ Wood Stove ☐ Electric Baseboard ☐ Unvented Heater

23. Cooling system: ☐ Central Air ☐ Window A/C
24. If window air conditioning is used, how many do you have?
- ☐ 1 ☐ 2 ☐ 3 ☐ 4

SIGNATURES

Sign
Here

Client Signature

Date

Weatherization Representative

Date

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United States Citizenship Attestation Form

FORM
WX15

Agency: <input type="checkbox"/> BVCAP <input checked="" type="checkbox"/> CAPLSC <input type="checkbox"/> CAPMN <input type="checkbox"/> CNCS <input type="checkbox"/> NENCAP <input type="checkbox"/> NWCAP <input type="checkbox"/> SENCA						
Client Name:					Job Number:	
Address:			City:	Phone Number:		

CERTIFICATION OF CITIZENSHIP

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I hereby attest as follows:

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal *Immigration and Nationality Act*. In addition to this Form, I have included a current and legible copy of the front and back of one or more of the available USCIS forms, (listed below), required for verification.

1. I-327 (Reentry Permit)
2. I-551 (Permanent Resident Card)
3. I-571 (Refugee Travel Document)
4. I-766 (Employment Authorization Card)
5. Certificate of Citizenship
6. Naturalization Certificate
7. Machine Readable Immigrant Visa (with Temporary I-551 Language)
8. Temporary I-551 Stamp (**on passport or I-94**)
9. I-94 (Arrival/Departure Record)
10. **Unexpired Foreign Passport (must include an I-94)**
11. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
12. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Date of Birth _____ USCIS/Alien No. _____

Document Number _____ (ie. Certificate of Naturalization)

Card Number _____ (ie. Permanent Resident/Employment Authorization Card)

SIGNATURES

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Print Name First, _____ Middle, _____ Last _____

Sign
Here

Signature _____

Date _____

**Landlord-Tenant Agreement/Permission Form****FORM
WX14**

Agency:

☐ BVCAP☒ CAPLSC☐ CAPMN☐ CNCS☐ NENCAP☐ NWCAP☐ SENCA

Client Name:

Job Number:

Address:

City:

Phone Number:

PROVISIONS FOR LANDLORD/PROPERTY OWNER PERMISSION

Please Print

I, _____ hereby certify that I am the owner/authorized agent, herein referred to as "owner" for the property located at:

Residence or Physical Address

City

Zip Code

Currently occupied by:

Tenant

Email

I hereby give permission to allow [Agency Name] Community Action of Lancaster & Saunders (hereafter known as the "Agency") to perform weatherization services according to the U.S. Department of Energy regulations and in conjunction with the current Nebraska state weatherization plan.

I also agree to the following provisions:

1. I will NOT increase the rent as a result of the improvements made by the weatherization of the home.
2. I will NOT evict or remove the tenant from the dwelling for a period of one (1) year after the final approved inspection of the property, so as long as he/she complies with all ongoing obligations and responsibilities owed to the landlord.
3. I (Owner) have no intention and knowledge of Federal, State, or Local Programs designation of my home for acquisition or clearance.
4. I have owned this property for _____ years/months and to the best of my knowledge the unit has not been weatherized for a previous tenant.
5. I will allow agency, state, or federal officials to inspect the rental property listed above.
6. I agree to allow my home to be photographed for pre-weatherization and post-weatherization documentation.
7. I will agree to any procedures necessary to insulate the sidewalls.
8. The property legal description or mobile home serial number of the rental property is:

Property Section:	Township:	Range:
Mobile Home Year:	Model:	VIN/SERIAL#:

(Continued on Reverse Side)

PROVISIONS FOR LANDLORD/PROPRY OWNER PERMISSION



I understand to weatherize a dwelling unit which is designated for acquisition or clearance by a Federal, State, or Local Program within 12 months from the date weatherization of the dwelling would be scheduled to be completed is not allowed under Federal Regulations 10 CFR 440.18(f)(1).

☐ Yes ☐ No

I furthermore do hereby give permission for the property to be weatherized according to the Department of Energy (DOE) standards and regulations and for the inspection of the home and the work performed by the Agency (Community Action of Lancaster & Saunders Weatherization Program). As part of this service, all units will receive a heating system efficiency inspection. The weatherization services and the heating system efficiency inspection will be performed at no cost to the owner/ landlord or tenant in single unit dwellings. In the case of heating plant repairs, the Agency (Community Action of Lancaster & Saunders Weatherization Program) share will not exceed \$400.00. If the repairs do not exceed \$400.00, the Agency (Community Action of Lancaster & Saunders Weatherization Program) will repair the heating plant. Should the repairs exceed \$400.00 the Agency (Community Action of Lancaster & Saunders Weatherization Program) will contact the owner or authorized agent to have the heating plant replaced. The Agency (Community Action of Lancaster & Saunders Weatherization Program) will contribute \$500.00 toward the required replacement, if installed to meet the Nebraska Energy Weatherization Assistance Program specifications. If deficiencies are found with the water heater, the owner shall repair or replace the water heater. The Weatherization Program may contribute a maximum of \$150.00 if Weatherization Program installation requirements are met. The weatherization of the unit will not commence until such time as the furnace and/or water heater have been made safe and operable. Weatherization work on rental units may be a shared responsibility of the owner/landlord and the Agency (Community Action of Lancaster & Saunders Weatherization Program).

Weatherization materials may include, but are not limited to, the following items: insulation, caulking, glazing, weather stripping, door sweeps, thresholds, primary doors and primary windows, pipe wrap, water heater blankets, venting, minor repairs, and glass replacement. The decisions concerning material type and quantity shall be the responsibility of the Agency providing the service.

SIGNATURES

Sign Here	 _____	Authorized Owner/Agent	_____	Date
	 _____	Tenant	_____	Date
	 _____	Authorized Owner/Agent Email	_____	
	 _____	Agency Representative	_____	Date