

Application for Weatherization Assistance

Person applying: I am the owner I am the renter

Application checklist

- ✓ **You should know:** We cannot weatherize a dwelling that is for sale or has received Weatherization Assistance services since September 30, 2002.
- ✓ **Multi-family dwellings:** You may need to complete additional forms if the dwelling includes more than one separate living area (e.g., an apartment building, a duplex, or a house with a basement apartment or in-law suite). Contact your local weatherization office to discuss your situation and get copies of other required forms. See *contact information on back*.
- ✓ **Owners:** Submit one of the documents listed on page 3 as proof of home ownership.
- ✓ **Renters:** Provide the owner's name and contact information on page 3. We need their permission before we can start any work.
- ✓ **Fuel & electricity:** Complete page 4 if you pay any or all of the costs for fuel and electricity.
- ✓ **Income verification:** Send documents that confirm the income of all household members for the past 12 months – unless you get certain public benefits (section 6 on page 5).
- ✓ **Signature:** Sign the application on page 7 (and on page 4 if applicable).

1. The dwelling to be weatherized

Dwelling type: Mobile home Single-family home Home with basement apartment or in-law suite
 Multi-family duplex or apartment building that has # _____ units

Physical address	City	State	Zip code
------------------	------	-------	----------

Has this dwelling ever been weatherized through this program?

Yes No If yes, when? _____

2. The person applying

Last name	First name	Middle initial
-----------	------------	----------------

Phone number (with area code)	Phone number (with area code)	Email address
-------------------------------	-------------------------------	---------------

Mailing address (if different from above)	City	State	Zip code
---	------	-------	----------

3. The household members

A. Provide information for all household members, including the children.

Name First & Last	Sex F/M	Disabled Yes/No	Date of birth (mm/dd/yyyy)	Social Security Number XXX-XX-XXXX
1. PERSON APPLYING	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		

B. List the total number of household members in each category.

Total number	Total number	Total number
Children aged 0-2 # _____	Adults aged 18-59 # _____	Adults aged 80+ # _____
Children aged 3-5 # _____	Adults aged 60-69 # _____	Total number in # _____
Children aged 6-17 # _____	Adults aged 70-79 # _____	household

C. OPTIONAL: The information below is not required and will not impact your application.

Total number	Total number	Select one
Race & Ethnicity:	Education levels of adults:	Household type:
White # _____	0-8 # _____	Check the one that best describes your household:
Black/African American # _____	9-12 non graduate # _____	<input type="checkbox"/> Single-parent - female
American Indian/Native American # _____	High school graduate/GED # _____	<input type="checkbox"/> Single-parent - male
Alaskan Native # _____	12+ some post-secondary # _____	<input type="checkbox"/> Two-parents
Asian # _____	2 or 4-year college graduate # _____	<input type="checkbox"/> Two adults, no kids
Native Hawaiian # _____	Other characteristics:	<input type="checkbox"/> Single person, no kids
Other Pacific Islander # _____	Has health insurance # _____	<input type="checkbox"/> Other
Other # _____	Veteran # _____	
Multi-race (two or more above) # _____	New American # _____	
Hispanic, Latino, Spanish # _____		
Non-Hispanic, Latino, Spanish # _____		

4. Who lives in the dwelling: homeowner or renter

A. OWNER ONLY. Complete this section if you OWN the dwelling to be weatherized.

Check the appropriate box below:

- I live in the dwelling
- I rent the dwelling to someone else

Send a copy of ONE of the documents below to confirm that you own the dwelling. Check one. ✓

The document you send **MUST HAVE THE PHYSICAL ADDRESS** of the dwelling to be weatherized on it. We must receive it before any weatherization services may begin.

- Real estate tax bill or receipt for address being weatherized
- Deed
- Mortgage or mortgage payment book
- School tax bill or receipt for address being weatherized
- Written statement from local tax assessor's office, county, tribal clerk or tribal deeds commissioner
- Executed land contract, life tenancy agreement or life lease
- Chattel mortgage (mobile home mortgage)
- Vermont mobile home bill of sale — if filed with the town clerk

If you co-own the dwelling with someone who does not live in your household, list them below.

The co-owner (if applicable):

Name: _____

Phone number: _____

Email: _____

Mailing address: _____

The co-owner (if applicable):

Name: _____

Phone number: _____

Email: _____

Mailing address: _____

B. RENTER ONLY: Complete this section if you RENT the dwelling to be weatherized.

The rent I pay includes: Heat Hot water Electricity

The dwelling's owner:

Name: _____

Phone number: _____

Phone number: _____

Email: _____

Mailing address: _____

The dwelling's co-owner (if applicable):

Name: _____

Phone number: _____

Phone number: _____

Email: _____

Mailing address: _____

5. Fuel & electricity used

- If you rent and the OWNER PAYS for any or all of these costs - please check this box
- If YOU PAY for any or all of these costs - complete sections A & B below and sign in section C.

A. Complete the table below if you pay for any or all of these costs.

Fuel Type	Used for Heating	Used for Hot Water	Used for Cooking	Total Amount Used Each Year (in cords/tons/gallons etc.)	
Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ cords	
Wood pellets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ tons	
Bio bricks or coal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ tons	
Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIP: If you use wood, wood pellets, bio bricks or coal, provide your best guess of how much is used each year.	
Kerosene or diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				Utility Name	Account Number
Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

If you buy oil, kerosene , diesel or propane a few gallons at a time, how many gallons do you buy a year this way? _____

B. List the companies you've bought fuel from in the past three years — for this location only.

FUEL COMPANY INFORMATION			
Service address of dwelling (where the fuel is delivered):			
	Fuel company name	Fuel company mailing address (Include town, state & zip code)	Fuel company phone number (Include area code)
1			
2			
3			

C. Authorize the release of your fuel and energy usage records to us — for this location only.

I, the fuel company account holder named below, authorize the Weatherization Assistance Program to:

- Get my household fuel records from all the companies I've bought fuel from in the past three years.
- Get my energy usage records from state energy efficiency utilities.
- Request energy consumption records from my fuel companies and state energy efficiency utilities at anytime between now and five years from the date my weatherization project is completed.

Account holder's name (PRINT)

Account holder's signature

Date

 Sign if applicable

Account holder's name (PRINT)

Account holder's signature

Date

6. Public Benefits

If you answer YES to either question below, YOU MAY SKIP AHEAD TO SECTION 9.

We'll verify your income with the Department for Children and Families - Economic Services Division.

Is your household an active Seasonal Fuel household? *If you're not sure, call 1-800-479-6151.*

Yes No

Has any ADULT received one of the benefits listed below in the past 12 months?

Yes* No — If yes, which one: Reach Up* Reach First Post-Secondary Education (PSE)

* Do NOT check either box if the only benefit received is a Child-Only Reach Up grant (also called a caretaker grant)

7. Household income

A. Check all types of income received by household members — during the past 12 months.

Earned income:	Unearned income:	Unearned income:
<input type="checkbox"/> Employment wages & salaries	<input type="checkbox"/> Alimony	<input type="checkbox"/> Social Security
<input type="checkbox"/> Internship/training stipends	<input type="checkbox"/> Child support	<input type="checkbox"/> Social Security Disability (SSDI)
<input type="checkbox"/> Self employment (e.g., carpentry, childcare, farming, home party sales, lawn care, logging, odd jobs and selling scrap metal)	<input type="checkbox"/> Dividends or interest	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Property rental	<input type="checkbox"/> Estates or trusts	<input type="checkbox"/> Trusts or annuities
<input type="checkbox"/> Union strike benefits	<input type="checkbox"/> Insurance payments	<input type="checkbox"/> Unemployment compensation
	<input type="checkbox"/> Gambling / lottery winnings	<input type="checkbox"/> Veteran's disability benefits
	<input type="checkbox"/> Military family allotments	<input type="checkbox"/> Veteran's retirement benefits
	<input type="checkbox"/> Pensions or retirement	<input type="checkbox"/> Worker's compensation
	<input type="checkbox"/> Royalties	<input type="checkbox"/> Other _____

B. Provide the following information for each household member.

If anyone is unemployed or not in the labor force, indicate that under "income sources" below.

Name	Income sources List all sources of income over past 12 months	Total income
1. PERSON APPLYING		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$

8. Supporting documents to verify income

A. Use the table below as a guide to the supporting documents you need to send.

<ul style="list-style-type: none"> • If you have any questions, call your local weatherization office. • The quicker you get us these required documents, the sooner we can process your application. • Please send copies as originals may not be returned. 	
If any household member:	Send the following with your application:
<input type="checkbox"/> Received Social Security, Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)	Their most recent <i>Social Security benefits statement</i> . To get a copy, call 1-800-772-1213 or go to https://www.ssa.gov/myaccount/ .
<input type="checkbox"/> Filed income taxes	The first two pages of their most recent federal tax return.
<input type="checkbox"/> Received unemployment compensation	An <i>Unemployment Benefits Statement</i> from the past 12 months.
<input type="checkbox"/> Earned wages or salary from a job	An <i>Employment Income Verification Form</i> for each job held in the past 12 months – with the EMPLOYEE'S section completed & signed. The form is available from your local weatherization office.
<input type="checkbox"/> Was self employed	Their most recent IRS Schedule C and information in section B below.
<input type="checkbox"/> Received another type of income	A document that confirms the income.

B. Provide information about any income from self employment & property rental.

Provide the information below for each household member that had income from SELF EMPLOYMENT or PROPERTY RENTAL during the past 12 months.						
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income

9. Permission to enter the premises

By signing this application in #10 below, you:

- Grant your permission for weatherization program representatives to enter the dwelling to provide weatherization services.
- Grant this permission on behalf of all members of your household (*people who live in the home as listed on page 3 of this application*).

If you have any concerns that a household member may not agree to allow weatherization program staff to enter the premises, please contact your local weatherization office to discuss your concerns.

10. Certification and signature

By signing this application below, I agree that:

- Everyone living in my home is listed in Section 3A of this application as a household member.
- Any willful misrepresentation may be cause to reject my application, discontinue any work started on my home and possible prosecution.
- The information I provide on this application is subject to verification by authorized representatives of the program, and I may be required to provide additional documentation. This may include verifying household income with the Department for Children and Families - Economic Services Division.
- The weatherization of my home under this program is subject to the availability of public funding and the eligibility of my household under program guidelines.
- Representatives of the Vermont Office of Economic Opportunity (OEO) and/or the U.S. Department of Energy (DOE) may inspect the weatherization work completed on my home. This information may be shared with other state agencies to further help my household.
- If I feel I've been discriminated against regarding a decision made on this application because of race, color, national origin, sex, handicap or age, I may appeal those decisions by phone at (802) 241-0943 or in writing to: Weatherization Program Director, Vermont Office of Economic Opportunity, 280 State Drive, NOB2 North, Waterbury, VT 05671-1050.

Do you authorize the Office of Economic Opportunity and local weatherization program to use your name & information about the weatherization project to promote the program? Yes No

YOU MUST SIGN & DATE YOUR APPLICATION HERE.

UNSIGNED APPLICATIONS WILL BE RETURNED.

I certify that all information provided on this application is true and complete to the best of my knowledge.

Signature of Applicant

Date

← Sign here



VERMONT'S WEATHERIZATION PROGRAM

REVIEW THE CHECKLIST ON PAGE 1
BEFORE YOU SUBMIT YOUR APPLICATION TO:

BROC Weatherization Office
45 Union Street
Rutland, VT 05701

Local: (802) 775-0878

Toll Free: 1-800-717-2762

Fax: (802) 775-9949

<http://www.broc.org>

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