

WEATHERIZATION PROGRAM OF WESTMORELAND COUNTY
167 SOUTH GREENGATE ROAD
GREENSBURG, PA 15601
PHONE: 724-832-9460 / FAX 724-834-7461



Dear Homeowner or Renter:

(INSTRUCTIONAL SHEET AND DIRECTIONS FOR WEATHERIZATION APPLICATION)

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. We must have the following documentation from you along with this application. Please be advised that you have **60 days** from the date of the application to get all this information to us. If all information is not provided within this time period, you will be required to reapply.

1. **COMPLETION OF APPLICATION, COMPLETELY FILLED OUT, SIGNED AND DATED IN APPROPRIATE AREAS**
2. **COPY OF YOUR CURRENT DRIVERS LICENSE WITH CORRECT ADDRESS MATCHING APPLICATION ADDRESS**
3. **PROOF OF INCOME: 12 MONTHS BACK FROM DATE OF APPLICATION AND COPY OF PRIOR YEAR TAX RETURN IF APPLICABLE. REQUIRED TO HAVE ALL FAMILY MEMBERS GROSS INCOME**

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 FORM AS PROOF OF INCOME UNLESS APPLICATION IS FILLED OUT IN JANUARY – NO OTHER EXCEPTIONS FOR SENDING W-2 FORM**
- B. PAY STUBS NOT AVAILABLE: PROVIDE A LETTER FROM EMPLOYER STATING **GROSS INCOME** FOR THE 12 MONTHS
- C. LETTER FROM THE **DEPARTMENT OF WELFARE** IF YOU RECEIVE CASH ASSISTANCE
- D. LETTER FROM **VETERN'S AFFAIRS ADMINISTRATION** IF YOU RECEIVE VA PENSION
- E. LETTER OR STATEMENT VERIFYING IF YOU ARE RECEIVING AN **EMPLOYMENT PENSION**
- F. LETTER FROM THE UNEMPLOYMENT OFFICE IF YOU ARE RECEIVING **UNEMPLOYMENT BENEFITS**
- G. LETTER FROM DOMESTIC RELATIONS IF YOU ARE RECEIVING **CHILD SUPPORT OR ALIMONY**
- H. LETTER FROM **WORKMAN'S COMPENSATION** IF YOU ARE RECEIVING WORKMAN'S COMPENSATION
- I. LETTER FROM **SOCIAL SECURITY OFFICE** IF YOU ARE RECEIVING SOCIAL SECURITY OR SSI BENEFITS. MUST HAVE THE CURRENT YEAR AND PREVIOUS YEAR STATEMENT OR LETTER SHOWING PAST 12 MONTHS

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

4. **PROOF OF OWNERSHIP:** COPY OF MOST CURRENT PROPERTY TAX STATEMENT, RECORDED DEED OR (TITLE FOR MOBILE HOMES). **IF RENTING**, COPY OF TAXES, DEED, OR TITLE IN LANDLORDS NAME PROVING OWNERSHIP
5. **PERMISSION / RELEASE FORM:** (PAGE 3 OF THIS APPLICATION), MUST BE SIGNED BY OWNER OF ADDRESS, IF RENTING LANDLORD WILL SIGN AS OWNER AND TENANT WILL SIGN AS OCCUPANT.
6. **UTILITY RELEASE FORM:** (PAGE 4 OF THIS APPLICATION), FILLED OUT WITH ACCOUNT NUMBERS AND PLEASE ATTACH COPIES OF CURRENT UTILITY BILLS: **ELECTRIC AND GAS BILL INSURE USEAGE BAR GRAPH IS ON COPY**
7. **DEFFERRAL OF WEATHERIZATION SERVICES FORM:** (ATTACHMENT E ON PAGE 6 OF APPLICATION)

Weatherization applications cannot be approved unless all information is provided along with this application form.

Weatherization does not replace windows and doors.

NOTE: PLEASE MAKE SURE YOU HAVE SUFFICIENT POSTAGE ON YOU RETURN APPLICATION. "THANK YOU"

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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

<u>FIRST AND LAST NAME</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 _____

APPLICANT'S PRINTED NAME _____

APPLICANTS SIGNATURE _____

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 ___

INCOME GUIDELINES
(Effective January I, 2025)

FAMILY SIZE	
1	\$31,300.00
2,	\$42,300.00
3	\$53,300.00
4	\$64,300.00
5	\$75,300.00
6	\$86,300.00
7	\$97,300.00
8	\$108,300.00

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.**

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 Printed Name

Occupant Printed Name

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 PRINTED NAME

APPLICANT'S SIGNATURE

DATE

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

NOTIFICATION OF POTENTIAL DEFERRAL OF WEATHERIZATION SERVICES FORM
PLEASE READ, SIGN AND DATE

The Pennsylvania Weatherization Assistance Program is providing you with this information in the event that your application is deferred. If an application is deferred, the applicant's home will not receive weatherization services until after the reason(s) for deferral have been corrected and a new application is submitted. Listed below are reasons why an application may be deferred:

- Reported household income may exceed federal poverty guidelines set for the program;
- The house has been condemned or has electrical, heating, plumbing, or other equipment issues which have caused the local or state building officials or utilities to prohibit work in the building;
- The property becomes owned by a bank or other financial entity or is in foreclosure proceedings;
- The property becomes for sale or rent or unoccupied or the client is moving or scheduled for sheriff sale;
- The building structure or its mechanical systems are in such a state of disrepair that the conditions cannot be resolved cost-effectively;
- The structure is not secured to a permanent foundation and connected to utilities;
- The structure is a camper, recreational vehicle, boat, railroad car, bus, or other structure which does not have a mailing address and is designed and constructed as temporary, non-stationary, living quarters.
- 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 dwelling unit or surrounding property exhibits problems with pet containment;
- The extent of and condition of lead-based paint or friable asbestos in the house would create further health and safety hazards.
- Moisture problems are so severe that they cannot be resolved under existing health and safety measures and with only minor repairs;
- The client denies access to every room at unit;
- Criminal behavior is observed in the household;
- The client refuses critical weatherization measures;
- The client creates a health and safety issue and refuses to correct the problem, or the dwelling unit has sewage or sanitary problems which will further endanger the client and installers;
- The client refuses recommended health and safety measures;
- The client or a household member acts in an uncooperative, threatening or abusive manner;
- The client has known health problems which preclude insulation or other weatherization materials from being installed;

- If testing is done with other funding, test results must be included for lead paint, asbestos, and Radon. If Radon testing is known, defer home if over 4pCi/L.

• Other Must Specify: _____

Applicant's Name (please print)

Applicant's Signature

Date

Staff Name (please print)

Staff Signature

Date

Address of Property

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.

Applicant's Name (please print)	Applicant's Signature	Date
Staff Name (please print)	Staff Signature	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.

Applicant's Name (please print)	Applicant's Signature	Date
Staff Name (please print)	Staff Signature	Date

SIGN AND DATE AT FIRST DAY OF WORK: 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.

Applicant's Name (please print)	Applicant's Signature	Date
Staff Name (please print)	Staff Signature	Date

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PROXY FORM

I, _____, the applicant, may not be available to be at home when the weatherization work is being done. If I am not available, any of the following people will be permitted to sign the Work Completion Sign-Off form on my behalf:

_____	_____
_____	_____
_____	_____

Dated this _____ day of _____,

_____ (PRINT NAME)

_____ (CLIENT SIGNATURE)