Home Weatherization Assistance Program (HWAP) Application

Instructions:

Please provide the following verification with your completed and signed application as follows:

1. **Proof of Income**: For all household members 18 years old or older. Household members with -0-income must include an official notarized statement. Proof of income may include:
   - Most recent W-2 form(s)
   - Benefits Award Letter (Social Security, Department of Human Services, HEAP Determination letter, etc.)
   - Most recent pay stubs (to verify at least one month’s salary)

   *All Proof of Income documents such as: benefit award letters, W2s, HEAP Determination and Department of Human Service letters, must be dated within a year of your application date.*

2. **Utility Bills (copies)**: We need a copy of a recent gas, electric and water bill.

3. **Homeowner/Authorized Agent Certification**: Complete and signed by the homeowner/agent.

4. **Proof of Homeownership**: May include copies of: a Property Tax Bill, Property Deed, Land Contract, and Mortgage Coupon. **PLEASE DO NOT SEND ORIGINAL DOCUMENTS.**

If you are a TENANT applying for HWAP --Please Complete:

5. **Landlord/Tenant Rental Agreement**: Completed and signed by you and your landlord.
   Your landlord will need to provide proof of homeownership.

Please return completed application package to:

Cleveland Housing Network
2999 Payne Avenue – Room 306
Cleveland, OH 44114
Attention: HWAP Program

Thank you for your interest in CHN HWAP. We look forward providing you with superior program services!

Appeals Procedure Available Upon Request.

Jackie Jackson, HWAP Program Coordinator  Beatrice Hobson, HWAP Program Assistant
ENERGY ASSISTANCE PROGRAMS APPLICATION 2010–2011

The Ohio Department of Development (ODOD) offers several programs to help low-income Ohioans pay their utility bills and improve the energy efficiency of their homes. With this form, you may apply for the Home Energy Assistance Program (HEAP), Winter Crisis Program (WCP), Summer Crisis Program (SCP), Percentage of Income Payment Plan (PiPP) and Home Weatherization Assistance Program (HWAP). For WCP and SCP, an appointment is required at a local provider agency.

ELIGIBILITY
HEAP is a federally funded program designed to assist eligible low-income Ohioans with their winter heating bills. Households may be eligible for assistance from HEAP, WCP, SCP, or HWAP if the household income is at or below 200% of the federal poverty guidelines. Households may be eligible for assistance from PiPP if the household income is at or below 150% of the federal poverty guidelines. Once your application has been processed, you will receive a notification letter telling you whether or not you are eligible for bill payment assistance. If you are eligible, the amount of your benefit will depend on federal funding levels, how many people live with you, total household income, and the primary fuel you use to heat your home. In most cases, benefits will be a credit applied to your energy bill by your utility company. This is a one-time benefit. If you are eligible for weatherization services, your application will be obtainable by the agency providing services in your area. The types of assistance you receive will be based on your home’s energy efficiency. If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance.

Resident of any licensed medical facility (hospital, skilled nursing facility, or intermediate care facility) or publicly operated community residence (example: YMCA) are ineligible. Boarding/rooming houses, group homes, or emergency shelters are ineligible for payment assistance, but may be eligible for weatherization services. All persons who share a common kitchen or bath are considered members of the same household and must apply on one application.

PERCENTAGE OF INCOME PAYMENT PLAN (PiPP)
PiPP is a special payment plan that requires eligible customers to pay a portion of their household income each month to maintain utility service. PiPP protects customers from disconnection of service, as long as they follow the program’s rules about monthly payments. All gas and electric companies regulated by the Public Utilities Commission of Ohio (PUCO) must offer this plan to their customers. PiPP is not available to customers of rural electric co-ops, municipal utilities, or users of delivered fuels. The utility bill must be in the name of the PiPP applicant.

PiPP enrollment can occur through this application only for the following companies: American Electric Power (AEP), Columbia Gas, Dayton Power and Light (DP&L), Dominion East Ohio Gas, Duke Energy, First Energy (Cleveland Illuminating Co., Ohio Edison, Toledo Edison), and Vectren.

HOME WEATHERIZATION ASSISTANCE PROGRAM (HWAP)
HWAP is a federally-funded, low-income residential energy efficiency program that reduces the energy use of qualified households throughout the state. HWAP services include attic, wall, and basement insulation; blower door guided air leakage reduction; heating system repairs or replacements; electric baseload measures that address lighting and appliance efficiency; and health and safety inspections and testing. Services are based on the structure and energy use of the home. HWAP is administered locally by community action, social service, and local government agencies.

CONTACT INFORMATION
For questions regarding Energy Assistance Programs or to check the status of your HEAP application:
energyhelp.ohio.gov or e-mail us at energyhelp@development.ohio.gov
1-800-282-0880 or 614-644-6600 for Franklin County residents.

For the hearing impaired only:
1-800-686-1557 or 614-752-8808 for Franklin County residents.

INCOME DEFINITION
Household income is defined as the gross income of all household members, except wage or salary income earned by dependent minors under 18 years of age. Heads of household and spouses may never be considered as minors. Gross income includes, but is not limited to, wages (excluding documented health insurance premiums), interest, annuities, pensions, Social Security (excluding Medicare premiums), retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers’ Compensation, and any other indirect income such as utility allowances. Other exclusions may apply if documented.

Please visit energyhelp.ohio.gov for a list of all included and excluded income.
INSTRUCTIONS (PLEASE READ)

You must provide proof of income for everyone living in your household. Examples of documents that provide proof of income are: payroll stubs, statements from employers, public assistance payment histories, or benefit letters from Social Security, Workers’ Compensation, Unemployment Compensation, tax forms/schedule, etc. Please provide income documentation to support your response to question #4. If you are missing documentation for any income source or you list “0” income, please explain. If your response to question #6 is “No Income”, a written, signed statement which provides an explanation as to how you are maintaining your household must be submitted. Failure to provide the required documents will delay the processing of your application. Please send copies, as originals will not be returned.

If anyone in your household is disabled, you may be eligible for a larger benefit. To be eligible for this benefit, you must submit proof of disability, but need not disclose the nature of the disability. Proof includes a doctor’s statement, benefits letters for Supplemental Security Income, Social Security Disability, Workers’ Compensation, etc. “Disabled” describes a person who has some impairment in body or mind that makes the person unfit to work at any substantial employment that the person would otherwise reasonably be able to perform and that will, with reasonable probability, continue for an indefinite period of at least 12 months without any present indication of recovery therefrom, or who has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons. Households which have a member who is age 60 or older will also be evaluated for an increased benefit.

Please provide Proof of Citizenship or Alien Status for all household members. Proof of citizenship or alien status is required for the primary applicant. If you are a United States citizen by birth, the verification you provide to show your age (birth certificate, baptismal record, U.S. passport) will also provide verification of your citizenship status. However, if those documents were not used for proof of age or if you were born outside of the United States, are a naturalized citizen or an alien, you will need to provide one of the following items: 1) Naturalization Papers/Certifications of citizenship (INS Form I-179, INS Form I-197), 2) Permanent Visa, 3) Birth Certificate/Hospital Birth Records, 4) Refugee Registration Cards, 5) U.S. Passport, 6) INS ID Card, 7) Baptismal Record (Only when place and date of birth is shown.), 8) Military Service Records, 9) Indian Census Records, 10) Voter Registration Cards, 11) Signed statement from a U.S. citizen which declares under penalties of perjury that individual in question is a U.S. citizen, 12) Alien Registration Cards/Re-entry permits, 13) INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993.), 14) INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act: or b) One or a combination of the following terms: Refugee, Parolee, or Asylee, 15) INS Form G-641, “Application for verification of Information from INS Records,” when annotated at bottom by INS representative as lawful admission for humanitarian reasons, 16) Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act, 17) Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act, 18) INS Form I-688, or 19) Verified citizenship for OFW Program.

Copies of all heating and electric bills are required in order to process your application. If your main heating bill is not in an eligible household member’s name, your benefit may be sent to your electric company.

PRIVACY ACT NOTICE

DISCLOSURE: The disclosure of social security numbers is mandatory to receive HEAP benefits. AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i) USE: The state will use social security numbers in the administration of the HEAP to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for needy families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.
**PRIMARY APPLICANT**

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**Current Mailing Address** (no. and street, including route)

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<th>City</th>
<th>State</th>
<th>Zip code</th>
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**E-mail Address**

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**Please Print or Type**

Complete only one application per household. Please complete all items and questions and attach required proof. An incomplete application will delay assistance.

### Household Members

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<tr>
<th>Household Members</th>
<th>Relationship to You (i.e. son, daughter, etc.)</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Income Source</th>
<th>Current Mo.</th>
<th>Last 3 Mo.</th>
<th>Last 12 Mo.</th>
<th>Disabled?</th>
<th>U.S. Citizen?</th>
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4) What was your total gross household income for the last 12 months?

5) Do you receive Public Assistance?

6) INCOME SOURCE (Check the Income Source(s) for Your Household)

- Wages
- Pension
- Social Security
- Child Support
- Employment Disability
- Self Employment
- VA Pension
- SSDI
- Workers’ Comp
- Interest
- Unemployment
- VA Disability
- SSI
- TANF
- Other
- Active Military Pay
- Disability Assistance
- No Income (Explain how you pay bills on a separate sheet.)

Documented must be provided!
7) Do you rent or own your home?  

8) Landlord's Name:  
Address:  
Telephone Number:  

9) Do you rent a room in someone else's home? If yes, please list all household member information under question number 3.  

10) Has your household received weatherization services from any other program; (for example, a utility program)?  

11) Number of Native Americans in the household (as defined by the U.S. Bureau of Indian Affairs).  

12) Would you like to apply for the Home Weatherization Assistance Program (HWAP)?  

13) I consent to the release of my name, phone number, and social security number to the local telephone company so that I may receive a possiblu reduced telephone rate through the Lifeline Program.  

14) I am enrolled in or eligible for Medicare. I consent to the release of my name, address, phone number, and social security number to my local Area Agency on Aging, or the Ohio State Health Insurance Information Program (OSHIIP), or their designee, for help in applying for prescription drug assistance and other benefits.  

15) Would you like to apply for the Home Weatherization Assistance Program (HWAP)?  

16) What is your main source of heat? (Check only one)  
- Natural Gas  
- Bottle Gas or Propane (L.P. Gas)  
- Fuel oil or Kerosene  
- Coal, Wood or Pellets  
- Electric  
- Other  

17) Are your heating costs included in your rent?  

18) Is the name on your heating bill different from the Applicant's name? If yes, give that name.  

19) Do you share a main heating source meter with another household?  

20) Is your electricity included in your rent?  

21) Is the name on your electric bill different from the Applicant’s name? If yes, give that name.  

22) Do you share an electric meter with another household?  

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I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company, or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45CFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].
Home Weatherization Assistance Program
Homeowner/Authorized Agent Certification
(EIA-29D)

Agency ____________________________
Agency Address ____________________________
Agency Phone ____________________________

4/30/2010

I, ____________________________ (Name of Homeowner/Authorized Agent) certify that I am the owner/authorized agent for the property at ____________________________

I further certify that I have given my permission to allow work on the property listed above which may include the following:

1. Drill and plug aluminum and/or vinyl siding YES ____ NO ____ N/A ______
2. Drill and plug interior walls YES ____ NO ____ N/A ______
3. Install S-TYPE fuses YES ____ NO ____ N/A ______
4. Lower the thermostat on the water heater YES ____ NO ____ N/A ______
5. ____________________________
6. ____________________________
7. ____________________________
8. ____________________________
9. ____________________________
10. ____________________________
11. ____________________________
12. Other work that must be done in accordance with the Minimum Weatherization Program Standards.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed ____________________________ Date ____________________________
(Owner/Authorized Agent)
LANDLORD/TENANT RENTAL AGREEMENT

The parties to this agreement are:

_________________________________________ hereinafter Landlord

_________________________________________ hereinafter Tenant

_________________________________________ hereinafter Agency

CLEVELAND HOUSING NETWORK

The landlord consents and agrees that the following weatherization work shall be done by the Agency to the property located at:

_________________________________________

and presently leased to the Tenant ___________________________

Weatherization work to be completed by the Agency:

1. Insulation of attic and sidewalls, if possible.
2. Crawlpace insulation.
3. Appropriate venting per State Weatherization standards.
4. Air leakage work.
5. Hot water tank wrap.
6. Furnace check/repair (if necessary).
7. Other related weatherization work as deemed necessary by Agency inspector.

The Estimated value of material and labor necessary to perform the weatherization work is approximately $600.00 material and $1000.00 labor per unit. The Agency agrees to pay the cost of the material and labor.

The Agency agrees to use its best efforts to complete the weatherization work within 3 months of the approved application, but no later than ____________________________.

Limitations on Rent Increases

1. That the present rent for the above described premises is $ __________ per month.

2. That the rent shall not be raised at any time because of any increase in value of the rental unit due solely to the weatherization assistance.
That for a period of 1 year from the date of the signatures on this agreement, the present rent will not be increased for any reason.

Energy/Utility cost included in rent

That, in the event the Landlord is directly responsible for the energy/utility costs used primarily for heating purposes on the property covered by this Agreement, the Landlord agrees to:

Reduce the rent charged to the Tenant for a period of one year. The reduction will equal the cost of the material of the job divided by 12. (If cost per unit is $600.00 material, the rent would be reduced by $50.00 per month.)

Eviction

That the Landlord will not evict, terminate or institute any court action for possession against any covered tenancy for 24 months following the completion of the work, except for:

1. Failure to pay rents.
2. Violating the terms of the lease.
3. Causing substantial damage to the premises.
4. Permitting a nuisance.
5. Conducting an unlawful business, or permitting an unlawful business on the premises.

Tenant's synopsis of terms

That the Agency shall provide a copy of this Agreement and a synopsis explaining its terms to the tenant within 15 days of the effective date of this Agreement. Further, the Agency shall provide a synopsis explaining the terms of this Agreement to subsequent tenants of the above rental unit or to the new and subsequent occupants of the rental unit on the effective date of this Agreement.

This Agreement will begin on the date of signature of the parties.

The parties acknowledge this Agreement is under seal.

________________________  _______________________
Landlord                                      Date

________________________  _______________________
Tenant                                         Date

________________________  _______________________
Agency (for CHN)                                Date
Income Declaration

I hereby state that the amount shown below is the total income of all persons residing at the address below for the previous 12 months.

<table>
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<tr>
<th>Month</th>
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TOTAL GROSS INCOME FOR THE PAST 12 MONTHS: $________________________

Name: ____________________________________________________________

Address: _________________________________________________________

City: ____________________________ State: ________ ZIP: __________

Telephone: ( _______ ) ____________________________ ( _______ ) __________

Source of income; check all that apply:

☐ Salary/wages ☐ Social Security ☐ TANF/AFDC/Dept of Human Services income
☐ Social Security Disability ☐ Unemployment benefits ☐ Workers’ compensation
☐ SSI - Supplemental Security Income ☐ Workers’ compensation ☐ Alimony
☐ SSD Social Security-Disability ☐ Cash gifts ☐ Estate and trust settlements
☐ Railroad - retirement &/or disability ☐ Rental income ☐ Savings/stocks/bond interest/income
☐ Veteran - pension &/or disability ☐ Other pension/retirement/disability
☐ Other pension/retirement/disability ☐ Child support
government aid

I certify that ALL statements on this income verification are true and correct and realize that I may be held civilly and criminally liable under federal and state law for any knowingly false or fraudulent statement.

Client signature ____________________________ Date ______________

The above client has supplied documentation of the total household income and is eligible for the program.

Agency representative signature ____________________________ Date ______________
ENERGY ASSISTANCE PROGRAMS APPLICATION 2010 - 2011

FOR OFFICE USE ONLY

Organization certifying eligibility: 

Agency Representative: 

Phone Number: 

Referrals made to: [ ] HEAP [ ] PIPP [ ] E-HEAP [ ] HWAP [ ] TEES

Primary Heating Source: 

[ ] On [ ] Off [ ] More than 10 day supply [ ] Less than 10 day supply

[ ] First PIPP [ ] PIPP Default [ ] Transfer New Service

[ ] Notice of Disconnection Shut off Date: 

Electricity: 

[ ] On [ ] Off [ ] First PIPP [ ] PIPP Default [ ] Transfer New Service

[ ] Notice of Disconnection Shut off Date: 

[ ] Approved for assistance up to $ 

[ ] Approved monthly PIPP amount $ 

[ ] Denied because 

Vendor Code: 

Primary Check # 

Primary Check Date: 

Electricity Check # 

Electricity Check Date: 

Other: 

[ ] Approved for assistance up to $ 

Vendor Code: 

Check #: 

Check Date: 

Intent-to-Pay Date: 

Decision Date: 

HWAP Status: 

Date Received: 

Categorical Eligibility: [ ] TANF [ ] HEAP [ ] SSI

Income Eligible? [ ] Yes [ ] No

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Eligibility verified by: 

Approved by: 

Denied by: 

Reason for Denial: [ ] Over Income [ ] Already Served [ ] Citizenship [ ] Other

Income Reverified by: 

Date: 

Priority Points: 

High Energy Use 

Fuel Type 

PIPP/HEAP 

Elderly 

Disability 

Children 

Total