

**Weatherization Works
in Florida**



WEATHERIZATION ASSISTANCE PROGRAM FACT SHEET

Weatherization Mission Statement

This program provides repairs and measures designed to assist the low-income homeowner in reducing home energy costs by eliminating the infiltration of air. Measures to address health and safety issues are also completed. Services are available in Alachua, Marion and Levy counties.

Client Selection Criteria

Priority of service will be given to eligible low-income homeowners who meet the poverty income guidelines under Federal Department of Energy Standards (10 CFR 440). Preference is given to the elderly, physically disabled, families with children under 12 and households with a high energy burden. **Per Department of Energy regulations, if you received Weatherization services on your home after September 30, 1994, you are NOT eligible for service again.*

To Qualify

- Verification of **ALL** household income must be provided for **the last 12 months**. Documents required for verification may include: last 4 pay stubs for all working occupants, unemployment, retirement, pensions, VA, SS, SSI, TANF, rental income, business income, ETC.
- **Bank statements are not acceptable forms of verification.**
- Proof of disability if claimed.
- Proof of homeownership. This would include property taxes, warranty deeds or certificates of title.
- Provide most recent electric bill (must show all usage information, no bill stubs or shut-off notices).
- Copies of Social Security Cards and Photo ID for all household members.

***Please do not send original documentation, only copies.**

All of the above documentation is REQUIRED at the time the application is submitted.

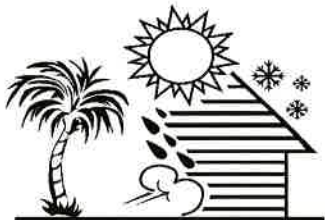
NO INCOMPLETE APPLICATIONS WILL BE ACCEPTED

Since this is a free service, our waiting list is long! **PLEASE BE PATIENT**. Once you submit your completed application your name will be placed on a prioritized waiting list. Updated information may be required prior to and post construction. Any questions please call 352-373-7667. **Faxed applications will not be accepted.**

Mail Completed applications and required documents to:

**Central Florida Community Action Agency
411 N. Main Street, Suite 210
Gainesville, FL 32601**

CLIENT'S COPY, PLEASE KEEP FOR YOUR RECORDS



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TYPES OF ASSISTANCE

The following types of assistance (in order of priority) **may be available for your home, contingent upon the results of the energy audit/diagnostic testing and availability of funding:**

- Install CO and smoke detectors
- Install ventilation
- Insulate water heater and water lines
- Low flow shower heads and faucet aerators
- Replace incandescent bulbs with Compact Fluorescent Lamps (CFL) or (LED)
- Seal and/or insulate ducts
- Address air infiltration with weather stripping, caulking, thresholds, minor repairs to walls, floors and ceilings, and window and door repair or replacement
- Install insulation
- Install solar screens
- Replace inefficient refrigerators (only if audit recommends)
- Replace inefficient heating and cooling units (only if audit recommends)

NOT INCLUDED IN THIS ENERGY EFFICIENCY PROGRAM:
ROOFING (REPLACE OR REPAIR), MOLD REMOVAL, PLUMBING, ELECTRICAL, WELLS, SEPTIC, RAMPS, ETC.

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WEATHERIZATION ASSISTANCE PROGRAMS

CLIENT INTAKE FORM

AGENCY NAME: CFCAA		JOB NO:
CLIENT NAME:		OWNER'S NAME:
SOCIAL SECURITY #: (last 4 digits)		PHONE NO.:
UNIT ADDRESS:		MAILING ADDRESS:
CITY:	ZIP	COUNTY: ZIP
LANDLORD AGREEMENT YES <input type="checkbox"/> NO <input type="checkbox"/>	OWNERSHIP PROOF (source)	YEAR BUILT:

INCOME ELIGIBILITY: Must include annual income for ALL household members.

Type of Income:	Client	Others in household
A. EMPLOYMENT		
B. UNEMPLOYMENT COMPENSATION		
C. SOCIAL SECURITY		
D. SUPPLEMENTAL INCOME (SSI)		
E. RETIREMENT		
F. T.A.N.F.		
G. OTHER (type)		
Subtotals:		
TOTAL HOUSEHOLD INCOME = \$		

Main Heating Fuel Source (Check one) Propane Natural Gas Electric Wood Other

TOTAL # OF PEOPLE RESIDING IN HOUSE:		CLIENT CHARACTERISTICS: Check each characteristic of the client who qualifies for assistance. (Client may be counted in more than one category. Client is not a child.)	
Utility Bill at time of application \$		ELDERLY (60 & older)	
CHARACTERISTICS OF ALL PEOPLE IN HOUSE: (Each person may be counted in more than one category)		DISABLED	
ELDERLY (60& older)		N. AMERICAN INDIAN	
DISABLED		HIGH ENERGY BURDEN HOUSEHOLD	
NATIVE AMERICAN INDIAN		RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)	
CHILDREN (2 & under)		OTHER (Income qualified only)	
CHILDREN (3 to 5 years)		UNITS BY OCCUPANCY: check only one below:	
CHILDREN (6to 12 years)		OWNER OCCUPIED HOME	
All other people not included in above categories		SINGLE FAMILY RENTER	
		MULTI FAMILY	
		OWNER MOBILE HOME	
		RENTER MOBILE HOME	

CLIENT AGREEMENT:

- I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.
- I certify that my household meets the income guidelines of this program.
- I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized.
- I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.
- There are are not occupant health issues that will prevent performing diagnostic testing.

CLIENT SIGNATURE: _____ **DATE:** _____

**CENTRAL FLORIDA COMMUNITY ACTION AGENCY
WEATHERIZATION APPLICATION**



ADDRESS: _____
 TELEPHONE #: _____ ALTERNATE/CELL PHONE # _____

INCLUDE INFORMATION ON ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT):

NAME	Date of birth	Gender	Race	Hispanic Y or N	Income \$	Disabled Y or N	Veteran Y or N	Highest grade completed	Relationship to applicant
Applicant:									Applicant
Other residents:									

(WRITE ON BACK IF MORE SPACE IS NEEDED)

Circle the utility company that provides electric to your home:

DUKE GRU SECO OE CLAY OTHER: _____

Does your home have any of the following (CHECK ALL THAT APPLY):

Gas Furnace or Heater _____ Gas Stove _____ Gas Water Heater _____

Circle type of home:

Mobile Home Block Wood Other: _____

Age of Structure: _____ How long have you owned your home? _____

Appeals process:

In the event of a complaint/appeal, the complaint/appeal shall first be heard by the Director of Affordable Housing. Should the Director be unable to resolve the difficulty, the second complaint/appeal will be heard by the Chief Executive Officer (CEO). Should the CEO be unable to resolve the difficulty, the third and final hearing will be heard by the Board of Directors

***Under penalty of perjury, I certify that all information contained in this application is true and correct. I understand that if any of the information is inaccurate or incomplete that CENTRAL FLORIDA COMMUNITY ACTION AGENCY may immediately suspend and/or charge me the cost of completion of the project.**

APPLICANT SIGNATURE: _____ DATE: _____

***DOCUMENTATION OF ALL INCOME (12 MONTHS), PROOF OF HOME OWNERSHIP, PHOTO ID'S, COPIES OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS, AND A COPY OF THE MOST RECENT ELECTRIC BILL MUST BE INCLUDED WITH THIS APPLICATION AND THE CLIENT INTAKE FORM.**



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TERMS AND CONDITIONS CONSENT TO INSPECT

Access to Residence/Conditions:

- I authorize Central Florida Community Action Agency staff, inspectors, contractors and sub-contractors to enter my home as needed to perform energy audits, weatherization work and inspections of weatherization work during business hours and on a reasonable schedule.
- I understand that if there are discrepancies found between information supplied on the application and observed conditions at the home, services will be denied or deferred.
- I agree to allow my home to be photographed (inside and outside) for pre and post work documentation.
- I agree and understand that if my home is deemed unsafe or unacceptable for weatherization technicians, contractors or inspectors to perform their duties due to unsafe or dangerous conditions (structural damage, unrepaired sinkholes, etc.), presence of debris, roof leaks, excessive clutter, mold, insect/rodent infestation, pets, threat of violence, etc., the project will be postponed until these conditions are corrected.
- I understand that if the energy audit recommends replacement of air conditioners, heating units, refrigerators and/or water heaters, the contractor will have to remove the existing unit(s) from the property.
- I agree and understand that weatherization activities that will make the home more energy efficient will be performed and that homeowner refusal or HOA disapproval of certain measures will disqualify the home for any services at that time.
- I understand this is not a home rehabilitation program. There may be other measures needed on your home that cannot be addressed due to funding and/or program limitations. All energy saving measures will be done in accordance with the priority list.
- I am aware that energy saving measures will be performed in an attempt to lower the home's utility usage and will not hold Central Florida Community Action Agency liable if these measures do not correct the problem.

My signature verifies:

- The residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure.
- That the home does not have any unpermitted additions, open permits or currently being remodeled.
- That I am not aware of any roof leaks.
- That the home has not been previously weatherized (unless work was completed prior to Sept. 30, 1994).
- Upon completion of work, I will give permission for the inspectors, weatherization staff, contractors, sub-contractors, Department of Economic Opportunity staff and federal officials to inspect the work.

I certify the information provided in this application is true, correct and complete to the best of my knowledge. I understand that I may be fined, imprisoned or both under state or federal law if I make false statements on the application in order to get benefits I am not eligible to receive. The Weatherization Assistance Program is free of charge, but I understand that if my home is serviced due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received.

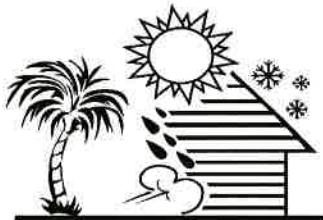
My signature below indicates that I have read, understood and agree to the conditions of this application.

Homeowner Name (printed)

Homeowner Signature

Date:

READ, SIGN & RETURN WITH APPLICATION



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ENERGY CONSERVATION GUIDELINES

You may conserve energy and save money by following these suggestions

- Pay electric bill on time to avoid late fees and interest charges.
- Be aware of your energy costs and set a goal to reduce consumption.
- Set thermostat at a constant temperature:
 - 78 degrees (Fahrenheit) or higher for cooling
 - 70 degrees (Fahrenheit) or lower for heating
- Use ceiling fans to supplement cooling. Raise the thermostat setting 3 to 4 degrees.
- Clean or replace filters each month
- Keep windows and exterior doors closed while the a/c or heating system is operating
- Turn off lights, fans and televisions when not in use.
- Avoid excessive trips and keep the refrigerator door closed properly.
- Wash and dry full loads. Use a clothesline when possible.
- **Never** use stove burners for heating your home.

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