



**Southeast Tennessee Human Resource Agency
Weatherization Program
Telephone (423) 949-2191 ext. 322**

The following documents will need to accompany your completed application:

1. Proof of Income for ALL ADULTS in the household.

Documentation of Income from ANY of the following sources:

- Copies of the last twelve week's consecutive pay stubs including gross amount and year to date.
- Current year of regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments
- Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments
- Net receipts from any self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses)
- Dividends and/or interest on any account
- Net rental income and net royalties
- Periodic receipts from estates or trusts
- Net gambling or lottery winnings.
- Last 12 month payment history of alimony received as provided by the court appointed entity responsible for handling payments. If this is not available, a copy of the separation agreement or divorce decree.

2. Proof of Homeownership

Documentation of homeownership from ANY of the following sources:

- Deed and Current Mortgage Statement
- Mobile Home Title

If applicant is a renter, the property owner will need to fill out the Landlord Agreement Form.

3. Proof of heating and cooling bills

- Copy of Energy Bill Summary for the previous 12 months (electric or gas) from Energy Provider

4. Valid identification for the head of household

- Driver License or State Identification

5. Please provide a completed & signed application and all required documentation. If not provided, the application will be consider incomplete.

SEND APPLICATION AND ALL DOCUMENTATION TO:

MAIL: SETHRA

**ATTENTION: Erica Johnson
1250 Old Chattanooga Pike SW
Cleveland, TN 37311**

E-MAIL: ejohnson@sethra.us

WEATHERIZATION ASSISTANCE PROGRAM (WAP) APPLICATION FOR ASSISTANCE - PROGRAM YEAR 2021	<u>For Agency Office Use Only</u> Date Application Received: _____ Date Application Completed: _____ Application Type: Weatherization or Re-weatherization Application Status: Approved or Denied Job # Assigned: _____
Application is not complete without applicant signature on page 6.	
The applicant must provide proof of identity and citizenship with this application. A driver's license, passport, or other government issued document is acceptable proof.	
Has this home been weatherized under the WAP program since September 30, 1994 through any TN WAP Agency? (Please Circle Yes or No)	
If yes, which agency provided assistance? _____	
If yes, what was the month/year weatherization was performed? _____	
Applicant Name: (must provide first & last name):	Phone: _____ Cell: _____
Current Home Address: _____ City: _____ State: _____ Zip: _____	County (current home address): _____
Mailing Address (if different from home address): _____ City: _____ State: _____ Zip: _____	
Emergency/Alternative Contact (Name & Phone #): _____	

FAMILY TYPE (CHECK ONE)

- SINGLE PARENT FEMALE
- SINGLE PARENT MALE
- 2 PARENT HOUSEHOLD
- SINGLE PERSON FEMALE (NO CHILDREN)
- SINGLE PERSON
- MALE (NO CHILDREN)
- MORE

DECLARATION OF DISABILITY: (PLEASE USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED)
HOUSEHOLD TOTAL INCOME (BELOW LIST INCOME INFORMATION FOR APPLICANT AND ALL HOUSEHOLD MEMBERS. (USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED.))

HOUSEHOLD TOTAL INCOME (BELOW LIST INCOME INFORMATION FOR APPLICANT AND ALL HOUSEHOLD MEMBERS). USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED.

NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME (PROVIDE PROOF OF ALL INCOME)	IF EMPLOYED, PROVIDED EMPLOYER'S NAME & ADDRESS

NOTE 2: YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN HOUSEHOLD **COMPLETE BOTH PAGES**

HOUSING:

OWN: _____ RENT: _____ SQUARE FOOTAGE: _____ YEAR BUILT: _____

ROOF CONDITION: (PLEASE CIRCLE) POOR FAIR GOOD

EVIDENCE OF MOLD OR MOISTURE: YES NO

IF OWNER OF HOME, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME(S) ON DEED: _____

DEED BOOK: _____ PAGE: _____ TITLE # IF MOBILE HOME: _____

TYPE OF HOME STRUCTURE: (CIRCLE ONE IN EACH FORM)		
FOUNDATION TYPE	BUILDING EXTERIOR	SINGLE OR MULTI-FAMILY BUILDING TYPE
CRAWL SPACE	BRICK EXTERIOR	OWNER OCCUPIED-SITE BUILT
SLAB	VINYL SIDING EXTERIOR	RENTER OCCUPIED-SITE BUILT
BASEMENT	WOOD EXTERIOR	MOBILE HOME-OWNER OCCUPIED
MOBILE HOME SKIRTING	CONCRETE EXTERIOR	MOBILE HOME-RENTER OCCUPIED
OTHER (DESCRIBE BELOW):	OTHER EXTERIOR (DESCRIBE BELOW):	MULTI-FAMILY- 2 to 4 Units (enter total units in building: _____) MULTI-FAMILY- 5 or More Units (enter total in building : _____)

IF RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION:

LANDLORD NAME (first and last): _____

LANDLORD PHONE NUMBER: _____

LANDLORD ADDRESS: _____

HEATING SOURCE: (Circle your primary source)

ELECTRIC	PROPANE	KEROSENE	WOOD
FUEL OIL	COAL	NATURAL GAS	OTHER

HOME ENERGY COSTS: \$ _____

Utility Company Name: _____

Utility Company Address: _____

Phone #: _____

Account #: _____

Utility Company Name: _____

Utility Company Address: _____

Phone #: _____

Account #: _____

- HAVE YOU RECEIVED ASSISTANCE IN THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) SINCE OCTOBER 1, 2018?

PLEASE CIRCLE: YES OR NO

- DO ANY HOUSEHOLD MEMBERS HAVE ANY KNOWN OR SUSPECTED HEALTH CONCERNS THAT WOULD BE NEGATIVELY IMPACTED BY WEATHERIZATION WORK?

PLEASE CIRCLE: YES OR NO

(PLEASE ATTACH STUBS, INVOICES, RECEIPTS, ETC FOR ALL ENERGY SOURCES IN THE HOUSEHOLD)

I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF: _____

IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS.

IS THIS ACCOUNT IN YOUR LANDLORD'S NAME? YES or NO

NOTE: If the energy bill is not in a household member's name, you must provide proof you are responsible for payment of the bill.

Applicant Certification:

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status. Pursuant to federal law (5 United States Code 552(b)(6) and 10 Code of Federal Regulations 600.153(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program. I do ___do not ___agree that the information contained in my application may be shared with other agencies from which I seek additional services.

APPLICANT SIGNATURE: _____ DATE: _____

NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM.

To Be Completed By Agency Staff Only:	
Total Children under age 6: _____	% OF POVERTY: _____
Total Disabled Members: _____	APS REFERRAL? YES OR NO
Total Age 60 yrs. or older: _____	TOTAL PRIORITY POINTS: _____
TOTAL HOUSEHOLD MEMBERS: _____	% OF ENERGY BURDEN: _____
Total # Illegal Aliens in Household: _____	HIGH ENERGY BURDEN? YES OR NO
	HIGH RESIDENTIAL ENERGY USER? YES OR NO

TOTAL ANNUAL HOUSEHOLD INCOME DETERMINED: \$ _____ TOTAL ANNUAL

HOUSEHOLD ENERGY COSTS DETERMINED: \$ _____

CATEGORICALLY ELIGIBLE? YES OR NO

DATE CERTIFIED: _____

SIGNATURE OF DETERMINING OFFICIAL: _____

Energy Bill Release Weatherization Assistance Program

Address: _____

I authorize the release of information pertaining to my energy bills, both past and future, to my local weatherization agency or its designee for the purpose of obtaining data for the evaluation of energy conservation effectiveness. I understand that this information will be used only to provide data for the Program and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Energy Provider Name #1: _____

Account Number: _____

Name on Account: _____

Energy Provider Name #2: _____

Account Number: _____

Name on Account: _____

Applicant Signature: _____
Sign Date

if the Account is not in the Applicant's name, the Account holder must sign below:

I certify that the energy bill at the above address is in my name but the Applicant listed above is responsible for payment of the entire bill. I understand that by signing this statement I am verifying the above named person's responsibility and acknowledge my acceptance of the agencies policies and procedures regarding the payment on this account.

Name	Signature	Date

Homeowner Permission Weatherization Assistance Program

Address: _____

By signing below, I authorize:

1. I am the owner of the property listed above,
2. This residence is not currently for sale, nor is it designated for acquisition or foreclosure by federal, state or local programs.
3. The Local Weatherization Agency to make arrangements for weatherization activities, including:
 - The inspection of the interior and exterior of my home;
 - Photographs to document work;
 - The installation of weatherization materials as determined appropriate;
 - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
 - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
4. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
5. The Local Weatherization Agency to share information contained in my Weatherization Assistance Program application with agencies and/or programs for which I may qualify for additional services.

Homeowner/Applicant:

Signature

Date

Renter Permission Weatherization Assistance Program

Address: _____

By signing below, I authorize:

1. The Local Weatherization Agency to make arrangements for weatherization activities, including:
 - The inspection of the interior and exterior of my home;
 - Photographs to document work;
 - The installation of weatherization materials as determined appropriate;
 - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
 - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
2. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
3. The Local Weatherization Agency to share information contained in my Weatherization Assistance Program application with agencies and/or programs for which I may qualify for additional services.

Applicant/Tenant:

Signature

Date

**Landlord Agreement (Single Family)
Weatherization Assistance Program**

Address: _____

This Agreement is for the provision of work under the Weatherization Assistance Program for the property located at the address above. The Owner/Authorized Agent agrees to the following conditions:

1. The benefits of the weatherization assistance provided shall accrue primarily to the lessee;
2. The rent for the property shall not be raised for a period of one year from the completion date of the weatherization work, unless the increase is demonstrably related to matters other than the weatherization work performed. This rent freeze remains in place for a period of one year from date of completion of the weatherization work, even if the applicant no longer resides in the property;
3. The lessee will not be evicted without legal cause (non-payment of rent, etc.) for a period of one year from the date of the completion of the weatherization work;
4. If a complaint regarding a rent increase or eviction action is received by the Agency, the Owner/Authorized Agent agrees to immediately provide the Agency, upon request, written information that the terms of this Agreement have not been violated;
5. No undue or excessive enhancement shall occur to the value of the property identified above;
6. There is no known plan for government acquisition or clearance of the property within 12 months of receiving weatherization work;
7. Permission is granted for the Agency to conduct or to make arrangements for weatherization work to take place, including, the inspection of the interior and exterior of the home, the installation of weatherization materials as authorized by the weatherization agency, access to the home for the inspection of completed work;
8. In the event the property is sold, the new owner shall be bound by the terms of this agreement;
9. The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns;
10. If this Agreement is not adhered to the cost of the weatherization improvements shall be reimbursed by the Owner/Authorized Agent to the Agency.

Owner/Authorized Agent:

Signature

Date

Owner Mailing Address