

Applicant Name: _____ Date: _____ Job #: _____ (OFFICE USE ONLY)

Weatherization Application Checklist

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

Weatherization Application:

Completed & Signed (A1-A2)

Utilities:

- Utility Bill History Release Authorization (A3) **and**
 Copy of Most Recent Utility Bills- Gas and Electric

Health and Safety:

- Health and Safety Evaluation (A4) **and**
 ASHRAE Approval (A5)

Home Ownership (Provide Applicable Option)

- Property Tax Notice or Recorded Deed **or**
 Mobile Home Title (Must be in Applicant's Name) **or**
 Income Property Owner Weatherization Agreement (Renters Only)

HEAT Eligibility:

HEAT Approval (Approval Date: _____)

Without HEAT 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**
 Household Income Deficit Statement for anyone 18 years and older without income.
 Proof of Age – All birthdates must be provided and legible on application
 Proof of Disability (If Applicable)

Questions/Concerns:

To Submit Your Application or Contact Us with Questions:

Weatherization
850 West 1700 South Suite 1
Salt Lake City, UT 84104

Phone: 801-214-3215
Fax: 801-214-3208
Email: weatherization@utahca.org

Application for Home Weatherization

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

*Head of household: _____
 First Middle Last

Address: _____ City, St. Zip: _____

Phone#: _____ Secondary #: _____ Email: _____

Family Type (Circle one): Elderly Single Household Two Parent Household Single Parent Female Single Parent Male

Health Insurance Provider for family members: _____ List household members who **do not** have Health Insurance: _____

All household members Name (Last, First)	Date of Birth (mm/dd/yyyy)	Age	Sex	Relationship to Applicant	Social Security Number	Veteran		Disabled		Income		U.S. Citizen		*Race (See Legend)	**Highest Level of Education
						Y	N	Y	N	Y	N	Y	N		
*Head of household (Listed above)				Self											

List additional family member's on a separate sheet of paper

*Race: **NA** = Native American **C** = Caucasian **H** = Hispanic **AF** = African American **A** = Asian **PI** = Pacific Islander **Other** = Explain
 Education: **HD = High School Diploma **GED** **C** = College **SS** = Still in School **Other** = Explain

This application is for a home Weatherization grant for low-income households and is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Questar Gas. Proof of income must be included with your application (see attached instructions). Income from all sources must be calculated before taxes and deductions. All household members must submit a copy of their social security card with this application; unless you have been approved for the HEAT program.

I hereby give permission to the administering local agency, State of Utah, U.S. Department of Energy, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine weatherization needs, complete the weatherization work, and after weatherization, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I authorize employers, government agencies, (Soc. Sec. Admin, Veterans Admin, Welfare Programs, etc.) to provide information concerning the income statement above. Where applicable I grant my permission for Rocky Mountain Power to pay the state of Utah for the installation of approved measures and administrative services in the dwelling I occupy, described above. I acknowledge that I have received a copy of the Privacy Act.

Applicant's Signature: _____ **Date:** _____

Agency Intake Approval: _____ **Date:** _____

Agency Editor Approval: _____ **Date:** _____

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 Income Property Owner Weatherization Agreement 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 such as (check on): Assist WVC
 Green & Healthy Homes Assist Habitat for Humanity Other _____

Are you interested in learning about any of the other programs offered by Utah Community Action Program if so please specify which programs (circle one or more of the programs listed below):

HEAT Program Nutrition/Food Pantry Head Start Adult Education. For more information call: 211 or 801-359-2444

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 accurately 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:
 Utah Community Action Weatherization Program
 850 West 1700 South Ste. 1
 Salt Lake City, UT 84104
 801-214-3215

Either Fax Or Email complete application to:
 Fax: 801-214-3208 Email: weatherization@utahca.org

Authorization to Release Customer Utility Information

Please include a copy of your current utility bills

Application Name: _____

This form authorizes the Utah Weatherization Assistance Program 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 Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed.

Physical Address: _____ Mailing Address (If different): _____

Unit or Apt #: _____ Unit or Apt #: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Information Specified

This authorization provides the Utah Weatherization Assistance Program, 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 Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the Utah Weatherization Assistance Program. 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.

Natural Gas Release

Natural Gas Provider: _____

Name of Account Holder: _____

Service Agreement No.: _____

Account No.: _____

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder

Signature: _____ Date: _____

Electricity Release

Electricity Provider: _____

Name of Account Holder: _____

Account No.: _____

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder

Signature: _____ Date: _____

<p>DWS-HCD-W11 Rev. 03/03/2014</p>	<p>The Utah Weatherization Assistance Program is administered by: Utah Department of Workforce Services Housing and Community Development Division</p>	<p>Equal Opportunity Employer Program 850 W 1700 S, Ste. 1 SLC UT 84104 Relay Utah 711 • Spanish Relay Utah 1-888-346-3162 UCA • Equal Opportunity Employer/Programs</p>
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Authorization to Release Customer Information to a Third Party Agent



This is a legal binding contract. This form must be signed by the account holder or authorized agent for the account holder (such as CFO or City Manager).

Account:

Service Address:

I, _____ of the above referenced account located at _____
CUSTOMER NAME OR AUTHORIZED AGENT ADDRESS

do hereby authorize Questar Gas Company ("Dominion Energy") to release the designated information below

To _____
THIRD PARTY NAME/COMPANY

To _____
THIRD PARTY NAME/COMPANY

This authorization provides the right to the designated Third Party Agent to request information regarding the items initialed below:

- _____ Billing History (not including payment history or discontinuation of service) and all meter usage data used in the billing calculations of the specified account
- _____ All meter usage data relating to the specified account
- _____ A copy of the bills on the specified account mailed to the third party
- _____ Deliver copies of any notices regarding termination of my natural gas service

This authorization will remain in full force and effect until date of _____. *If unspecified, this authorization will be limited to a one-time request.*

I, _____ declare that:

- I am authorized to execute this document on behalf of the account record
- I have the authority to financially bind the Customer Record
- I am granting the Third Party Agent(s) listed above the right to request the release of specified account information

I understand that Dominion Energy reserves the right to verify any and all information provided pursuant to this authorization before releasing customer data to the Third Party Agent.

I hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, and causes of action, damages, or expenses resulting from: any release of information to the Third Party Agent pursuant to this authorization; the unauthorized use of this information by the Third Party Agent; and any actions taken by the Third Party Agent pursuant to this authorization.

Customer Signature: _____

Customer Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 _____.

I, Third Party Agent, hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, causes of action, damages or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

Third Party Agent Signature: _____

Third Party Agent Company: _____

Third Party Agent Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 _____.

Applicant Health And Safety Evaluation

Applicant Name: _____

Client Pre-Weatherization Assessment of Home Health and Safety: To be completed by the client and submitted as part of the Weatherization Assistance Application. 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 | <input type="checkbox"/> None |

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 Repeated Nausea | <input type="checkbox"/> None |
| <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: _____

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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. ASHRAE 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. Please understand that this is a requirement 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, we must install it 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.

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

UTAH COMMUNITY ACTION IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER

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 State of Utah Weatherization Assistance Program 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.