



Community Action Agency of Delaware County, Inc.

Helping People. Changing Lives.

COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

94 Jansen Avenue Essington, PA 19029 Phone: 610-521-8770 Fax: 610-521-8928

1. APPLICATION:

Please complete and sign the application.

Automatic Eligibility: This applies to 2 situations (verification on agency letterhead required):

1. If any member of the household receives or has received **TANF** from DPW at any time within the past 12 months.
2. If any member of the household receives or has received **SSI** (supplemental security income) at any time within the past 12 months.

- Please send verification of the benefit that you or a family member receives along with your application. You can also obtain documentation of your TANF benefits by calling DPW Customer Service at 610-447-3248. For SSI benefits please call 1-800-772-1213.

2. INCOME:

- Please provide proof of income for all adult household members for the previous (12) months.
- The employer, agency, or organization that provides your income must submit a letter on company letterhead that is **dated** and covers the gross amount of income for the full 12 months period prior to your application date.
- W-2s are only acceptable if the date of the application is between December 31 and January 31 of any year.
- Verification of Social Security benefits may be obtained by calling Social Security at 1-800-772-1213.
- If anyone has received unemployment compensation during the past 12 months, a letter from the Unemployment Office is necessary. You must also submit a Benefit Payment History printout from the Unemployment Office or from the Unemployment website.
- CHILD SUPPORT **does not count** as income under this State & Federal funded program.
- An **Affidavit of No Income** is required for anyone age 18 & over who had no income at any period of time within the past (12) months of the application date. This affidavit must be **Notarized** unless photo ID is verified in person with a member of the Weatherization Intake staff.

3. PHOTO ID:

- A copy of your driver's license or other government-issued photo ID must be submitted. It must include your name, date of birth, and your photograph.

4. OWNERSHIP:

If you own your home, we require proof of ownership. Please send a copy of your deed or your real estate tax bill.

RENTERS:

If you rent, you must submit rent receipts for (12) months prior to the application date, and you and the owner/landlord must sign the enclosed rental agreement form.

5. PERMISSION FORM/PRIVACY ACT INFORMATION FORM:

The owner and renter must sign the **Permission Form**. The owner and renter must sign the **Privacy Act**.

6. HEATING AND HOME ENERGY USAGE:

- In order to process your application, we need to determine your heating and home energy usage.
- You must include a copy of your most recent PECO/energy bill statement. Please be sure to include all pages of your PECO/energy bill statement including the **Usage Profile** graph.
- If you use oil heat, please contact your oil company and request an official printout of the number of gallons of oil used over the previous 12 months.
- Please sign the **Release for Energy Usage Verification**.

7. APPEAL FORM:

Please sign and return the office copy of the Appeal Procedure form, and retain the client copy for your records.

8. DEFERRAL OF WEATHERIZATION SERVICES:

Please sign and return the office copy of the Deferral form, and retain the client copy for your records.

9. Client Sign-off Proxy List:

Please complete, sign, and return to the office if you wish to have anyone sign any weatherization forms on your behalf.

* PLEASE CALL THE OFFICE AT 610-521-8770 WITH ANY QUESTIONS REGARDING THE APPLICATION AND REQUIRED DOCUMENTATION. SUBMITTING A COMPLETED APPLICATION WITH PROPER DOCUMENTATION WILL EXPEDITE THE APPROVAL PROCESS. PLEASE NOTE THAT WE CANNOT ACCEPT ANY FAXED APPLICATIONS.



Application
HOUSEHOLD INFORMATION

NAME: _____

PROPERTY DATA: Unit Status _____ Owner Occupied _____ Renter _____

ADDRESS: _____

(IF IT APPLIES) Name of Apartment Complex or Trailer Park: _____

TELEPHONE #S: HOME _____

IF YOU RENT YOUR HOME:

WORK _____

LANDLORD'S NAME: _____

ALTERNATE _____

ADDRESS: _____

TELEPHONE #: _____

HOUSEHOLD MEMBERS AND GROSS HOUSEHOLD INCOME INFORMATION:

Please list all income from all household members for the past 12 months (Include name and address from all jobs, Social Security, SSI, Welfare, Workman's Compensation, Unemployment Compensation, Interest and Rental Income, Retirement/Pensions, and any other source of income.)

| Names of ALL Persons in Household | | Relation to client | Social Security # | Sex | Age | Date of Birth | Disabled Yes/No | Income Source Name, Phone#, and Amount |
|-----------------------------------|-------|--------------------|-------------------|-----|-----|---------------|--------------------|---|
| LAST | FIRST | | | | | | | |
| | | SELF | | | | | | |
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ANY HOUSEHOLD MEMBER PREGNANT OR EXPECTING? Yes _____ No _____

In an effort to better serve our future clients, please check how you came to learn of our program.

Family Member _____, Friend/Neighbor _____, Church/Place of Worship _____, CAADC'S Website _____, CAADC Letter _____, Poster/Flyer _____ - Location: _____, Newspaper _____ - Which one: _____, Community Event _____ - Which one: _____, Agency Referral _____ - Which one: _____, Elected Official: _____, Other: _____



Application
HOUSING INFORMATION

- 1. Type of Home: Single ___ Double ___ Row ___ Mobile Home ___ Location of Apartment ___
2. Does the roof leak? Yes ___ No ___ Is the leak a minor or major problem? ___
3. Heating System: Oil ___ Gas ___ Electric ___ Kerosene ___ Coal ___ Wood ___ Age of heating system ___ years
Date of last cleaning ___ Fuel Dealer ___ Does the heater work? Yes ___ No ___
ATTENTION OIL HEATERS: You will need at least 1/4 tank of oil for the Heater Test on the day of the Inspection.
4. Has work been done by Weatherization? Yes ___ No ___ If yes, what year? ___
5. Any unfinished rooms? Yes ___ No ___ Any renovations underway? Yes ___ No ___
6. Is this house up for sale? Yes ___ No ___
7. Any major problems? ___
8. Have you received LIHEAP? Yes ___ No ___

WARNING

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OF MISREPRESENTATION TO A DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I/WE UNDERSTAND THAT ANY DELIBERATELY FALSE STATEMENTS MADE IN THIS APPLICATION WILL MAKE ME/US INELIGIBLE FOR WEATHERIZATION SERVICES.

I/WE GIVE OUR CONSENT TO HAVE THIS INFORMATION INCLUDED (AS APPROPRIATE) IN THE MASTER FILE RECORDS OF DELAWARE COUNTY WEATHERIZATION PROGRAM. ACCESS TO THIS INFORMATION TO ANY OTHER PERSONS MAY BE PROVIDED ONLY BY MY/OUR WRITTEN CONSENT.

I/WE GIVE OUR CONSENT FOR STAFF MEMBERS OF THE WEATHERIZATION PROGRAM AND THEIR SUBCONTRACTORS TO ENTER MY/OUR HOME FOR THE PURPOSES OF ESTIMATING THE AMOUNT AND COST OF MATERIALS NEEDED AND INSTALLING THE NECESSARY MATERIALS. I/WE UNDERSTAND THAT AN INSPECTOR FROM THE WEATHERIZATION PROGRAM WILL ENSURE THAT THE WORK WAS PERFORMED CORRECTLY, ACCURATELY, AND IN A TIMELY MANNER.

ALL PARTIES AGREE TO INDEMNIFY AND HOLD HARMLESS THE DELAWARE COUNTY WEATHERIZATION PROGRAM FROM ANY LIABILITY RESULTING FROM THE WORK PERFORMED UNDER THIS AGREEMENT.

I/WE ARE AWARE THAT THIS IS AN APPLICATION ONLY, AND THAT OUR ELIGIBILITY FOR SERVICES PROVIDED THROUGH THIS PROGRAM HAS NOT YET BEEN DETERMINED.

APPLICANT'S NAME (PRINTED): _____

APPLICANT'S SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

Re-weatherization:

The intake representative listed below has reviewed program records and has determined that the property listed on the application ___ was not/ ___ was weatherized prior to the date of this application. The property was weatherized, according to program records on _____.

Application: _____ Approved _____ Denied _____ Withdrawn

INTAKE NAME (PRINTED): _____

INTAKE SIGNATURE: _____ DATE: _____

SUPERVISOR NAME (PRINTED): _____

SUPERVISOR SIGNATURE: _____ DATE: _____



PERMISSION FORM

The Owner/Tenant of the dwelling located at _____ hereby permits representatives of the Delaware County Weatherization Program to enter the property listed above, perform weatherization services, and return to the property for post inspections, callbacks, repairs, client education, and all other aspects of the weatherization process. The Owner understands that there is absolutely no charge for this service now or in the future. The Owner understands that neither the agency, nor its representatives shall be liable for any personal injury or damage to the property that is not caused by the negligence of our employees or subcontractors.

OWNER'S NAME (PRINTED): _____

OWNER'S SIGNATURE: _____ **DATE:** _____

TENTANT'S NAME (PRINTED): _____

TENANT'S SIGNATURE: _____ **DATE:** _____

PRIVACY ACT INFORMATION

All information provided to this Agency is covered by Federal Privacy Act of 1974, SU.S.C. 532A. This information is only for use by this Agency and the State's Federal Agencies. No information about you may be released to the public without your permission.

OWNER'S NAME (PRINTED): _____

OWNER'S SIGNATURE: _____ **DATE:** _____

TENTANT'S NAME (PRINTED): _____

TENANT'S SIGNATURE: _____ **DATE:** _____

INTAKE NAME (PRINTED): _____

INTAKE SIGNATURE: _____ **DATE:** _____



RENTAL AGREEMENT

Tenant _____ Owner _____

Address _____ Address _____

It has come to our attention that your tenant may be eligible to receive the benefit of a Federal Program to help save and conserve energy. The Delaware County Weatherization Program, a government funded organization and the Low-Income Energy Assistance Program will provide improvements to the premises. Caulking, weather stripping, insulation of the attic, venting, replacing panes of glass, hot water heater wrap and pipe wrap are available. A test will also be performed on the home's Gas or Oil heater to make sure it is operating efficiently.

The owner understands there is absolutely no charge for this service now or in the future. The owner further understands that neither the Agency nor its representatives shall be liable for any personal injury or for any damage to personal or real property that is not caused by the negligence of our employees or subcontractors. An agreement is signed by both the owner and the tenant to insure that the rent shall not be raised for a period of eighteen (18) months following the completion of the work because of the installation of energy conservation materials provided by the Weatherization Assistance Program. (Exception: increase in taxes may cause the rent to increase, not to exceed the cost of the tax increase). Also to prohibit the eviction of the client for a period of one year due to improvements, and as long as the client complies with all ongoing obligations and responsibilities owed to the property owner.

Please sign and return this form along with proof of ownership to the property to the above address as soon as possible. If you have any questions, please call us.

OWNER'S NAME (PRINTED): _____

OWNER'S SIGNATURE: _____ **DATE:** _____

TENANT'S NAME (PRINTED): _____

TENANT'S SIGNATURE: _____ **DATE:** _____



RELEASE FOR INCOME VERIFICATION FORM

I, _____ the undersigned, hereby authorize
(Applicant's Name)

_____ to release without liability
(Employer, Public Assistance, Social Security, etc.)

to the **COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION DEPARTMENT** any and all information they may request concerning my gross income, wages, salaries, benefits including LIHEAP approvals, pensions, and dividends in connection with my application for weatherization to determine my eligibility for the program.

Please verify on company letterhead all gross income for the period beginning _____ and ending _____.

Printed Name:

Signature:

Date:

RELEASE FOR LIHEAP VERIFICATION

I, _____ the undersigned, hereby authorize Community Action
(Applicant's Name)

Agency's Weatherization Department to obtain verification of my LIHEAP approval by utilizing the LIHEAP eCis program and the information provided within this application. This verification of LIHEAP approval will automatically qualify my household for weatherization services.

Printed Name:

Signature:

Date:



AFFIDAVIT OF NO INCOME

To: Community Action Agency of Delaware County, Inc.

From: _____

I, _____, did not have any income from
Your Name
_____ to _____
MONTH/YEAR MONTH/YEAR

Signature
(Must sign in front of Notary)

DO NOT WRITE BELOW THIS LINE

Commonwealth of Pennsylvania
County of _____

Sworn to and subscribed before me this
_____ day of _____ 20_____.

Notary Public



RELEASE FOR ENERGY USAGE VERIFICATION FORM

I, _____ the undersigned, hereby authorize
(Name of Account Holder)

_____ to release without liability to the
(Utility Supplier - PECO, Oil Company, Propane Company, etc.)

COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION DEPARTMENT any and all information they may request concerning my **past, current, and future energy bills** in connection with my application for weatherization to determine estimated heating and home energy usage as stated in the Weatherization Assistance Program Directive 2007-03.

- **This form must be signed by the person noted above as the utility account holder.**
- **Please include your most recent PECO statement. Please include all pages of your statement, including the Usage Profile Graph.**
- **If you use oil heat, please submit a statement from your oil company reporting on the number of gallons of oil you purchased over the previous 12 months.**

PECO Account Number:

Printed Name of Account Holder:

Signature of Account Holder:

Date:



Appeal Procedure

Quality service and work is of utmost importance to our program. If you have any inquiries, complaints, or would like to appeal a decision made by our program, please follow the procedure below.

1. Contact Mr. Tom Heckman, Weatherization Program Manager:
610-521-8770
94 Jansen Avenue
Essington, PA 19029
heckman@caadc.org
If you are still not satisfied with the outcome, you may:
2. Contact Mr. Edward Coleman, Chief Executive Officer of CAADC, Inc.:
610-891-5101
201 West Front Street
Government Center
Media, PA 19063
ColemanE@co.delaware.pa.us
If you are still not satisfied with the outcome, you may:
3. Contact Dominick Amato, Weatherization Monitoring Supervisor:
717-214-6548
Department of Community and Economic Development
Office of Energy Conservation and Weatherization
Commonwealth Keystone Building
400 North Street
4th Floor
Harrisburg, PA 17120-0225
damato@state.pa.us
If you are still not satisfied with the outcome, you may:
4. Contact Lynette Praster, Weatherization Deputy Director:
Department of Community and Economic Development
Office of Energy Conservation and Weatherization
Commonwealth Keystone Building
400 North Street
4th Floor
Harrisburg, PA 17120-0225

Applicant Name (Printed)

Applicant Signature

Date

Weatherization Representative Name (Printed)

Weatherization Representative Signature

Date

(Office Copy)

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DEFERRAL OF WEATHERIZATION SERVICES

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 some possible reasons why an application can be deferred.

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

Applicant Name (Printed)

Applicant Signature

Date

Weatherization Representative Name (Printed)

Weatherization Representative Signature

Date

(Office Copy)

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- The extent of and condition of lead-based paint in the house would create further health and safety hazards.

(Client Copy)



Client Sign-off Proxy List

Please indicate below any individual that you give permission to sign off on any weatherization forms on your behalf and to be present at the time of the Home Energy Audit, installation of weatherization measures, and the post inspection of the work completed. Please note that only the applicant, the applicant's spouse (if applicable), or the applicant's legally appointed representative (if applicable) are the only people authorized to sign any weatherization documents. If for any reason you may need another household member, family member, or caretaker etc. to sign off on any weatherization documents you need to list that person's name below. If at any point, you would like to add someone to this list, a written, signed, and dated request must be sent to the weatherization office.

Name:

Relationship to client:

Applicant Name (Printed)

Applicant Signature

Date

Weatherization Representative Name (Printed)

Weatherization Representative Signature

Date