

APPLICATION FOR HOME WEATHERIZATION

This application is for a home Weatherization grant for low-income households. The Weatherization Assistance Program is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Questar Gas. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. Providing false information, to obtain assistance, will result in this Weatherization application being denied. You should also receive a Privacy Act statement with this application for Weatherization services.

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED

Applicant's Name: _____ Soc. Sec. #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____ Cell #: _____

Date of Birth: _____ Age: _____ E-Mail address: _____

The Home to be weatherized is:

Owner Occupied: _____ Title is recorded in the name of: _____

Rented or Leased: _____ Landlord Name & Address: _____

A signed landlord 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? Yes: _____ No: _____

A copy of the mobile/manufactured home title must be included with this application, if you answered yes.

This dwelling is scheduled for or has in progress other housing rehabilitation besides Weatherization. Yes: _____ No: _____

Does this household contain members that are Native Americans? Yes _____ No _____ (for federal reporting only)

Total number of people living at the above residence: _____ List each below:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Soc. Sec. No. 18 & Older</u>	<u>Income*</u>	<u>Source</u>	<u>Disabled</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

List additional household members on the back of the application.

*Anyone over the age of 18 must provide income for the prior month with this application. Income from all sources must be calculated before taxes and deductions. Proof of income must be included with application in order to be considered for Weatherization services.

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 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: _____

Application Approved: _____ Agency Signature: _____ Date: _____

Additional household members, if necessary:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Soc. Sec. No. 18 & Older</u>	<u>Income*</u>	<u>Source</u>	<u>Disabled</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Use this space for any additional information, if necessary

*****DO NOT WRITE BELOW, FOR AGENCY USE ONLY*****

INCOME VERIFICATION

INCOME SHEET	
HEAT CONFIRMATION	

Intake Worker Authorized Signature

Date

In the event that income documentation cannot be included in the client file, explanation of the type of documentation examined and justification for not having copies in the file must be given:

I certify that the above income documentation has been examined and verified but not included in the client file.

Intake Worker Authorized Signature

Date

Mail completed application to:

**Tri-County Weatherization
PO BOX 618
Farmington, UT 84025**

BILLING HISTORY RELEASE AUTHORIZATION

Tri-County Weatherization Assistance Program
Proudly Serving Davis, Weber and Morgan Counties

Name of Applicant: _____

Address of Applicant: _____

Daytime Phone: _____ Evening Phone: _____

QUESTAR GAS

Name as it appears on the account: _____

Account Number: _____

(Release is not complete without account number – it can be found on your monthly billing statement)

By signing below, I authorize the release of my billing and utility use history to the Tri-County Weatherization program and/or the State of Utah Department of Community and Culture for the previous 12 months. I understand that this information will be used to measure the weatherization program’s effectiveness in reducing my utility costs.

Signature of person in which account name is recorded Date

ELECTRIC SERVICE PROVIDER

Electric Service Provider: _____

Name as it appears on the account: _____

Account Number: _____

(Release is not complete without account number – it can be found on your monthly billing statement)

By signing below, I authorize the release of my billing and utility use history to the Tri-County Weatherization program and/or the State of Utah Department of Community and Culture for the previous 12 months. I understand that this information will be used to measure the weatherization program’s effectiveness in reducing my utility costs.

Signature of person in which account name is recorded Date

PRIVACY ACTPrivacy 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 cannot be considered for weatherization assistance. However, you need not sign the Billing History Release Authorization form in order to be considered for weatherization assistance.