



Supports to Encourage
Low-income Families

415 S. Monument Ave
Hamilton, OH 45011

PHONE
513-868-9300

FAX
513-737-3889

WEBSITE
selfhelps.org

JEFFREY A. DIVER
Executive Director

Dear Renter,

Thank you for your interest in the Home Weatherization program. The Home Weatherization Program is not just for homeowners, as a renter you may also apply for the weatherization program. To finish your application for weatherization we will need you to return all documents listed below:

1. Weatherization Application (signed and dated).
2. Verification for 90 days of income for all household members 18 and older (SSA/SSI award letters, pension, check stubs, etc.)
3. Landlord forms - Rental agreement/Tenant Synopsis/EIA-29D (included)
4. Most Current Natural Gas **AND/OR** Electric Bill. (Full copy of all pages of bill.)
5. Fuel Bill (Propane, Fuel Oil, Kerosene) IF APPLICABLE
6. **Social Security Cards** for all household members. (Copies)
7. Picture ID's (Everyone 18 and over) (Copies)
8. OTHER: anyone 18 or older claiming zero/no income will need to complete the **Self-Declaration Form** and get it **Notarized** before returning to the office with the other requested documents.

Return All documents to the SELF office.

We cannot process your application without these items. As soon as these items are returned to us, we can complete and process the application. If you have questions, please feel free to contact me directly at (513)820-5016 Monday through Friday between 8:30 a.m. and 5:00 p.m. **Applications with missing information are only valid for 60 days.**

Please return **ALL** items promptly.

Thank you,

Dawn Ruhl

Weatherization Intake



Partner Agency



ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2023 – MAY 2024

Ohio's Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer's utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home to help lower your energy bills, the Home Weatherization Assistance Program (HWAP) or Electric Partnership Program (EPP) can help. For HWAP and EPP, visit energyhelp.ohio.gov to find your local provider and contact them for additional information.

You can apply for the energy assistance programs by visiting energyhelp.ohio.gov and completing the online application, by completing this application and mailing it in, or by scheduling an appointment with your local energy assistance provider or HWAP/EPP provider. Applications completed online or by mail can take up to 12 weeks to process.

Here's what you'll need to complete this application:

- Proof of citizenship for each member of household.
- Copies of your most recent utility bills.
- Proof of income for each member of household for either the previous 30 days or 12 months.
- Disability verification (if applicable).

A household is defined as any individual or group of individuals living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent (Per Section 2603 (5) of the Low-Income Energy Assistance Act of 1981). If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. A copy of the utility bill or documentation of responsibility (example: copy of your rental agreement/lease or signed letter from your landlord) is required.

For a dwelling unit to be eligible for energy assistance benefits, its primary heat source must be:

- A regulated or unregulated utility (gas and electric).
- A legal fireplace (wood).
- A permanent, free-standing fuel tank (oil and propane).
- A legally vented wood/coal stove or furnace.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are also not eligible.

If eligible, the HEAP benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the heating bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 5% of your total household income for the past 30 days, depending on your heating source.

These are the programs you can apply for with this application:

- Home Energy Assistance Program (HEAP).
- Home Weatherization Assistance Program (HWAP).
- Percentage of Income Payment Plan Plus (PIPP).

JULY 2023 – MAY 2024 Income Guidelines

Size of Household			
1		\$25,515	\$29,160
2		\$34,510	\$39,440
3		\$43,505	\$49,720
4	(175%)	\$52,500	\$60,000
5	(For PIPP, EPP, HEAP,	\$61,495	\$70,280
6	WCP and SCP)	\$70,490	\$80,560
7		\$79,485	\$90,840
8		\$88,480	\$101,120

When determining 175% of the federal poverty guidelines, households with more than eight members must add \$8,995 to the yearly income or \$739.31 to the 30-day income for each additional member. When determining 200% of the federal poverty guidelines, households with more than eight members must add \$10,280 for each additional member.

How can I check the status of my application?

To check the status of your application, please visit energyhelp.ohio.gov and create an account.

Please note: HEAP benefits will be applied to your utility bill starting in January 2024.

If you have questions, please contact your local energy assistance provider or send us a message by visiting energyhelp.ohio.gov and clicking "contact us."

Accepted Citizenship Documentation (DO NOT SEND ORIGINAL DOCUMENTS)

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
<ol style="list-style-type: none"> 1. Birth Certificate/Hospital Birth Records/Birth Registration Card 2. Baptismal Records (Only when place and date of birth is shown) 3. Indian Census Record 4. Military Service Record 5. U.S. Passport 6. Verified Citizenship for Ohio Works First (OWF) Program 7. Voter Registration Cards 8. Social Security Cards (Social Security Cards administered by Social Security Administration that do not include notes regarding work authorization status will be accepted.) 	<ol style="list-style-type: none"> 1. Naturalization Papers/Certifications of Citizenship 2. INS ID Card 3. Alien Registration Cards/Re-entry permits 4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993) 5. 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 6. Permanent Visa 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 7. 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 8. Court order stating deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act 9. INS Form I-688

Accepted Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Award/Benefit letter <input type="checkbox"/> Payment printout/statement from issuing agency <input type="checkbox"/> Copy of check or bank statement including deposit <input type="checkbox"/> Most recent filed IRS Form 1040 or Tax Transcript <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received (including active military pay) <input type="checkbox"/> Completed and signed Employment Verification Form* <input type="checkbox"/> Payroll Printout <input type="checkbox"/> Most current pay statement (Leave and Earning Statement (LES))	<input type="checkbox"/> Copy of check/award amount letter <input type="checkbox"/> ODJFS documents/eligibility letter with amounts and dates <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Housing Authority Documentation <input type="checkbox"/> Pay stubs received within the previous 30 days from the date of the application <input type="checkbox"/> Payment printout/statement from issuing agency	<input type="checkbox"/> Statement from Financial Institution <input type="checkbox"/> Copy of check or bank statement showing deposit <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> Pay stubs indicating amount received within the previous 12 months from the date of the application <input type="checkbox"/> Self-Employment Income and Expense Form* for the previous 12 months <input type="checkbox"/> Most recent filed IRS Form 1040 and Schedules <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Seasonal Employment Verification Form*

*All forms marked with an asterisk can be found at energyhelp.ohio.gov.

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 Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond 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.

Primary Household Member Personal Information Section*

Enter the information completely. Do not send originals. PLEASE USE DARK BLUE OR BLACK INK.

Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

For Office Use Only

Date Received

Client Number

First Name*				M.I.		Last Name*									
Social Security Number*				U.S. Citizen / Legal Resident (Qualified Alien)*				Military Status				Date of Birth (MM / DD / YYYY)*			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service											
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No				Gender <input type="checkbox"/> Female <input type="checkbox"/> Male				Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins							
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Black/African American/White															
Non-Cash Benefits <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Permanent Supportive Housing												Number of Household Members			
Family Type <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Other <input type="checkbox"/> Single Person				Housing Type <input type="checkbox"/> Own <input type="checkbox"/> Rent				Residence Structure <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family Low Rise (3 stories or less) <input type="checkbox"/> Multi-Family High Rise (4 stories or more)							
Email Address								Phone Number (including area code) ()							
Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Postal															
Mailing Address (number and street including route)*								Apt/Lot/Unit/Floor							
City*				State*				ZIP Code*				County*			
Is Utility Service Address the Same?* <input type="checkbox"/> Same as above <input type="checkbox"/> Different (list below)															
Current Service Address (if different from above; number and street including route)								Apt/Lot/Unit/Floor							
City				State				ZIP Code				County			
Do You Receive Rental Assistance?* <input type="checkbox"/> Yes <input type="checkbox"/> No								Landlord Organization (if you rent)							
Landlord First Name*				Landlord Last Name*				Landlord Phone Number (including area code) ()							
Landlord Mailing Address (number and street including route)*								Apt/Lot/Unit/Floor							
City*				State*				ZIP Code*				County*			

* Indicates information required in order to process your application.

Primary Household Member Income Section*

Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income [†]	Other Earned Income [†]
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)
[†] These categories MUST provide 12 months of income documentation				
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

Household Members and Income Section

If you have additional household members (anyone living in your household at the same address), please complete Household Members and Income Section of the application (this section), on pages 2-4. If you have more than five household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your energy assistance provider.

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White	
		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income [†]	Other Earned Income [†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
[†] These categories MUST provide 12 months of income documentation					
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	

Household Members and Income Section - Continued

Fill out the table below for all household members. Use additional section (on page 4) as needed for other household members with income.

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race					
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White					
Fixed Income		Earned Employment Income		Supplemental Income	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	
				<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	
				<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race					
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White					
Fixed Income		Earned Employment Income		Supplemental Income	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	
				<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	
				<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Household Members and Income Section - Continued

Fill out the table below for additional household members.

Print additional pages, as needed, for other household members with income.

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Multi-Race		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> White			
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income[†]	Other Earned Income[†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	

[†] These categories MUST provide 12 months of income documentation

Full Name*		Social Security Number*		Date of Birth (MM / DD / YYYY)*	
Relationship to person applying					
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Multi-Race		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> White			
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income[†]	Other Earned Income[†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	

[†] These categories MUST provide 12 months of income documentation

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)	<input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Health Care Spending Accounts	<input type="checkbox"/> Reimbursement for work expenses
	<input type="checkbox"/> Child Support paid-out	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Self-employment IRS allowable business expenses
	<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicare Premiums	<input type="checkbox"/> Short- and long-term disability
		<input type="checkbox"/> Prescription Plans	
Total Deductions for the past 30 Days \$		Total Deductions for the past 12 Months \$	

Please note: Documentation of deduction(s) is required.

Total Household Eligible Income Section*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income (add amounts from Household Income Section on pages 3 & 4)	Past 30 Days \$	Past 12 Months \$
Total Household Deductions (from Household Deductions Section on page 5)	Past 30 Days - \$	Past 12 Months - \$
Total Eligible Income	Total Household Income minus Total Household Deductions above \$	Total Household Income minus Total Household Deductions above \$
If applicable, please explain the difference in the past 30 days income from the past 12 months income.		

Please note: Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit energyhelp.ohio.gov. Documentation of excluded income may be required to complete your application.

Utility Information Section*

How do you heat your home?	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil or Kerosene	<input type="checkbox"/> Electric (Includes baseboards)
	<input type="checkbox"/> Propane or Bottle Gas (L.P. Gas)	<input type="checkbox"/> Coal, Wood, or Pellets	<input type="checkbox"/> Other
Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name		Relationship to Primary Client
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name		Relationship to Primary Client
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2023 – MAY 2024

Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
 - To go to my local energy assistance provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
 - To contact my local energy assistance provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.
 - To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
 - To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies performing weatherization services and/or provide other energy related services.
 - To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.
 - To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.
- I understand**
- I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
 - If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.
 - If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
 - If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).
 - If I make my PIPP payments in full and on time every month, I will receive a credit for 1/24th of my total past-due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
 - If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past-due amounts owed on my utility accounts.
 - If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.
 - I am legally responsible for all past-due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past-due amounts are not paid in full, the utility companies may use any standard means of collection for the past-due amounts on my accounts.
 - I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

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. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. 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. 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. 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.

I declare under penalty of perjury the information submitted in this application is true and correct.

PLEASE SIGN AND MAIL APPLICATION TO:

Office of Community Assistance, Home Energy Assistance Program
P.O. Box 1240, Columbus, Ohio 43216

X Sign Here _____ Application Date _____

SELF - Supports to Encourage Low-income Families CSBG Customer Intake Form

Client Number:		Program				Application Date:	
		<input type="checkbox"/> WCP/SCP/Pipp/HEAP <input type="checkbox"/> HWAP <input type="checkbox"/> NWC: HR <input type="checkbox"/> Build Up Academy <input type="checkbox"/> Getting Ahead <input type="checkbox"/> Jobs Now! <input type="checkbox"/> IDA <input type="checkbox"/> Microenterprise					
Primary Applicant							
First Name:		M.I.:		Last Name:			
Social Security Number		Date of Birth			Gender		
___/___/___		___/___/___			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Primary Applicant Demographic Information:							
US Citizen?		Client Disabled?		Military Status		Ethnicity:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> None		<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	
Race:				Education:			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported				<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Education <input type="checkbox"/> Graduate or post-secondary school			
Housing Status:				<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other			
Building Type:				Work Status:			
<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)				<input type="checkbox"/> Employed full-time <input type="checkbox"/> Unemployed (short-term, 6 mos. or less) <input type="checkbox"/> Employed part-time <input type="checkbox"/> Unemployed (long-term, more than 6 mos.) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Youth 14-24 who are neither working nor in school			
Source of income:						Income Received:	
<input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> No income/Zero Income <input type="checkbox"/> TANF/ADC <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Other (Please Specify) _____						\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly	
Household Information:							
Address:						Apt/Lot:	
City:		State:		Zip Code:		County:	
Phone Number:				Email Address:			
Mailing Address (if different from above)						Apt/Lot	
Preferred method of contact? <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email							
Household Size		Family Type:					
		<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other					
Health Insurance Type:				Non-Cash Benefits:			
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Medicare <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> State CHIP <input type="checkbox"/> Self-Insured/Direct Pay				<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Other _____			
Additional Household Members							
Social Security #							
Last Name							
First Name							
Date of Birth							
Education							
Gender							
Race							
Ethnicity							
Disabled (Y/N)							
Military							
Health Insurance							
Relationship							
Income Source							
Income							

I certify that these statements are true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature _____ Date _____

Office Use Only: _____ **Poverty Ratio:** _____



Supports to Encourage Low-Income Families
Home Weatherization Assistance Program
Income Self-Declaration Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Zero Income Statement

If income is/was Zero in the past 3 months, please explain how you maintained:

Shelter: _____

Have you applied for assistance: Yes _____ No _____ If No, Why _____

Food: _____

Have you applied for assistance: Yes _____ No _____ If No, Why _____

Medical: _____

Have you applied for assistance: Yes _____ No _____ If No, Why _____

Utility: _____

Have you applied for assistance: Yes: _____ No: _____ If No, Why _____

**If any other means of survival in the past 3 months, or any other comments to be made
please make note below:**

I, testify that the above income statement represents my only income for the past three months. Your signature confirms that you are responsible for the accuracy of this information being used to determine your eligibility for participation in the Home Weatherization Program, and **MUST BE NOTARIZED BY A LOCAL NOTARY BEFORE MAILED BACK.**

SIGNATURE

DATE

Notary:



**Supports to Encourage
Low-income Families**

415 S. Monument Ave

Hamilton, OH 45011

TOLL FREE: 1-888-432-7022

PHONE: 513-868-9300 Ext 213

LANDLORD LETTER

Dear Landlord/Authorized Agent:

One of your tenant(s) has applied to our program for free weatherization on your property. Under a federal program we can provide materials and labor, at no cost to you, to make energy saving improvements to your property.

Our trained crews/contractors can install attic, sidewall, and floor insulation, reduce air leakage, and provide maintenance on the heating system as needed.

The purpose of this program is to save energy and fuel, and to help your tenant save on fuel cost. We feel this program will benefit both you and your tenant.

If you are willing to give your consent to make these energy efficiency improvements, we simply ask that you sign the attached agreement. This agreement will allow us to enter your property to make improvements.

Rent increases and evictions: This part of the agreement simply asks you not to raise the rent or evict the tenant because of the work we have done. The agreement does not stop you from raising the rent for any increased cost (that is not a result of the work). However, your tenants may file a complaint with us should they believe that increase is unjustified. In that case, we will ask you to prove that the reason for the increase is not the weatherization work. You may still evict the tenant if the tenant does not meet his or her legal obligations to you.

Sale of the property: This part of the agreement asks that you inform us should you intend to sell the property during the period of the agreement. If the property is sold during the term of the agreement, you must reimburse us for the cost of the work done or obtain a written agreement from the new owner to continue the terms of the agreement.

If you agree, please sign the agreement, and return it by mail as quickly as possible. If you have any questions, please feel free to call our office between 8:30 a.m. and 5:00 p.m. Monday–Friday at (513) 868-9300 ext. 213.

RENTAL AGREEMENT



Tenant - _____

Owner/Authorized Agent - _____

Weatherization Agencies - SELF - Supports to Encourage Low-income Families and/or
MVCAP - Miami Valley Community Action Partnership

The Owner/Authorized Agent consents and agrees that the weatherization work shall be done by the agency to the property located at _____ and presently leased to _____

The estimated value of the weatherization materials and labor to be supplied by the agency is \$8,250.

Major retrofits proposed include Energy Saving Measures

The Agency agrees to use its best efforts to complete the weatherization work by 12 Months.

1. Amount of Rent The present rent for the above-described premises is \$ _____ per month.
2. Limitations of Rent Increases - For a period of one year from the completion of the weatherization, the rent shall not be raised unless the increase is demonstrable related to matters other than the weatherization work performed. In instances of complaints regarding rent increases brought to the Agency's attention by the Tenant, the Owner/Authorized Agent agrees to document the basis of the increase to the Agency's satisfaction and to accept the Agency's decision regarding the applicability of the increase under the terms of this Rental Agreement.
3. Energy/Utility Cost Included in the Rent - In the event the Owner/Authorized Agent is directly responsible for the energy/utility costs used primarily for heating purposes on the property covered by this Rental Agreement, the Owner/Authorized Agent agrees to _____
4. Eviction - The tenant will not be evicted from the premises for a period of one year from the completion of the weatherization so long as every ongoing responsibility owed to the Owner/Authorized Agent is met.
5. Sale of Premises - In the event that the Owner/Authorized Agent sells the premises within one year of the date of execution of the rental agreement; the Owner/Authorized Agent will comply with one of the following two conditions:
 - a. The Owner/Authorized Agent shall repay the Agency at the date of sale an amount equal to the amount of materials and labor supplied by the Agency.
 - b. The Owner/Authorized Agent shall obtain, in writing prior to the date, the purchaser's agreement to assume the Owner/Authorized Agent's obligations under this Rental Agreement.

The Owner/Authorized Agent shall immediately, upon entering into an agreement of sale of the premises, inform both the Agency and the tenant by written notice.

This Agreement will begin on the date of last signature of the parties and shall terminate one year after the date of the last signature.

Tenant:

Signature: _____

Print Name: _____ Date: _____

Owner/Authorized Agent:

Signature: _____

Print Name: _____ Title: _____ Date: _____

Agency:

Name: Supports to Encourage Low-income Families (SELF) Date: _____

Signature: _____ Title: Weatherization Intake

TENANTS SYNOPSIS OF THE PROVISIONS CONTAINED IN THE
WEATHERIZATION OWNER/AUTHORIZED AGENT, TENANT
AGENCY RENTAL AGREEMENT



TENANT:

OWNER/AUTHORIZED AGENT:

Name: _____

Name: _____

Address: _____

Address: _____

Phone _____

Phone _____

Rent Amount \$ _____

You and your rental property Owner/Authorized Agent have entered into an Agreement with SELF to have your home weatherized. Most, if not all, of the materials and labor to weatherize the unit are being supplied free of charge to your Owner/Authorized Agent because you are income eligible to receive benefits of the weatherization program. In return for this weatherization, your Owner/Authorized Agent has agreed to several provisions that benefit you and give you specific rights. These provisions and rights are summarized for you below.

1. Except for reasons unrelated to the weatherization work, the Owner/Authorized Agent cannot raise your rent for a period of one year after the date of the execution of the Rental Agreement, even if you have previously agreed that your present rent could be increased before that date.
2. If your Owner/Authorized Agent tries to raise your rent before the period of one year, you have the right to file a complaint with SELF. The Weatherization Department will review your complaint and, if necessary, determine if the Owner/Authorized Agent has grounds to raise the rent or not. You may also have the right to assert a claim against him/her in court. If this happens and you need assistance in asserting your claim, call the local legal services agency in your community.
3. SELF will provide you with a copy of the signed Owner/Authorized Agent, Tenant, Agency Agreement upon request. You may use the agreement document as evidence in court to prove your claim.
4. This agreement protects you from eviction for 12 months following the completing of the weatherization work, except for:
 - o failure to pay rent
 - o violating the terms of the lease (other than surrender possession upon notice)
 - o causing substantial damage to the premises
 - o permitting a nuisance; or
 - o carrying on an unlawful business.



EIA-29D

Supports to Encourage Low-income Families
415 S. Monument Ave
Hamilton, OH 45011
Weatherization Department - 513-820-5016
Email – druhl@selfhelps.org

FREE
Home Weatherization
Assistance Program

I, _____, certify that I am the owner/authorized agent for the property at
(NAME)

(ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE NUMBER)

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

1. Drill sidewalls and replace exterior covering YES ____ NO ____ NA ____

2. Drill and plug interior walls YES ____ NO ____ NA ____

3. Install S-TYPE fuses YES ____ NO ____ NA ____

4. Lower the thermostat on the water heater YES ____ NO ____ NA ____

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: _____
(Owner/Authorized Agent)

Date: _____