

**Southeast Tennessee Human Resources Agency**

**Weatherization Assistance Program**

**Proofs to Return with Application**

**The following documents will need to accompany your completed application**

- 1) **Proof of income for anyone in the household:** This should be copies of pay stubs (last 12 weeks) or Current Social Security Award Letter. ***NO BANK STATEMENTS WILL BE ACCEPTED.*** If there is no income for the household, a Statement of Support and Notarized Self-Certification of Income Statement form will need to be completed by the applicant.
- 2) **Proof of home ownership:** Acceptable documents include the Deed or Title to your home, or a Bill of Sale. If you rent, your landlord will need to complete the Agreement for Provision of Services to Rental Units.
- 3) **Proof of heating and cooling bills:** An Annual Usage Report from your energy provider(s) is required. If both electric and gas is used in the home, a Bill Summary from the previous 12 months is needed from both providers.
- 4) **Valid identification for the head of household:** This could be a driver's license or state issued ID card.
- 5) All required documentation and application forms must be completely filled out and signed by applicant. If not, the application will be consider incomplete.

Submit it applications, via:

- USPS Mail to: Weatherization Assistance Program  
1250 Old Chattanooga Pike SW  
Cleveland, TN 37311
- Email to: [ejohnson@sethra.us](mailto:ejohnson@sethra.us)
- Phone: (423) 949-2191 ext.322

**WEATHERIZATION ASSISTANCE PROGRAM (WAP) APPLICATION FOR ASSISTANCE - PROGRAM YEAR 2019**

**For Agency Office Use Only**  
 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 2.

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.)**

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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