

## Application for Weatherization Services

(We may not be able to contact you if information below changes. If there are **ANY changes to the household**, please notify this agency as soon as possible. )

# ppl in Household: \_\_\_\_\_  
 Head of Household \_\_\_\_\_  
 (Applicant): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Last First Middle

Physical Address \_\_\_\_\_  
Street CITY COUNTY ZIP

Mailing Address \_\_\_\_\_  
Street CITY COUNTY ZIP

1ST PHONE: \_\_\_\_\_ 2ND OR MSG PHONE: \_\_\_\_\_

Do you own or are you buying your home? Yes or No: \_\_\_\_\_

Does anyone in the household receive **foodstamps**? Yes or No: \_\_\_\_\_

Name/Amount: \_\_\_\_\_

Does anyone in the household receive **WIC**? Yes or No: \_\_\_\_\_

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

Has anyone in the household been determined **legally disabled**? Y or N \_\_\_\_\_

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

Is anyone in the household a **Veteran**? Yes or No: \_\_\_\_\_

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

Are you the custodial or legal Guardian of minor children in household? \_\_\_\_\_

Child Name(s): \_\_\_\_\_

Has **Child Support** been ordered by the court? Yes or No: \_\_\_\_\_

If Yes, Do you receive Child Support? \_\_\_\_\_

NAME (Start with Applicant first)	Date of Birth	Social Security Number	Relation to Applicant	Ethnicity	Race	Education	Gender	Marital Status	Health Ins?
(Please choose the correct response from the available choices for each family member)			Spouse Child Grandchild Parent Non Related	Hispanic Non-Hisp.	White Black Am Indian Asian Bi-Racial	0-8 grade 8+Non-grad HS Grad GED 2-4 yr col	Male Female	Child Single Married Separated Divorced	None Medicaid Medicare Employer Other

EMPLOYMENT		Supervisor:	Phone Number:				
FAMILY MEMBER	COMPANY NAME	DATE HIRED	HRS WEEKLY	HOURLY WAGE	HOW OFTEN PAID	GROSS AMOUNT	LAST 30 DAYS INCOME

OTHER SOURCES OF INCOME IN LAST 30 DAYS					
Family Member Name	TYPE OF INCOME	Amount	Family Member Name	TYPE OF INCOME	Amount
	<b>S.S. Retirement</b>			<b>2nd S.S. Retirement</b>	
	<b>SSDI Disability</b>			<b>2nd SSDI Disability</b>	
	<b>SSI</b>			<b>2nd SSI</b>	
	<b>Pension</b>			<b>Unemployment</b>	
	<b>Child Support</b>			<b>ZERO INCOME</b>	<b>\$0.00</b>
Other Income & Amount					

**Applicant Name** \_\_\_\_\_

Has you ever received previous Weatherization Services from ANY agency? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, when and what agency? \_\_\_\_\_

Driving Directions to Your Home:

**1. Ownership:**

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Contract for Deed (Rent to Own) \_\_\_\_\_

**Specify Name on Deed (please specify also if "unknown"):** \_\_\_\_\_

If the deed of the home is NOT in your name, you may still QUALIFY FOR WEATHERIZATION. You & the legal owner of the property must fill out a rental agreement (available upon request).

Do you occupy this residence full-time? \_\_\_\_\_ YES \_\_\_\_\_ NO

**2. Heating / Cooling Information:**

Name of Electric / Natural Gas Provider(s) attach a copy of Utility bill(s): \_\_\_\_\_

Type of heating fuel used: Electric \_\_\_\_\_ Nat. Gas \_\_\_\_\_ Propane \_\_\_\_\_ Wood \_\_\_\_\_

Type of Heating System: Central \_\_\_\_\_ Wall \_\_\_\_\_ Floor \_\_\_\_\_ Space Heater \_\_\_\_\_

Is your heating system vented to the outside of the home? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you pay for the heating & cooling in your home? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your heating / cooling work properly? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, why? \_\_\_\_\_

Have you received assistance from the Oklahoma DHS LIHEAP Program? \_\_\_\_\_ YES \_\_\_\_\_ NO

**3. Housing Details & Condition:**

Year Built \_\_\_\_\_ House: \_\_\_\_\_ Mobile Home: \_\_\_\_\_

Exterior Type: Wood \_\_\_\_\_ Metal \_\_\_\_\_ Stucco \_\_\_\_\_ Concrete/Stone \_\_\_\_\_

If exterior type is different than the option above, please describe: \_\_\_\_\_



# of Doors \_\_\_\_\_ # of Windows \_\_\_\_\_ # Broken / Cracked Windows \_\_\_\_\_

Do the doors need (Circle applicable): Replaced \_\_\_\_\_ Repaired \_\_\_\_\_ Weatherstripped \_\_\_\_\_ Door Sweeps \_\_\_\_\_ Thresholds \_\_\_\_\_

Is your Attic / Ceiling insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Can it be insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please explain: \_\_\_\_\_

Are your walls insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Can they be insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Foundation Type: \_\_\_\_\_ Slab / Solid \_\_\_\_\_ Other \_\_\_\_\_

Are there large cracks or damage to the foundation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973;(2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction act; or (3) who is receiving benefits under Chapter 11 or 15 of the Title 3B, U.S. Code? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand this Agency may need to share this information with other agencies and/or organizations to best serve my needs. This agency, and their representatives, have my consent and permission to share this information with other agencies and/or organizations. I have read and understand this agreement. I voluntarily sign my consent. I understand I have the right to appeal any decision I do not agree with. I understand that a copy of the policy is available to me upon request.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Hold Harmless Clause - To be Completed by Applicant & Witness**

I shall indemnify and save harmless the State of Oklahoma, the agency, its officers, agents, servants, employees and designees from all liability for death or injury to any person resulting from the weatherization of my property.

Signature of Applicant

Date

Witness

Date

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Agency Director, who will furnish you with a copy of the Appeals Procedure established under the guidelines of title 74 of the Oklahoma Statutes (1982) Secion 1533.2 & 5023(1991).

This Agency will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as pursuant to the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

**Release of Personal Income Information - To be Completed by Applicant & Witness**

In order to determine my eligblity for the program(s) my family is applying for assistance with, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department Of Commerce (ODOC) or its designee to have access to my financial records in my possession of any other entity prior to the starting dates of the work to be done. I waive my rights to privacy or confidentiality.

Signature of Applicant

Date

Witness

Date

**Release of Energy Consumption Information - To be Completed by Applicant & Witness**

I hereby grant permission to this Agency and their representatives to inspect utility and billing records at the home of

Client Name \_\_\_\_\_

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

City

State

Zip

The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

Signature of Applicant

Date

Witness

Date

**Certification By Applicant(s) - To be Completed by Applicant & Witness**

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a Rehabilitation Loan/Grant and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifies that he/she is the owner of the property described in this application, and that the residence described in this application is his/her principal place of residence. Applicant states that he/she understands that the Rehabilitation Loan/Grant proceeds will be used only for the work and materials necessary to meet all standards set forth by program policy, which are prescribed for the property described for this property described in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both".

Signature of Applicant

Date

Witness

Date

**Income Certification (To be Completed by Agency Staff only):**

Source of Documentation: \_\_\_\_\_

Comments: \_\_\_\_\_

Verified by: \_\_\_\_\_

Staff Signature

Date

Client Agreement for  
**Carbon Monoxide Testing**  
to be done by the Weatherization Program

**Yes**

I hereby grant permission to the Agency representing the Weatherization Assistance Program to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered, this Agency can/or will contact the local gas utility, and it could result in my gas being shut off until the problem is corrected. I also understand that this Agency is under no obligation to make these repairs for me.

**Date**

**Signature of Applicant**

**No**

I refuse to let the Agency representing the Weatherization Assistance Program check for possible carbon monoxide problems within my home. I understand that by refusing to give my permission for this testing, this Agency cannot satisfy its program requirements as set by the Oklahoma Department of Commerce, and that my application will no longer be considered for weatherization services.

**Date**

**Signature of Applicant**

Application for Weatherization Services

**INDOOR AIR QUALITY AND SAFETY CHECKLIST**

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

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

<u>YES</u>	<u>NO</u>	
_____	_____	1. Has your furnace filter been cleaned or replaced in the past six months?
_____	_____	2. Have you had your home tested for radon?
_____	_____	3. Do you have mold or mildew problems during the winter?
_____	_____	4. Do your bathrooms have working exhaust fans and <u>are they used</u> ?
_____	_____	5. Do you have and use your kitchen exhaust fan (not recirculation type) when using the stove or oven? _____ When was the last time the grease filter was cleaned? _____
_____	_____	6. Is your clothes dryer vented indoors? Do you dry damp clothes indoors?
_____	_____	7. Is the basement or crawlspace below your home frequently damp or wet?
_____	_____	8. Are the following items typically stored inside your home? <input type="checkbox"/> Paints, solvents, grease, oil, etc. <input type="checkbox"/> Pesticides, herbicides, bug bombs, etc. <input type="checkbox"/> Gasoline cans, gasoline lawn mowers, chain saws, etc. <input type="checkbox"/> Kerosene or kerosene space heaters
_____	_____	9. Do you use a wood stove, fireplace or unvented space heaters during the winter?
_____	_____	10. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellowish rather than solid blue?
_____	_____	11. Do you regularly use any of the following potentially toxic chemicals in your home? <input type="checkbox"/> Strong cleaning products <input type="checkbox"/> Pest killers, insect sprays, flea bombs, etc. <input type="checkbox"/> Room Deodorizers
_____	_____	12. Do any family members have indoor hobbies using glue, paint, varnish, etc.?
_____	_____	13. Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?
_____	_____	14. Does anyone smoke inside your home?
_____	_____	15. Does a fine, white dust or powder regularly appear on the floor or furniture beneath textured ceilings or old pipe and duct insulation?
_____	_____	16. Is anyone in your household experiencing any of the following symptoms? <input type="checkbox"/> Chronic headaches <input type="checkbox"/> Burning or watery eyes <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Chronic drowsiness <input type="checkbox"/> Asthma or bronchitis <input type="checkbox"/> Dizziness <input type="checkbox"/> Repeated nausea

Application for Weatherization Services

<u>YES</u>	<u>NO</u>	
		17. Are the symptoms reported by more than one member of the household?
		18. Are the symptoms more severe in those who spend the most time indoors at home?
		19. Are the symptoms most severe in household members younger than 4 or older than 60?
		20. Do the symptoms become less severe when away from the house? Approx. how many hours away from the house seem to make a difference? _____
		21. Do the symptoms exhibit a seasonal pattern?
		22. Do you use a humidifier during the winter (free-standing or mounted)?
		23. Do you have any indoor pets?
		24. Do you live in a manufactured home or mobile home?
		25. Have any of the following things been added or done to your home recently? <ul style="list-style-type: none"> <li><input type="checkbox"/> Newly constructed or extensive remodeling or painting in the past 3 years?</li> <li><input type="checkbox"/> New plywood or particle board paneling or subflooring?</li> <li><input type="checkbox"/> New carpets, draperies or upholstered furniture?</li> <li><input type="checkbox"/> New kitchen cabinets, teak or oak veneer or plastic laminate furniture?</li> <li><input type="checkbox"/> Extensive weatherization, including blown-in wall insulation?</li> <li><input type="checkbox"/> Changes in your gas or oil heating system (80% + efficiency furnace, new water heater or new chimney for furnace, water heater or wood stove)?</li> </ul>
		26. Is the draft of your wood stove or fireplace weak, even after the first few minutes?
		27. Is there anything else in or about your home you may suspect may contribute to poor indoor air quality, excessive moisture or be a physical hazard to the occupants?
		28. Is there evidence of rodents or rodent droppings in your home, attic, crawlspace, heating ducts or other enclosed areas in or around your home?

Please explain:

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## CONFLICT OF INTEREST

### REQUIREMENT 111 CONFLICT OF INTEREST EFFECTIVE SEPTEMBER 1, 2014

Employees of this Community Action Agency are not eligible to receive Weatherization services from the Agency.

This conflict of interest provision applies to any person who is an employee, agent, consultant, officer, elected or appointed official or immediate relative of anyone employed at this Community Action Agency. For purposes of this policy, immediate family member is defined as follows:

Spouse	Grandparents	Father-in-law	Brother-in-law
Children	Grandchildren	Mother-in-law	Sister-in-law
Parents	Adopted family members	Daughter-in-law	
Brother / Sister	Step-family members	Son-in-law	

This includes Full-time, Part-time, Substitute, Temporary or Contract employees. Former employees are not eligible for ONE YEAR after they are no longer an employee.

#### EXCEPTIONS -

Upon the written request of the Contractor, ODOC may grant an exception on a case-by case basis when it determines the exception will serve to further the purposes of the ODOC programs and the effective and efficient administration of the Contractor's program or project. An exception may be considered only after the Contractor has provided an assurance that:

1. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made.
2. An opinion of the Contractor's attorney that the interest for which the exception is sought would not violate State or local law.

#### **Please SIGN and RETURN this document with your application.**

I acknowledge that I am not an employee or conflict of interest official, and have not been employed by the agency for a period of at least ONE YEAR.

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

\_\_\_\_\_  
**DATE**