Vermont's Weatherization Assistance Program Application

Operated Regionally by: NETO, Inc.

1. Application Date: *Month/Day/Year*	2. Last Name:	3. First Name:	4. Middle Initial:
	Name indicated here is considered the head of household for informational purposes below.		

5. Physical Address	6. City	7. State	8. Zip
9. Mailing Address *(if different than physical address)*	10. City	11. State	12. Zip

13. Contact Information: a) Primary Phone Number	b) Alternate Phone Number	15. Within Previous 12 Months Our Household Has Received:		16. Our Home is:		17. Our Rent Includes:	
		☐	Fuel Assistance	☐	Owned	☐	Heat
c) Email Address		☐	Supplemental Security Income (SSI)	☐	Rented	☐	Hot Water
				☐	Public Housing	☐	Electricity

18. Family/Household Information & Demographics

Please indicate below the total number of persons in the household that meet each listed criteria:

	Children aged 0-2		Disabled
	Children aged 3-5		Native American
	Children aged 6-17		New American
	Adults aged 18-59		Total Number of People Living in Household:
	Adults 60 years (+)		

19. If you rent your home, please provide the following:

Name of Property Owner	
Mailing Address	
Telephone Number	
Email Address	

20. Please list below **All** members of the household, including the head of household, children and members without income;
Include **All** income records for each household member for the previous 12 months
Date of Birth is required for all household members
Social Security Numbers are required for all 18 (+)year olds AND children receiving income or benefits

Name	Sex *(F / M)*	Date of Birth	Social Security #	Disabled Household Member *(Y / N)*	**List All Income Sources** *(Please also indicate here if a household member is unemployed or is not in the labor force)*	Income Amount	Office Use Only: Excluded Income	Office Use Only: Included Income
{ Self }								
							Ttl Excluded	Ttl Included

Applicant Signature Date

WAP Staff Signature Date

Applicant's Certification: I attest that the information submitted within this application is true to the best of my knowledge and understand that any willful misrepresentation may be cause for the rejection of my application, discontinuance of any work begun on my home and possible prosecution. I am aware that portions of the above information are to be verified by authorized Weatherization Assistance Program (WAP) representatives and that I may be required to provide additional documentation. I understand that weatherization of my household under this program is subject to the availability of public funding and the eligibility of my household in accordance with WAP program guidelines. I am aware that representatives of the State of Vermont's Office of Economic Opportunity (OEO) and/or the United States Department of Energy (DOE) may inspect the work performed on my home following completion of weatherization work. I also understand that this information may be shared with other state agencies to further assist my household. I understand that if I feel I have been discriminated against regarding any decision made on this application because of race, color, national origin, sex, handicap or age, I may appeal those decisions to the weatherization program director at: State Office of Economic Opportunity, 280 State Drive, Waterbury, VT 05671-1801 or by telephone (802) 796-6499.

Office Use Only:

Eligibility Determination:	Ineligible For Program Services Determination:	Additional Information:
☐ ≤ 60 % SMI	☐ Over Allowable Income Threshold	Building Type:
☐ 60 - 80% SMI	☐ Previously Weatherized	Fuel Types (List All):
☐ ≤ 125% FPL	☐ Alien Status	
☐ 150% - 200% FPL	☐ Other	DHW Type:

Client Number	Contract Number	Job Number	Job Start Date

If you have questions or would like additional assistance with your application please contact:

Vermont's Weatherization Assistance Program

Operated Regionally by: NETO, Inc.

Please submit to: St. Johnsbury Weatherization Office

NETO, Inc.

P.O.Box 186, St. Johnsbury, VT 05819

Call Us Toll Free:

(800) 639-3212

If you prefer to type information into an electronic document please visit our website to download a fillable form.

http://dcf.vermont.gov/benefits/weatherization

Fax: (802) 748-8936

Physical Address: 84 Central Street, St. Johnsbury, VT 05819

NORTHEAST EMPLOYMENT AND TRAINING ORGANIZATION, INC.

VERMONT
DEPARTMENT FOR CHILDREN & FAMILIES
OFFICE OF ECONOMIC OPPORTUNITY

Vermont's Weatherization Assistance Program: Proof of Ownership Request

Client Name(s): _____ Client Physical Address: _____

_____ Town, State, Zip Code: _____

Client Telephone: _____ Client Mailing Address: _____

Town, State, Zip Code: _____

The Weatherization Assistance Program is required to verify and document the ownership of every property before any program services can be provided for prospective clients. There are seven ways that you can satisfy this program application requirement and they are outlined in the list below. Please indicate which (1) document you will be providing from this list and submit with your completed application packet.

1. ☐ Copy of deed
2. ☐ Copy of mortgage or mortgage payment book
3. ☐ Real estate tax bill or receipt for address being weatherized
4. ☐ School tax bill or receipt for address being weatherized
5. ☐ Written statement from local tax assessor's office, county, or tribal clerk or deeds commissioner
6. ☐ Copy of an executed land contract, life tenancy agreement or life lease
7. ☐ Chattel mortgage (mobile home mortgage)

Owner-Occupied Housing: If the client name(s) and the physical address of the property to be weatherized match the name(s) and address on the document submitted as your proof of ownership, then no additional information beyond what is requested above is necessary to satisfy proof of ownership.

Rental Housing: When the client applying for services does not live at the property to be weatherized or does not own the property, then additional information is needed to successfully process the application for program services. In rental housing situations please complete this section and weatherization staff will work with you in determining additional documentation that will be needed to process your application.

Building Owner Name: _____ Owner Mailing Address: _____

Owner Telephone: _____ Town, State, Zip Code: _____

Co-Owner(s) Name(s) if applicable: _____

Please submit to: St. Johnsbury Weatherization Office
NETO, Inc.
P.O. Box 186
St. Johnsbury, VT 05819

Contact us at: Phone: (802) 748-8935
Toll Free: (800) 639-3212
Fax: (802) 748-8936

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Vermont's Weatherization Assistance Program: Fuel Records Release

Client Name: _____ Client Address: _____
Client Telephone: _____ Town, State, Zip Code: _____

Please indicate below all fuel types that are used in your home to provide your heating, produce hot water or that are used for cooking. If you use wood, wood pellets, bio bricks or coal—or if you sometimes buy heating fuel a few gallons at a time—please provide your best guess of how much of these fuels you use each year.

Fuel Type	Used for Heating	Used for Hot Water	Used for Cooking	Total Amount Used Each Year (in cords/tons/gallons etc.,)	
Wood				cords	
Wood Pellets				tons	
Bio Bricks or Coal				tons	
Oil				If you buy oil, kerosene or diesel fuel a few gallons at a time, how many gallons a year do you buy this way? _____ gallons	
Kerosene or Diesel					
Propane				Utility Names	Utility Acct. #
Natural Gas				-Vermont Gas-	
Electricity					

Please indicate all fuel companies that you have purchased fuel from in the past 3 years below.

#	Fuel Company	Mailing Address	Town, State, Zip Code
1			
2			
3			

Client Release Authorization

I hereby authorize the Weatherization Assistance Program to obtain and record my household fuel records from all companies I have purchased fuel from and to obtain and record energy usage records from the State's dedicated energy efficiency utilities. In order to evaluate program impact and energy savings achieved, I authorize the WAP to request updated energy consumption data from fuel companies and energy efficiency utilities for five years from the date my weatherization project is completed.

Client Signature: **Date:**

Dear Fuel Provider:

Please assist the Weatherization Assistance Program by providing all fuel records from this client's account over the past 36 month period. We need this information from you in order to proceed with their project.

Indicate Fuel Type:							
Delivery Date	Gallons	Delivery Date	Gallons	Delivery Date	Gallons	Delivery Date	Gallons

Please submit to: St. Johnsbury Weatherization Office
NETO, Inc.
P.O.Box 186, St. Johnsbury, VT 05819

Weatherization Works

Contact us at: Phone (802) 748-8935
Toll Free: (800) 639-3212
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Vermont's Weatherization Assistance Program: Earned Income Overview Form

Documenting the past 12 months of household income for every 18(+) year old member of your household is a required part of the weatherization assistance program application process.

Types of Earned Income: From the list of choices below, please identify every type of income that was earned by any 18(+) year old member of your household during the past 12 months. Please provide the statements/receipts for every applicable income type when submitting your application.

- ☐ Gross employment wages and salaries
- ☐ Regular payments from social security
- ☐ Unemployment compensation
- ☐ Self-employment net receipts *(including income from rental properties)*
- ☐ Training stipends
- ☐ Strike benefits from union
- ☐ Periodic receipts from estates or trusts
- ☐ Regular alimony payments
- ☐ Net gambling or lottery winnings
- ☐ Dividends, interest or net royalties
- ☐ Regular insurance or annuity payments *(including worker's compensation)*
- ☐ Military family allotments
- ☐ Veteran's payments
- ☐ Private or government employee pensions, military retirement income, railroad retirement benefits or miscellaneous retirement payments, pensions or funds

Income Statements & Verification: The weatherization assistance program is required to verify your earned income submissions to determine your household's eligibility for weatherization program services.

-Federal Tax Return: ☐ All applicants must submit the first two pages of the most recent Federal Tax Return

--Please contact the weatherization program for additional instruction if you do not file taxes--

Additional Submission Requirements for Common Types of Earned Income

-Social Security Income: The following information must be submitted for every household member that currently receives Social Security benefits or has received these benefits in the past 12 months:

☐ A copy of your most recent Social Security Benefits Statement

Please review the informational form titled "Obtaining Your Explanation of Social Security Benefits" that was provided with your application packet. That form includes instruction for accessing these benefits statements directly from the Social Security Administration.

-Wages & Salary: The following information must be submitted for every 18(+) year old household member that is currently employed or has been employed in the past 12 months:

☐ A completed "Employment Verification Form" *(provided to you by weatherization)*

-Unemployment Compensation: The following information must be submitted for every 18(+) year old household member that is currently unemployed or has been in the past 12 months:

☐ A copy of an Unemployment Benefits Statement from the last calendar year

-Self-Employment: The following information must be submitted for each 18(+) year old household member that is currently self-employed (or has been in the past 12 months):

☐ A copy of your most recent Schedule C filing **AND**

☐ A completed & notorized "Self-Employment Income Verification Form" *(provided to you by weatherization)*

Please submit to: St. Johnsbury Weatherization Office
NETO, Inc.
P.O.Box 186, St. Johnsbury, VT 05819

Weatherization Works

Contact us at: Phone (802) 748-8935
Toll Free: (800) 639-3212
Fax: (802) 748-8936

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Vermont's Weatherization Assistance Program: Obtaining Your Explanation of Social Security Benefits

Documenting the past 12 months of household income for every 18(+) year old member of your household is a required part of the weatherization assistance program application process.

Verifying Your Social Security Benefits: If you or any member of your household receives Social Security Benefits, you will need to help your weatherization provider verify the amount of these benefits that count as earned income by submitting the following documentation:

- ☐ A copy of your most recent Explanation of Social Security Benefits Statement

Obtaining Social Security Benefits Statements: If you do not currently have copies of your benefits statements, there are two methods for obtaining copies directly from the Social Security Administration outlined below:

1. Call toll free at 1 (800) 772-1213, Monday through Friday (7 am to 7 pm)
2. Visit www.socialsecurity.gov. Click on "Online Services" and then click on "Get your Social Security Statement". You are then prompted to login or create an online account in order to view your Social Security Benefits Statements.

Please submit to: St. Johnsbury Weatherization Office
NETO, Inc.
P.O. Box 186
St. Johnsbury, VT 05819

Contact us at: Phone: (802) 748-8935
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Vermont's Weatherization Assistance Program: Income Verification Form

A separate Income Verification Form is to be completed by each working adult *(18(+) years old)* residing in your household. Completing a separate form for each job held within the past 12 months is required so it may be necessary for individual household members to complete multiple forms.

Name of Applicant: _____ Social Security Number: _____

Name of Employer: _____ Attention: _____

Employer Phone Number: _____ Employer Fax Number: _____

Employer Mailing Address: _____

Applicant Authorization to Release Information

By signing below, I hereby authorize the Weatherization Assistance Program to contact agencies and employers for the purpose of verifying my income.

Applicant Signature: **Date:**

-This Section to be Completed by Employer-

The individual named above has applied for weatherization program services.
Their earned income for the past 12 months must be verified in order to determine program eligibility.

Total gross wages earned during period of time defined below: _____

Beginning on: _____ Ending on: _____

Printed name of person providing verification: _____ Title: _____

Signature: _____ Date: _____

-All information will remain confidential and your response is important and greatly appreciated-

If you are unable to provide the requested information please provide the weatherization program with the contact information for the appropriate party that will be able to document this information.

Please submit to: St. Johnsbury Weatherization Office
NETO, Inc.
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St. Johnsbury, VT 05819

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Vermont's Weatherization Assistance Program: Self-Employment Income Verification Form

Please submit the following documentation for each self-employed adult *(18(+) years old)* residing in your household that was self- employed for any duration during the past 12 months:

- ☐ A copy of the most recent federal tax return (including the most recent - Schedule C - filing)
- ☐ A signed and notarized copy of this Self-Employment Income Verification Form.

Note that income from rental properties must be included as self-employment income.

Please complete this form entirely to verify your income from the beginning of this calendar year through today. If you do not file taxes please contact us for additional assistance with your application prior to submitting.

Name of Self-Employed Individual: _____

Type of Business: _____

Time Period Beginning on: 01- 01- current year Ending on: _____

Gross Income: _____

Expenses: _____

Net Income: _____

Applicant Certification:
By signing below, I confirm the information represented above is true and accurate to the best of my knowledge.

Applicant Signature: **Date:**

-This Section to be Completed by Notary-

The individual named above as applicant has provided identification and affirmed before me that the information contained herein is true and accurate to the best of their knowledge.

Printed Name of Notary: _____

Signature of Notary: _____ {seal}

Date: _____

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