



**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



DWELLING INFORMATION		Do you own or rent your home? ☐ Own ☐ Rent Renters Only, provide Landlord Information below:	
Square Footage: _____	Landlord Information:		
Year Home Built: _____	Name: _____		
	Phone: _____ Email: _____		
	Address: _____		
Building Type:		Building Exterior:	Foundation Type:
☐ Site Built ☐ Mobile/Manufactured Home ☐ Multi-family Building Total number of units in building: _____		☐ Brick Exterior ☐ Vinyl Siding Exterior ☐ Wood Exterior ☐ Concrete Exterior ☐ Other (describe below) _____	☐ Crawl Space ☐ Slab ☐ Basement ☐ Mobile Home Skirting ☐ Other (describe below) _____
HOUSEHOLD INFORMATION	Are you or someone in your household CURRENTLY receiving SNAP benefits? ☐ Yes ☐ No		
	Do you or any household members have any known or suspected health concerns that would be negatively impacted by weatherization work? ☐ Yes ☐ 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: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Gender: ☐ Female ☐ 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: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Gender: ☐ Female ☐ 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: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Gender: ☐ Female ☐ 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: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Gender: ☐ Female ☐ 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: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Gender: ☐ Female ☐ 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):	
	☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Manufactured log ☐ Pellets ☐ Other Fuel	
Are your utilities included in rent or submetered? ☐ Yes ☐ 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: ☐ APPROVED ☐ DENIED	If denied, list reason:	
Eligibility Type: ☐ Income ☐ Categorical	Total Priority Points:	Site ID:
SIGNATURE OF DETERMINING OFFICIAL:		Date:

Weatherization Assistance Program | Energy Bill Release Form

Applicant Name: _____

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:	
Account Number:	
Name on Account:	
Energy Provider Name:	
Account Number:	
Name on Account:	

Applicant Signature:

_____	_____
Signature	Date

If the account is not in the applicant's name, the account holder must sign below:

By signing 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 payment on this account.

Account Holder Signature:

_____	_____
Signature	Date

Weatherization Assistance Program | Service Agreement for Owners

Applicant Name: _____

Address: _____

By signing below, I authorize:

1. I am the owner of the property listed above.
2. This property 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:
 - a. The inspection of the interior and exterior of my home;
 - b. Photographs of the home related to the energy audit, work orders and subsequent inspections;
 - c. The installation of weatherization materials as determined appropriate;
 - d. Inspection of the work upon completion by the contractor, sub-contractor staff, local, state, and federal officials;
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.

I understand and agree to the following conditions:

1. No undue or excessive enhancement shall occur to the value of the property identified above;
2. If this Agreement is not adhered to, the cost of the weatherization improvements shall be reimbursed by the Owner to the Agency.

Homeowner/Applicant Signature:

Signature

Date

Weatherization Assistance Program | Service Agreement for Renters

Applicant Name: _____

Address: _____

By signing below, I authorize:

1. The local Weatherization Agency to make arrangements for weatherization activities, including:
 - a. The inspection of the interior and exterior of my home;
 - b. Photographs of the home related to the energy audit, work orders and subsequent inspections;
 - c. The installation of weatherization materials as determined appropriate;
 - d. Inspection of the work upon completion by the contractor, sub-contractor staff, local, state, and federal officials;
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.

Tenant/Applicant Signature:

Signature

Date

Weatherization Assistance Program | Landlord Agreement

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 actions 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, collecting necessary photographs to support the weatherization work, 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