



**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 the following sources:

- ☐ Deed and include current Mortgage Statement(If applicable)
- ☐ 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 last 12-month payment history of utilities (electric or gas) from Energy Provider

4. Valid identification for the head of household

- ☐ Driver License or State Identification

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

SEND APPLICATION AND ALL DOCUMENTATION TO:

MAIL: SETHRA

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

PHONE: 423-949-2191 EXT. 322

E-MAIL: ejohnson@sethra.us



Tennessee Housing Development Agency
WEATHERIZATION ASSISTANCE PROGRAM

APPLICATION FORM

| | | | | | | | | |
|--|--|----------------|------------------|---------------|--------------|-----------------------|--------------------------------|--|
| Agency: | | | Intake Initials: | | Intake Date: | | Priority Points | |
| First name | | | Middle Initial | | Last Name | | Eligibility Certification Date | |
| SERVICE ADDRESS - Address where you live (this cannot be a P.O. Box) | | | | | | | | |
| Service Address | | | Unit Number | | | | | |
| Service City | | Service County | | Service State | | Service Zip Code | | |
| Have you lived at this residence during each of the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Is your service address the same as mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| Mailing Address/P.O. Box | | | | | | Unit Number | | |
| Mailing City | | Mailing County | | Mailing State | | Mailing Zip Code | | |
| Social Security Number (SSN): | | | | | | Primary Phone () | | |
| E-mail Address: | | | | | | | | |

| | | | |
|--|--|--|----|
| DWELLING INFORMATION | | Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent Renters Only, provide Landlord Information below: | |
| Square Footage: _____ | | Landlord Information: | |
| Year Home Built: _____ | | Name: _____ | |
| | | Phone: _____ Email: _____ | |
| Address: _____ | | | |
| Building Type: | | Building Exterior: | |
| <input type="checkbox"/> Site Built | | <input type="checkbox"/> Brick Exterior | |
| <input type="checkbox"/> Mobile/Manufactured Home | | <input type="checkbox"/> Vinyl Siding Exterior | |
| <input type="checkbox"/> Multi-family Building | | <input type="checkbox"/> Wood Exterior | |
| Total number of units in building: _____ | | <input type="checkbox"/> Concrete Exterior | |
| | | <input type="checkbox"/> Other (describe below) _____ | |
| | | <input type="checkbox"/> Crawl Space | |
| | | <input type="checkbox"/> Slab | |
| | | <input type="checkbox"/> Basement | |
| | | <input type="checkbox"/> Mobile Home Skirting | |
| | | <input type="checkbox"/> Other (describe below) _____ | |
| HOUSEHOLD INFORMATION | | Are you or someone in your household CURRENTLY receiving SNAP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Do you or any household members have any known or suspected health concerns that would be negatively impacted by weatherization work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Enter the number of people in the household who are: | | Enter the total <u>gross</u> annual income for <u>all</u> people living in the household: | |
| Ages 0 – 5 Years | | TANF | \$ |
| Ages 6 – 17 Years | | SSI | \$ |
| Ages 18 - 59 Years | | SSA / SSDI | \$ |
| Ages 60 – 74 Years | | Paycheck(s) | \$ |
| Ages 75 and older | | Pension / Retirement | \$ |
| Total Household Size | | Other | \$ |
| | | Total Annual Income | \$ |

HOUSEHOLD MEMBERS

Enter the information below for ALL household members. If you have more than 5 people in your household, please list the information on a separate piece of paper.

HOUSEHOLD MEMBER 1 (APPLICANT)

| | | | |
|---|---|-------------------|---|
| First Name | M.I. | Last Name | Relationship to Applicant <i>Self</i> |
| Date of Birth: | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | | Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | | |
| Amount of Gross Annual Income (before taxes): | | Source of Income: | |

HOUSEHOLD MEMBER 2

| | | | |
|---|---|-------------------|---|
| First Name | M.I. | Last Name | Relationship to Applicant |
| Date of Birth: | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | | Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | | |
| Amount of Gross Annual Income (before taxes): | | Source of Income: | |

HOUSEHOLD MEMBER 3

| | | | |
|---|---|-------------------|---|
| First Name | M.I. | Last Name | Relationship to Applicant |
| Date of Birth: | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | | Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | | |
| Amount of Gross Annual Income (before taxes): | | Source of Income: | |

HOUSEHOLD MEMBER 4

| | | | |
|---|---|-------------------|---|
| First Name | M.I. | Last Name | Relationship to Applicant |
| Date of Birth: | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | | Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | | |
| Amount of Gross Annual Income (before taxes): | | Source of Income: | |

HOUSEHOLD MEMBER 5

| | | | |
|---|---|-------------------|---|
| First Name | M.I. | Last Name | Relationship to Applicant |
| Date of Birth: | Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other | | Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | | | |
| Amount of Gross Annual Income (before taxes): | | Source of Income: | |

| | | |
|---|--|---|
| ENERGY INFORMATION | Indicate the types of energy used in your home (check all that apply): | |
| | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> Other Fuel | |
| Are your utilities included in rent or submetered? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, please provide energy company information below: |
| Energy Company Information Company Name: _____ Account # _____ Account Holder Name: _____ Energy Type: _____ | | |
| Energy Company Information Company Name: _____ Account # _____ Account Holder Name: _____ Energy Type: _____ | | |

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, 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 | | |
|--|-------------------------|----------|
| Application Status: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED | If denied, list reason: | |
| Eligibility Type: <input type="checkbox"/> Income <input type="checkbox"/> Categorical | Total Priority Points: | Site ID: |
| SIGNATURE OF DETERMINING OFFICIAL: | | Date: |

**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.
6. The Local Weatherization Agency to share my identifying information with agency approved contractors that wish to schedule a visit to look at the job for a bid. The approved contractors will have to have access to the home to bid.

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