WEATHERIZATION APPLICATION

DOE LIHEAP APCO

Client’s Name

Mailing Address

Physical Address

Telephone Number

**NOTE**: If client does not have a telephone, list below nearest neighbor or relative.

Telephone Number

Name

List below directions to client’s home. (Use road numbers where possible and describe house or mobile home – color, etc.)

Outreach / Agency Representative Signature

Rooftop of Virginia CAP

206 N Main Street

PO Box 853

Galax, VA 24333

Phone: (276) 236-7131

INCOME SOURCES:

Social Services Other Income

Food Stamps Employment

TANF Employment Comm.

Veterans

Interest Income

Social Security

VIRGINIA WEATHERIZATION PROGRAM

CLIENT APPLICATION FOR SERVICES / ELIGIBILITY CERTIFICATION

Name: Age: Phone: (276) Equip. Type:

Mailing Address: Zip: Fuel Type:

Physical Address: Zip:

Locality: \_\_\_\_\_\_\_Carroll County \_\_\_\_\_\_\_Grayson County \_\_\_\_\_\_City of Galax

Previous WX Assistance at this address: Yes No Approximate Date of Prev. WX:

Heating Crisis Assistance in past 5 years: Yes No Approximate Date of Crisis Asst:

Documented Year of Dwelling Construction House Mobile Home

Do you Own or Rent the home? Own \_\_\_\_\_\_\_\_ Rent \_\_\_\_\_\_\_

RENTERS : Landlord’s Name: Phone:

Landlord’s Address:

# in Household**:** Total Elderly (60 or older) Physically Disabled Mentally Impaired Child (under 18) Female Head of Household? Yes No

Racial Composition of Household: African American White (Non-Hispanic) Native American Hispanic Other Not Available

List ALL INCOME received by ALL household members living at this address:

SOURCE OF TOTAL DOCUMENTATION

 INCOME ANNUAL AMOUNT PROVIDED – IN FILE

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

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

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

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

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

**Total Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

INTERVIEWER CERTIFICATION (AGENCY / PROGRAM STAFF)

Interviewer’s signature below certifies observation of documentation as noted above and certification that the information provided herein is true, accurate and complete to the best of the interviewer’s knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Rooftop of Virginia CAP Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

APPLICANT CERTIFICATION

Applicant’s signature below authorizes release of any information in support of the above and to other organizations from which she/he has or may request assistance. The applicant certifies that the information is true, accurate, and complete to the best of the applicant’s knowledge and understands that false information may result in breaking the law and could result in prosecution. Applicant certifies that all members of the household are citizens of the United States.

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

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

ELIGIBILITY CERTIFICATION (AGENCY / PROGRAM STAFF)

Based on the information and documentation noted above, the applicant:

\_\_\_\_ Is income eligible. Notification has or will be sent to the applicant.

\_\_\_\_ Is not income eligible. Notification has or will be sent to the applicant.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: Rooftop of Virginia CAP Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 02/21

VIRGINIA WEATHERIZATION ASSISTANCE PROGRAM (WAP)

OWNER AGREEMENT

AGREEMENTS BY OWNER AND/OR TENANT:

The undersigned hereby certifies that he/she is the owner of the property located at (street address, PO Box, locality), and does hereby authorize the VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (DHCD) and Rooftop of Virginia CAP (Local Administrator) to make repairs and improvements as necessary to the said property for the purpose of Weatherization.

Owner and/or tenant hereby release and agree to indemnify and hold harmless DHCD and Local Administrator, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

Owner and/or tenant authorize DHCD and Local Administrator, if either so desires, to receive statements from the fuel supplier of the property as to the quantity of the fuel that has been used at the property in each of the past three (3) years and for the three (3) years subsequent to the performance of the weatherization work. The information would be used to determine the cost effectiveness of the Weatherization program.

Owner and/or tenant agree to provide DHCD and Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner and/or tenant certify that he/she intends to occupy the property for at least one (1) year after the date the weatherization work is completed.

Owner and/or tenant agree that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year.

Owner and/or tenant understand that he/she may request information as to the specific weatherization work to be done to the property prior to signing this agreement, and agrees to the work performed as determined by DHCD and the Local Administrator.

ADDITIONAL AGREEMENTS BY THE LANDLORD:

Landlord shall not raise the rent for the period of 24 months or terminate the lease without reason demonstrably related to matters other that the weatherization assistance provided on behalf of the tenant.

 OWNER/LANDLORD SIGNATURE DATE

 TENANT SIGNATURE DATE

AGENCY REPRESENTATIVE SIGNATURE DATE

Weatherization Authorization and Release cont.

If Landlord is presently paying for heating/cooling the property, Landlord agrees to reduce the rental for the property for the period of thirty-six (36) months from the date hereof (on a pro-rated basis) by a total equal to the value of the estimated materials to be installed.

 OWNER/LANDLORD SIGNATURE DATE

 TENANT SIGNATURE DATE

Name, Address and Phone Number of Heating Fuel Supplier:

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

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

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

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

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

Name of Account Holder if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Expectations

I expect to receive the following Weatherization services from this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weatherization Measures as determined by Energy Audit. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFORMATION PAGE

 Household Members Age Relationship

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

Name of Home Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Comments:

INCOME (Please Circle):

Social Security Veterans Benefits

Food Stamps Black Lung Benefits

ADC Brown Lung Benefits

General Relief Company Retirement

Child Support Workman’s Compensation

Employment Military Allotments

Unemployment Alimony

Other (List)

**FINAL INSPECTION POLICY**

Upon completion of the Weatherization services provided on my home, I understand that it will be necessary for the Energy Auditor to have access to my home to conduct a final inspection. I will allow the Energy Auditor to conduct the final inspection within 30 days of completion of the Weatherization work.

I also understand that my home may be chosen to be included in annual or semi-annual monitoring of completed Weatherization jobs by DHCD (Department of Housing and Community Develop.) If contacted by Rooftop or DHCD and notified that my home has been chosen for a monitoring inspection, I agree to allow access to the Energy Auditor, Program Director, State Inspector, and Weatherization crew to return to my home to conduct the monitoring inspection.

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

 Signature of Client

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

 Date



**Notice of Privacy Practices/Release of Information**

**Privacy Act Provisions**: Federal law requires us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 USC section 552a (e) (3).

**Why do we ask for this information?**

* To tell you apart from other people with the same or similar name
* To determine what services you are eligible for
* To help you get financial or social services
* To make reports, do research, conduct audits, and evaluate our programs
* To investigate reports of people who may give false information
* To allow us to obtain funds (federal, state, or other funds) for the help we give you

**Do you have to answer the questions we ask?**

You do not have to give us your personal information. We need this information to determine if you are eligible for our services. Without the information, we may not be able to assist you. If you give us wrong information on purpose, you can be investigated and charged with fraud.

**With whom may we share information?**

Sometimes we share information about you with other agencies. We will only share information as needed and as allowed or required by law.

|  |  |  |
| --- | --- | --- |
| * Department of Social Services
 | * AEP
 | * Area Churches
 |
| * Your Landlord
 | * Mt. Rogers
 | * HOPE
 |
| * District III
 | * Virginia Employment Commission
 | * Dept. Housing/Community Devel.
 |
| * Community Housing Partners
 | * APCO WX
 | * Virginia Housing
 |
| * Other:­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**Purpose for Release of Information**

Information that you provide, including but not limited to financial, educational, and medical, is protected and maintained according to federal, state, local and HIPAA (if applicable) regulations. By signing this form, you understand that you are freely providing this information and it will be used for eligibility determination for programs and/or services and program compliance and monitoring (either on-site or virtually). You understand that all information is kept in strict confidence with attention to security and understand that your rights and responsibilities will be held in the utmost regard.

**What are your rights regarding the information we have about you?**

* You have the right to know what information is maintained about you.
* You have the right to view all public and private information about you maintained by this agency. This includes the right for you to authorize other persons or agencies to view it.
* You have the right to have data to which you have access explained to you.
* You have the right to request copies of the information to which you have access. You may, however, be required to pay for the cost of those copies.
* You have the right to challenge the accuracy or completeness of any private information in your records. If you want to challenge any information, write to the responsible authority of the agency that has your records. You may also talk to the person at this agency who works with you.
* You have the right to insert your own explanation of anything you object to in your records. We will attach your explanation any time information is shared with another agency.
* You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.

**What are our responsibilities?**

* We must let you know our legal duties and privacy practices, which we are doing by providing you with this notice.
* We must protect the privacy of your private information according to the terms of this notice as well as the HIPAA rules and regulations if medical information has been provided.
* We may not use or share your information for reasons other than those listed on this form or with individuals and agencies other than those listed on this form unless we get special written permission from you.

**SIGN BELOW TO INDICATE THAT YOU HAVE RECEIVED THIS PRIVACY NOTICE.**

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

Printed Name Signature Date

Notice is valid for 12 months after date noted above. New notice will be needed effective: \_