SENCA Weatherization Assistance Program
Serving Cass, Johnson, Nemaha, Pawnee, Otoe, Richardson and Sarpy counties

CLIENT APPLICATION PACKET

FREE Weatherization to your home!! If you own your home it is 100% FREE to you. It is also free if you rent, but your landlord will be responsible for the furnace and/or hot water heater repairs.

Will I Qualify? If your household annual gross income does not exceed the maximum levels of state income guidelines based upon household size, then yes. If anyone in your household has received either Temporary Assistance for Needy Families (TANF), Aid to Dependent Children (ADC), Supplemental Security Income (SSI), or Utility Assistance from HHS in the past year you may be automatically eligible.

Investing in People to Build Strong Communities...In 1975, SENCA started Weatherizing homes of eligible households, with an emphasis being placed on the homes of the elderly, persons with disabilities, and homes with small children. The goals of the weatherization Program are to save energy, reduce heating and cooling costs, to improve the physical comfort and the health and safety of households served.

Nebraska’s Weatherization Program... If you are approved for weatherization services, your home will be evaluated to identify the most effective energy and dollar saving improvements which can be made. The amount of money that can be spent on each home is limited so all of the improvements listed may NOT be made in each home. Typical improvements include attic, wall, or floor insulation, heating source efficiency inspections, and air infiltration reduction measures.

ELIGIBILITY CRITERIA:

Eligible applicants are served according to priority ranking and date of application with the oldest application in each priority ranking being served first.

PRIORITY RANKINGS ARE AS FOLLOWS:
1. ELDERLY PERSONS OVER 60 YEARS OF AGE
2. PERSONS WITH DISABILITIES
3. FAMILIES WITH CHILDREN UNDER 6 YEARS OLD
4. HIGH RESIDENTIAL ENERGY USERS
5. HOUSEHOLDS WITH A HIGH ENERGY BURDEN

You will be notified by letter of your eligibility status. If you are accepted, due to the lengthy waiting list currently on file, there may be a time lapse between your acceptance to the program and contact by SENCA to set up an appointment for the inspection. This time lapse could be up to one year or more depending on your county of residence.

NOTE: Our Weatherization Program requires that all applicants on the waiting list be recertified annually, therefore, due to the possibility of a lengthy waiting list, we may request proof of gross income after this time to determine if you remain within the income guidelines to continue the process of assistance.

CONTACT INFORMATION: Southeast Nebraska Community Action Partnership (SEnCA). Please contact/email Gin Christiansen (402) 862-2411 x110, 802 4th Street, Box 646, Humboldt, NE 68376 or email gin.christiansen@senca.org.
Checklist for Determination of Approval

Check all that are necessary:

☑️ Signed Weatherization Application Form
☑️ Completed and Signed Basic Intake Form
☑️ Copy of Proof of Home Ownership (Deed, Taxes, or Mortgage Stub)
☑️ Copy of the Mobile Home Title
☑️ Home Information Survey (Client Questionnaire Form WX13)
☑️ Copy of Assistance Letter from Dept. of Health and Human Services (Energy Assistance or ADCX/TANF)
☑️ Completed Landlord Agreement/Permission

☐ Income Verification
  - Most recent Social Security or SSI Letter
  - Last 3 months of pay stubs
  - Unemployment Compensation Letter
  - Copy of Social Security Award Letter (SSA, SSDI, or SSI) (For everyone in the household at the time of request)
  - Copy of Your Federal Tax Return (Self-Employment Verification Only)
  - Verification of Any Other Monthly Benefit Amounts (Example: VA pension, retirement/pensions, rental income, 401k, unemployment benefits etc.)
  - Zero Income Verification Form (WX16)

Note: Households with persons receiving either ADC (Aid to Dependent Children) or Supplemental Security Income (SSI) are automatically eligible for free weatherization.

☐ Completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household)
☐ Copy of Most Recent Utility Bills With Account Numbers (Natural Gas & Electric)
☐ Historical (Section 106) Check
☐ Other: ____________________________

Signatures

Weatherization Representative: ____________________________ Date: __________

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.

NED 09-27-15 Rev. 03-27-15
Superseded NED 09-27-15 Rev. 03-27-16
1. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>TELEPHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long have you lived at this address? [ ] OWN [ ] RENT

2. HOUSEHOLD INFORMATION:

<table>
<thead>
<tr>
<th>TYPE OF HOME:</th>
<th>Single-family</th>
<th>Multi-family</th>
<th>Mobile Home</th>
<th>Apartment/Condo</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF SIDING:</td>
<td>Brick/Stucco</td>
<td>Vinyl</td>
<td>Wood</td>
<td>Aluminum/Steel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>SOCIAL SECURITY #</th>
<th>GENDER</th>
<th>RACE</th>
<th>HISPANIC</th>
<th>DISABLED</th>
<th>VETERAN</th>
<th>EDUCATION LEVEL</th>
<th>HEALTH INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(self)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. LANDLORD INFORMATION: (If applicable)

<table>
<thead>
<tr>
<th>NAME</th>
<th>TELEPHONE #:</th>
<th>E-MAIL:</th>
<th>ADDRESS:</th>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

4. FUEL INFORMATION:

<table>
<thead>
<tr>
<th>PRIMARY FUEL SOURCE:</th>
<th>Natural Gas</th>
<th>Propane</th>
<th>Wood</th>
<th>Fuel</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TYPE OF FURNACE:</th>
<th>Forced Air</th>
<th>Radiant</th>
<th>Wall Furnace</th>
<th>Floor Furnace</th>
<th>Vertical Space Heater</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GAS FUEL SUPPLIER:</th>
<th>ACCOUNT NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELECTRIC FUEL SUPPLIER:</th>
<th>ACCOUNT NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS:</th>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

Have you received Utility Payment Assistance in the past 12 months from DHHS? [ ] YES [ ] NO
4. INCOME INFORMATION:

<table>
<thead>
<tr>
<th>HOUSEHOLD NAME</th>
<th>INCOME SOURCE</th>
<th>GROSS AMOUNT</th>
<th>HOW OFTEN PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. TERMS AND CONDITIONS:

I hereby grant SENCA, State, and Federal Program permission to inspect my home to ensure Weatherization Assistance Program compliance.

I give SENCA permission to weatherize my home in accordance with Weatherization Assistance Program guidelines and NEP State Plan.

CIVIL RIGHTS STATEMENT:
No person will be denied or discriminated against in connection with any program or activity receiving federal financial assistance from the U.S. Department of Energy because of race, color, national origin, age, sex, or disability.

ACCESS TO RESIDENCE/CONDITIONS:
I agree and understand the Nebraska Energy Office staff, Weatherization agency staff, contractors, and subcontractors must be given access to all areas of my home during business hours and on a reasonable schedule. I agree to have an adult, age 15 years or older, present in the home at any time if the aforementioned persons are performing work.

My signature below authorizes the Nebraska Energy Office staff, Weatherization agency staff, contractors, and subcontractors to enter my home as needed to perform energy audits, weatherization work, and inspections of weatherization work and that persons will not be held liable for any injury or expense incurred by me while participating in this program.

I agree to allow my home to be photographed for pre-work and post-work documentation.

I understand that in order to weatherize my home or rental property, holes may be cut in walls (outside and/or inside) to install insulation. I understand holes will be plugged as part of the weatherization service, but that it is my responsibility to paint the plugs used to fill these holes. I also understand that water vinyl or other siding may be damaged during this process.

CLOSING CERTIFICATION:
My signature verifies that I intend to reside in the home being weatherized for a minimum of one (1) year from the date of completion of work. My signature also verifies that my signatures are not designated for acquisition, clearance or foreclosure by federal, state, or local programs. I have not been weatherized previously (unless work was performed prior to Sept. 30, 1994).

Upon completion of work, I give permission for the contractor, sub-contractor, weatherization agency staff, the Nebraska Energy Office staff, and federal officials to inspect that work.

Assistance with the SENCA Weatherization Program is free of charge and that no lien or debt will be levied against me or my property. However, I understand that if my home is not completed due to incomplete or incorrect information that would otherwise make my rental ineligible or if I refuse access to the property at any time during the work and completion process, I will be responsible for the payment of any and all services provided to the date of access denied.

All information given will be kept in strict confidence and will not be made public in a manner that the dwelling or occupants may be identified. I certify the information provided in this application is true, correct, and complete to the best of my knowledge and I have provided this information voluntarily. I understand that the information provided will be used solely for the purpose provided and that it will be kept confidential in accordance with the provisions of the Privacy Act of 1974 (PL 93-503) subject to the limitations. I understand that I may be fined, imprisoned or both under state or federal law if I make false statements on this application in order to get benefits that I am not eligible to receive.

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

Applicant's Signature ___________________________ Date ___________________________
# HEAD OF HOUSEHOLD BASIC INTAKE INFORMATION:

## DISABILITY

Do you have a Disabling Condition?  
YES ☐  NO ☐

Disability Type?  
Physical ☐  Developmental ☐  HIV/AIDS ☐  Chronic Health Condition ☐

Mental ☐  Alcohol ☐  Drug ☐  Alcohol/Drug ☐

If yes, does it impair ability to live independently?  
YES ☐  NO ☐

Currently receiving services or treatment?  
YES ☐  NO ☐

Disability condition long term?  
YES ☐  NO ☐

## CHILD SUPPORT

Are you eligible for Child Support?  
YES ☐  NO ☐

Do you receive Court Ordered Child Support?  
YES ☐  NO ☐

## LIVING SITUATION

Are you living in Streets, Emergency Shelter or Other Shelter?  
YES ☐  NO ☐

If yes, date started?  
________________________

# of times in past 3 years on Street, Emergency Shelter or other Shelter?  
________________________

Total # of Months Homeless in Past 3 years on Street, Emergency Shelter or Other Shelter?  
________________________

As a child, were you ever in Foster Care or are you now?  
YES ☐  NO ☐

## HOUSING STATUS

Are you a Domestic Violence Victim?  
YES ☐  NO ☐

If yes, how long ago?  
Past 3 months ☐  3-6 mo. ago ☐  6-12 mo. ago ☐  More than 1 yr. ago ☐

Client doesn't know ☐  Client refused ☐

If yes, are you fleeing now?  
YES ☐  NO ☐

# OTHER HOUSEHOLD MEMBERS:

## DISABILITY

Do you have a Disabling Condition?  
YES ☐  NO ☐

Disability Type?  
Physical ☐  Developmental ☐  HIV/AIDS ☐  Chronic Health Condition ☐

Mental ☐  Alcohol ☐  Drug ☐  Alcohol/Drug ☐

If yes, does it impair ability to live independently?  
YES ☐  NO ☐

Currently receiving services or treatment?  
YES ☐  NO ☐

Disability condition long term?  
YES ☐  NO ☐

DEC 2015
State of Nebraska Weatherization Assistance Program

Utility Consumption Information Release

FORM WX22

Agency: □ BV CAP □ CAPLSG □ CAP MN □ CN CAP □ CHFHO □ ENCAP □ NWCAP □ SENCA

COMMUNITY ACTION PARTNERSHIP CONTACT INFORMATION

Household Applicant:
Location Address: __________ City: __________ County: __________

UTILITY COMPANY INFORMATION

☐ I certify that I am the owner/tenant of the property at:

Location Address: __________

and I hereby authorize the following utilities to release information regarding my fuel bills, both past and future, to:

Community Action Agency Name: __________
the Nebraska Energy Office (NEO) and the U.S. Department of Energy (DOE).

Natural Gas Company/Supplier: __________ Account Number: __________

Electric Company/Supplier: __________ Account Number: __________

Propane/Fuel Oil Company/Supplier: __________ Account Number: __________

Attach a copy of your latest fuel bill for each company/supplier listed above.

SIGNATURES

I understand that all information related to this application is confidential and will only be used to provide data for the above named agencies and no information obtained through this release will be made public in such a manner that the dwelling or occupants can be identified.

Household Applicant Name: __________
Utility Account Holder Name: __________

Household Applicant’s Signature: __________ Date: __________
Utility Account Holder’s Signature: __________ Date: __________

This material was prepared with the support of 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.
State of Nebraska Weatherization Assistance Program

United States Citizenship Attestation Form

Agency: □ BYCACP □ CAP M □ CAP M D □ OAP M □ CNAP □ HPO □ JNENCAP □ NWAP □ SENCA

Client Name: ___________________________ Lab Number: ___________________________

Address: ___________________________ City: ___________________________

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-907 (Receipt Notice)
2. I-766 (Employment Authorization Card)
3. I-571 (Refugee Travel Document)
4. I-551 (Permanent Resident 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. ___________________________ Last. ___________________________

Sign Here ___________________________ Date ___________________________

This material was prepared with the support of the U.S. Department of Energy (DOE), Loan Program, 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.

KRC-ID-06-15 Revised 02-27-16
Sectoredly KRC-ID-06-15 Revised 02-04-15
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)

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.

Sign Here ___________________________ Signature ___________________________ Date __________

Print Name ___________________________ First ___________________________ Middle ___________________________ Last ___________________________
Consumers Informed Consent & Release of Information Authorization

I, ____________________________, understand information about me and/or my dependents listed below is entered into a database system called ServicePoint: This system helps to better understand homelessness, to improve service delivery and to evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information may be shared. Access to the data and sharing of the data is in compliance with the standards set by the federal, state and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information.

By signing this form, I authorize the following:
The information collected by this agency will be included in ServicePoint and only partner agencies, which have entered into an HAMS Agency Participation Agreement at which I have obtained or sought out services, may use my information to:
- Produce a client profile at intake that will be shared with collaborating agencies;
- Produce aggregate level reports regarding use of services;
- Track individual program-level outcomes;
- Identify unified service needs and plan for enhancements; and
- Allocate resources among agencies engaged in services.

By signing this form, I authorize the following:
I authorize the partner agencies and their representatives to share basic information regarding my family members listed below and/or me: I understand that this information is for the purpose of assessing my/out needs for housing, utility assistance, food, counseling and/or other services.
- The following Personal Protected Information (PPI) is shared in HAMS for any service. Project: L. Name, Date of Birth, Social Security Number, Gender, Ethnicity, Age, Client Location, Veteran Status, and Photo (if applicable).
- These additional fields may be collected and shared for housing, utility assistance and other service projects such as Homeless History, Family Composition, Income/Non-Cash, Domestic Violence, Disability, Housing Information, Health Insurance, and Racial/Ethnic. Prior to Project Entry.

I Understand That:

✓ The partner agencies have signed agreements to treat any information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HAMS partner agencies.
✓ Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
✓ The release of my information does not guarantee that I will receive assistance. If my refusal or nonresponse to assistance, the use of my information does not disqualify me from receiving assistance.
✓ My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
✓ This authorization will remain in effect until I revoke it in writing, and I may revoke authorization at any time. If I revoke my authorization, all information about me already in the database will remain.
✓ This authorization is valid for (2) years from the date of my signature below.
✓ I understand I may withdraw my consent at any time.

Partner Agencies: A list of the partner agencies within the Nebraska Homeless Management Information System may be viewed prior to signing this form.

This does not cover all dependent children. MUST WRITE NAMES:

Auditors or Inspectors who have right to review the work of this agency, including the U.S. Department of Housing and Urban Development and Nebraska Department of Health and Human Services, Homeless Assistance Program may see my information in HAMS related to the services I received and funded by their Department's.

Please check one of the following levels of consent:
- □ I give authorization for me and my dependents listed above, Protected Personal and relevant Information to be entered into the HAMS and shared between Partner Agencies.
- □ I do not consent to the inclusion of personal information in the HAMS about me and any dependents listed above.

SIGNATURE OF CLIENT OR GUARDIAN DATE SIGNATURE OF AGENCY WITNESS DATE

11/2016
SOUTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP
Release of Information Statement

I give the Southeast Nebraska Community Action Partnership (SENCA) staff permission to verify and/or share the information provided in my application for assistance in order to determine assistance eligibility. False information may mean my application for assistance will not be approved.

Verification and inquiries that may be requested include, but are not limited to:
- Residences and Rental Activity
- Credit and Criminal Activity
- Medical and Child Care Allowance
- Financial Assistance Activity
- Employment, Income and Assets
- Payment History
- Counseling or Support services utilized
- Medical Information

The groups or individuals that may be asked to release the above information include, but is not limited to:
- Previous & Current Landlords
- Past and Present Employers
- Credit Providers and Credit Bureaus
- State Unemployment Agencies
- Schools and Colleges
- Social Security Administration
- Banks and Financial Institutions
- NE Homeless Assistance Program
- Department of Health & Human Services
- Law enforcement Agencies
- Welfare Agencies
- Medical and Child Care Providers
- Support and Alimony Providers
- Veterans Administration
- Utility Companies
- Domestic Violence Shelters
- Courts

In summary, I understand that my signature authorizes:
1) use of this information to determine if I am eligible for services,
2) release of information about my background and current situation as it relates to the assistance I've applied for and/or any other services and referrals that I may be eligible for,
3) permission for demographic information to be used for statistical reports,
4) release of information regarding the following child/children _______________________________ and
5) release of SENCA staff or its representative from any and all liability by asking for information from any person.

My signature also verifies that I have received information about obtaining Child Support and an offer of assistance in obtaining said child support:

Client Authorizing Signature: ___________________________ Date: ________________ Expires: ________________

Co-Client Authorizing Signature: ___________________________ Date: ________________ Expires: ________________

SENCA Staff Signature: ___________________________ Date: ________________

As an applicant for SENCA services, you do not have to sign this release of information. However, you improve the services and options available to you by allowing SENCA staff to discuss your situation with other needed agencies or individuals. You can void this release by submitting a written request at any time during the 12 months that this release is valid.

Southeast Nebraska Community Action Council handles all information with the strictest of confidentiality. Access to personally identifiable Protected Health Information (PHI) will be restricted to only those staff members who 'need to know' this information in order to properly conduct and administer SENCA programs. Access to such information will be in full compliance with the Health Insurance Portability and Accountability Act (HIPAA). No PHI will be released or disclosed to any SENCA affiliate or other third party without the express written consent of the individual concerned.

This Institution is an Equal Opportunity Provider and Employer

REVISED DEC 2015
**Weatherization Client Questionnaire**

**INSPECTION REQUIREMENTS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your home have broken glass in windows and doors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does your home have foundation problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you have a basement or a crawl space?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the outside of your home free of debris so that a contractor could work on your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does your roof leak or is there physical damage to the inside from a roof leak?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is the access to windows, doors, attic, etc. free on the inside of your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are you in the process of remodeling or do you plan on remodeling your home in the near future?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Are any parts of your ceilings, walls or floors incomplete or in need of repairs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you have any broken or leaking water or sewer lines?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does water leak/stain in the basement or crawlspace?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Is mobile home, is the underbelly free of debris and/ or standing water?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Have you noticed mold/mildew growing on windows, walls or in corners?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do you use your attic for storage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Does your furnace work?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Are any utilities turned off by the utility companies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Do you have pets in the house?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Do you have any type of wood, pellet, corn stove, or fire place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Is the home listed for sale or do you have any knowledge of Federal, State, or Local program designation of your home for acquisition or clearance?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BUILDING DETAILS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Water heater: Gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Cook stove: Gas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Do you have a: Breaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fuse box</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Heating system: Forced Air</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wall Furnace, Wood Stove, Electric Baseboard, or Unvented heater</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. If window air conditioning is used, how many do you have?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>24. Is there a swamp out in your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Cooling system: Central Air</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window A/C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURES**

**Inspection Representative**

*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.*
CERTIFICATION OF ZERO INCOME

(1) I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

a. Wages and salaries from any type of employment (including commissions and fees)
b. Income from the operation of a business (self-employment – Avon, Mary Kay, etc.)
c. Rental income from real or personal property
d. Interest or dividends from assets
e. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits
f. Unemployment benefits
g. Net gambling or lottery winnings
h. Alimony
i. Educational grants and/or scholarships or veterans benefits available for subsistence after deducting expenses for tuition, fees, and books
j. Regular monthly cash contributions from an outside source (ex-husband, father, mother, brother, sister, aunt, uncle, etc.) to assist with monthly debt

(2) In the past months when you say you have had minimal, or no income, how did you pay for rent, utilities and other necessities?

(3) Do you receive any contributions that are not explained above? ☐ Yes ☐ No

If yes, explain:

(4) Did you file a Federal income Tax Return last year? ☐ Yes ☐ No

SIGNATURES

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

Print Name: 

First: 
Last: 

Applicant Signature (zero income household member):

Signature of Person Residing:

Witness my hand and signature here:

Date:

(Submitted Eclipse)

(This form must be completed by an individual 18 years or older who resides in the property)

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.

NED 02-26-16 Revised 02-04-19
Subrecipients NED 02-26-16 Revised 02-04-19