



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.

What We Can Do

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

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 within the last 15 years, 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



WEATHERIZATION ASSISTANCE PROGRAM

CLIENT INTAKE FORM											
AGENCY NAME: <i>Central Florida Community Action Agency, Inc.</i>							JOB NO: _____				
CLIENT NAME: _____				OWNER'S NAME: _____							
SOCIAL SECURITY #:(last 4 digits) _____				PHONE NUMBER: _____							
STREET ADDRESS: _____				MAILING ADDRESS: _____							
CITY: _____			ZIP: _____			COUNTY: _____			ZIP _____		
LANDLORD AGREEMENT: YES ____ NO ____				OWNERSHIP PROOF: (source) _____			Year Built: _____				
INCOME ELIGIBILITY: Must include <u>annual</u> 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)							
Utility Company Name: _____				DISABLED							
CHARACTERISTICS OF ALL PEOPLE IN HOUSE:				N. AMERICAN INDIAN							
(Each person may be counted in more than one category)				HIGH ENERGY BURDEN HOUSEHOLD							
EIDERLY (60 & older)				RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)							
DISABLED				OTHER (Income Qualified Only)							
NATIVE AMERICAN INDIAN				UNITS BY OCCUPANCY: check only one below:							
CHILDREN (2 & under)				OWNER OCCUPIED HOME							
CHILDREN (3 to 5 years)				SINGLE FAMILY RENTER							
CHILDREN (6 to 12 years)				MULTI FAMILY							
All other people not included in above categories:				OWNER MOBILE HOME							
				RENTER MOBILE HOME							
CLIENT AGREEMENT:											
1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.											
2. I certify that my household meets the income guidelines of this program.											
3. I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized.											
4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.											
5. There are ____ are not ____ occupant health issues that will prevent performing diagnostic testing.											
CLIENT SIGNATURE: _____					DATE: _____						
A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT.											
								Form CIF-11			

**CENTRAL FLORIDA COMMUNITY ACTION AGENCY
WEATHERIZATION ASSISTANCE PROGRAM APPLICATION**



ADDRESS: _____

TELEPHONE #: _____ ALTERNATE/CELL PHONE # _____

EMAIL ADDRESS: _____

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 Compliance and Reporting Officer (CRO). Should the CRO 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.**

CENTRAL FLORIDA COMMUNITY ACTION AGENCY, INC.
NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
WEATHERIZATION ASSISTANCE PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by CENTRAL FLORIDA COMMUNITY ACTION AGENCY, INC. for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Assistance Program.

Date

Applicant's Signature



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 to 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 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, Inc. 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 September 30, 1994).
- Upon completion of work, I will give permission for the inspectors, weatherization staff, contractors, sub-contractors, Florida Commerce 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 and 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 on this application.

Homeowner Name (printed)

Homeowner Signature

Date

READ, SIGN & RETURN WITH APPLICATION



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.

CLIENT'S COPY, PLEASE KEEP FOR YOUR RECORDS



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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