

WEATHERIZATION PROGRAM OF WESTMORELAND COUNTY

167 SOUTH GREENGATE ROAD

GREENSBURG, PA 15601

(724) 337-7444

(724) 832-9460

(724) 684-7704

(412) 247-4490

Dear Homeowner or Renter:

You can get energy improvements on your home if your property is located in Westmoreland County and your family income does not exceed the guidelines listed on the application. In order for your home to be weatherized, **we must have the following information from you, along with your application to the WEATHERIZATION PROGRAM. Please be advised that you have 60 days from the date of application to get all the information to us. If not, you will need to reapply.**

(1) COMPLETION OF APPLICATION: COMPLETELY FILL OUT, SIGN AND DATE THE APPLICATION.
HEAD OF HOUSEHOLD →→→ A COPY OF YOUR DRIVER'S LICENSE MUST BE INCLUDED.

(2) PROOF OF INCOME: WE MUST HAVE PROOF OF YOUR INCOME FOR THE PAST 12 MONTHS. TO FIGURE 12 MONTHS INCOME YOU SHOULD SUBMIT, SIMPLY COUNT BACK 12 MONTHS FROM THE MONTH YOU ARE FILING THE APPLICATION (EXAMPLE: IF THE APPLICATION IS DATED MAY, 2017, THEN YOU WOULD SUBMIT PROOF OF INCOME FROM MAY 1, 2016 THROUGH APRIL 30, 2017). YOU WILL ALSO NEED TO SUBMIT A COPY OF YOUR PRIOR YEARS INCOME TAX RETURN.

ALL INCOME MAY BE PROVIDED BY SUBMITTING INFORMATION FROM ANY OF THE FOLLOWING THAT MAY APPLY TO YOUR SOURCE OF INCOME:

- (A) PAY STUBS FOR THE PAST 12 MONTHS **DO NOT SUBMIT W-2 FORMS AS PROOF OF INCOME** (UNLESS APPLICATION IS FILLED OUT IN JANUARY -- NO OTHER EXCEPTIONS.)
- (B) A LETTER FROM YOUR EMPLOYER STATING **GROSS** AMOUNT FOR THE PAST 12 MONTHS (if you do not have pay stubs for the entire 12 month period)
- (C) A LETTER FROM THE DEPARTMENT OF WELFARE (IF YOU RECEIVE CASH ASSISTANCE)
- (D) A LETTER FROM THE VETERAN'S ADMINISTRATION (IF YOU RECEIVE A VA PENSION)
- (E) A LETTER VERIFYING PENSION PLAN PAYMENTS (IF YOU RECEIVE A PENSION)
- (F) A LETTER FROM THE UNEMPLOYMENT OFFICE (IF YOU RECEIVE UNEMPLOYMENT)
- (G) A LETTER FROM DOMESTIC RELATIONS OFFICE (IF YOU RECEIVE CHILD SUPPORT OR ALIMONY)
- (H) A LETTER FROM WORKMAN'S COMPENSATION (IF YOU RECEIVE WORKMAN'S COMPENSATION)
- (I) A LETTER FROM SOCIAL SECURITY OFFICE (IF YOU RECEIVE SOCIAL SECURITY OR SSI)

NOTE: TOTAL GROSS INCOME FOR ALL FAMILY MEMBERS MUST BE SUBMITTED, INCLUDING ANY EARNED INTEREST INCOME.

- (3) **PROOF OF OWNERSHIP:** A COPY OF THE PROPERTY TAX STATEMENT, RECORDED DEED OR TITLE MUST BE SUBMITTED. In the case of a landlord/tenant situation, it would be a copy of the landlord's tax statement, recorded deed or title of the dwelling to be weatherized.
- (4) **PERMISSION/RELEASE FORM:** THIS FORM MUST BE SIGNED BY BOTH OWNER AND TENANT AND SUBMITTED ALONG WITH THE APPLICATION. Signing of this form gives our program permission to do the work on the dwelling.
- (5) **UTILITY RELEASE FORM:** THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE APPLICATION. **PLEASE ATTACH COPIES OF YOUR MOST RECENT UTILITY BILLS.**
- (6) **DEFERRAL OF WEATHERIZATION SERVICES FORM:** THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE APPLICATION.

Weatherization applications cannot be approved unless **all information is provided**. It is to your advantage to submit all required information along with your application.

*****NOTE—LANDLORDS WILL BE REQUIRED TO PAY AT LEAST 25% OF THE TOTAL WEATHERIZATION COST.**

*****NOTE-- PLEASE MAKE SURE YOU HAVE SUFFICIENT POSTAGE ON YOUR RETURN APPLICATION.
THANK YOU!**

NOTE: HAS YOUR HOUSE/TRAILER BEEN WEATHERIZED BY OUR PROGRAM ANYTIME AFTER SEPT. 30, 1994? ___ YES ___ NO. IF YOU CHECKED YES, DO NOT COMPLETE THE APPLICATION. PROPERTY WEATHERIZED ANYTIME AFTER SEPTEMBER 30, 1993 WILL NOT QUALIFY FOR WEATHERIZATION SERVICES AGAIN.

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APPLICATION FOR WEATHERIZATION

NAME (Head of Household) _____

ADDRESS _____

IF RURAL, GIVE DIRECTIONS: _____

PHONE NUMBER _____ IF YOU DO NOT HAVE A PHONE, PLEASE INCLUDE A PHONE NUMBER OF SOMEONE WHO CAN TAKE A MESSAGE FOR YOU: _____

RESIDENTS OF YOUR HOME--INCLUDING YOURSELF

***NOTE--INCLUDE SOCIAL SECURITY NUMBERS FOR ALL PERSONS LIVING IN HOUSEHOLD.**

<u>FIRST AND LAST NAME</u>	<u>SOCIAL SECURITY #</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>HEALTH</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If more space is needed--list on back of this sheet)

LIST THE GROSS AMOUNT AND SOURCE OF **ALL FAMILY MEMBERS** MONTHLY INCOME:

SOCIAL SECURITY \$ _____ PENSION \$ _____
 SSI \$ _____ EMPLOYMENT \$ _____
 BLACK LUNG \$ _____ WHERE EMPLOYED _____
 PUBLIC ASSISTANCE \$ _____ OTHER INCOME \$ _____
 _____ (Case Number)

TOTAL GROSS YEARLY INCOME \$ _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE _____

SIGNATURE OF APPLICANT _____

NAME OF TOWNSHIP/BOROUGH _____

DO YOU OWN YOUR HOME? _____

DO YOU RENT? _____ ARE YOU ON SECTION 8? _____

NOTE: If you rent, you must submit at least the past 3 months Rent Receipts, or a copy of your current lease showing the amount of rent you pay each month.

NAME OF LANDLORD: _____ PHONE NO.: _____

WHO PAYS THE HEATING BILLS? OCCUPANT _____ LANDLORD _____ OTHER _____

TYPE OF HOME: FRAME _____ BRICK _____ MOBILE HOME _____

APPROXIMATE AGE OF HOME: _____

TYPE OF FUEL USED TO HEAT HOME: _____

TYPE OF FUEL USED TO HEAT WATER: _____

CONDITION OF HEATING SYSTEM: GOOD _____ FAIR _____ POOR _____

DO YOU HAVE AN EXISTING SERVICE CONTRACT OR WARRANTY ON YOUR FURNACE?

YES ___ NO ___ IF YES, WITH WHOM: _____

*CONDITION OF ROOF: GOOD ___ FAIR ___ POOR ___ DOES ROOF LEAK? YES ___ NO ___

*Please note that our program does not fix or replace roofs. If your roof is leaking it must be fixed before any weatherization work can be done. To weatherize a dwelling when the roof is leaking is not cost efficient.

INCOME GUIDELINES
(Effective February, 2018)

<u>FAMILY SIZE</u>	<u>YEARLY INCOME</u>
1	\$24,280.00
2	32,920.00
3	41,560.00
4	50,200.00
5	58,840.00
6	67,480.00
7	76,120.00
8	84,760.00

For family units with more than eight (8) members, add \$8,640.00 for each additional member.

The Weatherization Program is a process:

First, an auditor will make an appointment with you, come to your house, and explain work that may be done.

Second, an appointment will be made for a crew to complete the work on your home.

Third, an inspector will make an appointment to come to your home to ensure the work was done properly and completely. Your home may be inspected a second time to verify completion.

If you are found eligible for the Weatherization Program, **ALL MATERIALS AND LABOR ARE PROVIDED FREE OF CHARGE.**

***NOTE—LANDLORDS MAY BE REQUIRED TO PAY AT LEAST 25% OF THE TOTAL WEATHERIZATION COST.

**WEATHERIZATION AND FURNACE RETROFIT PROGRAM
PERMISSION/RELEASE FORM**

DATE _____

I/WE _____, Owner(s) of the dwelling located at _____,

_____ PA, hereby permit representatives of the WEATHERIZATION PROGRAM OF WESTMORELAND COUNTY (WPWC) to enter my/our home for the purpose of weatherizing said home and cleaning and/or repairing the furnace.

Whereas, owner/occupant will benefit from the weatherization and furnace retro-fit programs being offered by WPWC, and both parties agree to the following:

1. WPWC agrees to maintain insurance to protect the owner/occupant from injuries or damages directly resulting from the actions of WPWC while in or on the premises.
2. The owner/occupant hereby expressly release and discharge WPWC from any and all obligations, claims, demands, debts or lawsuits whatsoever on account of any real or alleged breach of performance warranty as regards materials used by WPWC; and from any real or alleged claim of breach of performance by WPWC or WPWC employees.
3. All tools, equipment and other property necessary to carry out the weatherization and furnace retrofit program taken upon or placed in and/or on the premises by WPWC shall remain the property of WPWC, excepting those items permanently affixed to the dwelling.
4. The owner/occupant authorizes WPWC to use, free of charge, all utilities necessary for the completion of the work. In addition, owner/occupant will permit use of bathroom facilities for the crew and furnace technician.
5. There will be no lien or judgment placed against the owner's property for participation in this program.
6. Homeowner agrees not to sell or rent the property for eighteen months upon completion of work by WPWC and/or contractors. If the property is sold within that period, owner is responsible for reimbursing WPWC for materials and labor.
7. (Landlord/Owner) As a direct result of weatherization or furnace retro-fit, the owner agrees not to raise the rent or evict the current tenant for a period of eighteen months from the date the work is completed, as long as the tenant complies with obligations due the owner. The owner also agrees not to sell the dwelling for the above referenced time period. If so, owner is responsible for reimbursing WPWC for materials and labor.

Current Rent Being Charged / Month: \$ _____ Utilities: _____ Included _____ Not Included

The undersigned releases the authority to accept all the conditions required by the weatherization and furnace retrofit programs.

OWNER _____
(SIGNATURE)

OCCUPANT _____
(SIGNATURE)

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

AGENCY REPRESENTATIVE _____

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UTILITY RELEASE FORM

I/We hereby authorize the Weatherization Program of Westmoreland County to make personal inquiries relative to my/our account with

(Gas Supplier) Account Number

(Electric Supplier) Account Number

(Oil Supplier) Account Number

(Propane Supplier) Account Number

Please provide a copy of a recent utility bill from both your heat and electric provider (include the chart showing the yearly usage), or, provide copies of receipts from your fuel supplier for the past 12 months.

This information is necessary for our weatherization and furnace retrofit program. This authorization shall be valid for a two (2) year period. (One year prior to the beginning of any planned work and one year following the date of completion of all work under the program).

Address of Unit Receiving Service (Your street address)

APPLICANT'S SIGNATURE

DATE

A copy of this authorization has the same authority as the original.

DEFERRAL OF WEATHERIZATION SERVICES

PLEASE READ, SIGN AND DATE

The Pennsylvania Weatherization Assistance Program is providing you with this information as a result of your audit on _____. Your home will not receive weatherization services until the reason(s) for deferral have been corrected and an updated application is submitted. Listed below are reasons why your home is deferred:

- The household income may exceed federal poverty guidelines;
- The client or a household member acts in an uncooperative, threatening or abusive manner;
- The client extensively refuses critical weatherization measures without adequate justification;
- Criminal behavior is observed in the household;
- The client creates a health, safety, or sanitary risk and refuses to correct the problem;
- The client refuses recommended health and safety measures;
- The client has a known health problem which would preclude insulation or other weatherization materials from being installed;
- The dwelling unit or surrounding property exhibits problems with pet containment;
- The building structure or its mechanical systems are in such a state of disrepair that the conditions cannot be resolved cost-effectively;
- The dwelling unit has been condemned for electrical, plumbing, or any other issues, with the exception of heating appliances;
- The dwelling unit has sewage or other sanitary problems that would further endanger the client and installers if weatherization work were performed;
- Moisture problems are so severe that they cannot be resolved under existing health and safety measures and with only minor repairs;
- Dangerous conditions exist due to high carbon monoxide levels in combustion appliances that cannot be resolved under existing health and safety measures and with only minor repairs;
- The extent of and condition of lead-based paint in the house would create further health and safety hazards.
- Other (i.e. Health & Safety issues not listed above, etc) _____

Applicant's Signature

Staff Signature

Applicant's Name (please print)

Staff Name (please print)

Date

Date

Identification of Occupant Health Conditions

Please list any known or suspected health conditions which could affect you or a member of your household during or as a result of the weatherization process (for example, respiratory issues or allergic reactions that could be affected by the weatherization process):

SIGN AND DATE AT TIME OF APPLICATION: Please sign below to indicate that you have listed all known or suspected health conditions which could affect you or a member of your household during or as a result of the weatherization process.

<hr/> Applicant's Signature	<hr/> Staff Signature
<hr/> Applicant's Name (please print)	<hr/> Staff Name (please print)
<hr/> Date	<hr/> Date

SIGN AND DATE AT TIME OF AUDIT: Please sign below to indicate the following:

- That the above list of health conditions is correct at the time of the weatherization audit (if necessary, update the list now);
- That you have received worker contact information allowing you to quickly inform workers of any medical issues caused by the weatherization process;
- That you promise to inform workers immediately if any medical issues arise;
- That you have received information on weatherization materials and installation techniques that could affect the medical conditions you have listed;
- That you have worked with your auditor to ensure that if necessary, the weatherization process is amended so that it does not affect any listed medical conditions;
- That you consent to the weatherization process continuing.

<hr/> Applicant's Signature	<hr/> Auditor's Signature
<hr/> Applicant's Name (please print)	<hr/> Auditor's Name (please print)
<hr/> Date	<hr/> Date