



Weatherization Assistance Program

REQUIRED INFORMATION FOR APPLICATION



The following information is needed in order to complete your Weatherization Intake File. Please complete the documents as instructed below, provide all copies as requested, sign the provided forms and return the information to:

Weatherization Program
Community Action Council
3020 Willamette Dr. NE
Lacey, WA 98516

PROOF OF HOUSEHOLD'S INCOME, ALL SOURCES (PAST 3 CALENDAR MONTHS LISTED BELOW)

Examples of acceptable documentation include; paystubs; payroll statements; award letters; direct deposits on bank statements; employer statements on company letterhead (gross earnings by month); W-2 tax information forms; printouts from Social Security or Employment Security. If there is NO income for the household OR there is NO documentation of the income; you should contact CAC for the appropriate forms which must be completed, signed and notarized.

COPY OF PHOTO ID (for ALL household members 18 years and older)

Examples are Driver's License, State ID Card, Military ID Card, Passport, etc... Document(s) provided must be current.

PROOF OF SOCIAL SECURITY NUMBERS (required for ALL household members)

A copy of the actual card is preferred, but payroll statements, copies of tax forms, or printouts from the Social Security Office are acceptable.

PROOF OF OWNERSHIP, PURCHASING, OR RENTING

Examples include; a copy of the legal purchase agreement, property tax records, or a statement from the local county assessor's office. For renters, a copy of the lease or rental agreement, or a statement from the landlord is OK. Be sure to include your landlord's name and mailing address.

PROOF OF RESIDENTIAL ADDRESS

Examples are; Driver's license or other State or school I.D. a utility bill, a bank statement, or any postmarked envelope with your current address. This information may already be shown on other required forms, just be sure we have an official copy of your current address.

PROOF OF HEATING TYPE

A copy of your electric, gas, or oil bill is needed; OR a signed statement (*from someone outside the home*) that you use wood. If you have lived in your current home for **at least one year**, please provide us with a **12 Month ENERGY USE HISTORY**. You can request this from the utility over the phone, or at their office.

SIGN AND DATE (ONLY) the HOUSEHOLD & INCOME INFORMATION FORMS

(Our staff will fill in the blanks with the information requested above.)

Please **DO** fill out the **Client Social Service Tracking - Intake Form**

The enclosed **WEATHERIZATION CONSENT FORMS** should be signed and dated by either the:

HOMEOWNER(s)

OR

provided to the LANDLORD(s) for their signatures

Please contact us at (360) 438-1100 x 2100 with any questions.

HOUSEHOLD MEMBER and INCOME INFORMATION

List all household members, their sources of income and the gross amount each member received from each source for the previous three months.

Household Members <small>(Include last names and ages of children beginning with the PRIMARY applicant)</small>		Income Source	Verified With (Code)	Total Income For Months:				Total Gross	DEDUCTIONS <small>10% deduction for retirement (if taxed) 10% deduction for unemployment (if withheld) 20% deduction for earned income (if withheld)</small> <small>NOTE: No deductions on earned income if not withheld</small>		
				Month 1	Month 2	Month 3	month 4-12		Applied (%)	Amount	Adjusted Gross

Documentation Used (Code)

- A.) No Income Statement C.) Bank Statement E.) Award Letter G.) Other _____
- B.) Self Declaration D.) Pay Stubs F.) Ficho

I certify that the information I have provided is complete and accurate. It includes ALL household members and their income for the period. I understand that I am signing this form under penalty of criminal prosecution if I knowingly give false information which results in payment to which I am not entitled.

Applicant's Signature _____ Date _____ Staff Initials _____

Notes:

Calculations	
Total Adjusted Gross Income	_____
Number of Months Documented <small>(3 months OR 12 months)</small>	<u> 3 </u>
Average Monthly Income <small>Post this amount to HIF - Monthly Income</small>	_____

HOUSEHOLD INFORMATION FORM (HIF) (7/2016)

*Agency:	Assistance Provided: <input type="checkbox"/> *Energy Assistance <u>OR</u> <input type="checkbox"/> *Crisis - Imminent <u>OR</u> <input type="checkbox"/> *Crisis - No Heat <input type="checkbox"/> Other Emergency Services <input type="checkbox"/> Conservation Education	<input type="checkbox"/> Interested in Weatherization <input type="checkbox"/> Tribal Member <input type="checkbox"/> Received Food Assistance <input type="checkbox"/> Heat with rent <input type="checkbox"/> Received EAP last program year	File Number:
*County:			Certification Date:

SECTION A: Household Contact & Eligibility Information

*Primary Applicant:			
(Last Name)	(First Name)	(Middle Initial)	
*Residence Address:			
City, State, Zip: _____			
Mailing Address: (If different)			
City, State, Zip: _____			
Phone Number: () -	Message Phone: () -	Lived at Residence:	
		Years:	Months:
*Housing Status: 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Roomer/Boarder 5 <input type="checkbox"/> Temp Housing Cost per Month: \$ _____	*Housing Type: 1 <input type="checkbox"/> 1-3 Family 2 <input type="checkbox"/> 4+ Family 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV Number of Bedrooms: _____	*Income/Benefits: <input type="checkbox"/> SSI <input type="checkbox"/> Earned Income <input type="checkbox"/> TANF <input type="checkbox"/> Pension <input type="checkbox"/> GA <input type="checkbox"/> Self Employed <input type="checkbox"/> VA <input type="checkbox"/> Child Support <input type="checkbox"/> Soc. Sec. <input type="checkbox"/> Unemployment <input type="checkbox"/> Military <input type="checkbox"/> Other	*Total Number of People in the Household: *Household's Monthly Income: \$ _____
Target Group #1: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Primary Heat Source: 1 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Oil 2 <input type="checkbox"/> Natural Gas 5 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Propane 6 <input type="checkbox"/> Coal	*Annual Heat Cost: \$ _____ <input type="checkbox"/> Back Up Heat Cost	
Target Group #2: <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Energy Cost: \$ _____ <input type="checkbox"/> Used Surrogate Data	
		*Total Annual Electric Costs: \$ _____	

SECTION B: Energy Assistance (EAP)

Staff: _____	P.O.#: _____
HOUSEHOLD ELIGIBILITY AMOUNT: \$ _____	
Payment to Vendor(s): Direct Pay to Applicant: \$ _____	
#1 _____ Acct. #: _____	\$ _____
#2 _____ Acct. #: _____	\$ _____
TOTAL EAP PAID TO DATE: \$ _____	

SECTION C: Other Emergency Services (OES)

Staff: _____	P.O.#: _____
Heat System: Repairs <input type="checkbox"/>	Vendor #: _____ \$ _____
Replacement <input type="checkbox"/>	Vendor #: _____ \$ _____
Other Repairs & Services:	Vendor #: _____ \$ _____
	Vendor #: _____ \$ _____
Shelter Assistance:	Vendor #: _____ \$ _____
TOTAL OES PAID TO DATE: \$ _____	

I certify that I have provided and reviewed all information on each page of this document and it is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I further understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I feel I am eligible. I give my permission for this agency and Washington State Department of Commerce (COMMERCE) to request/release necessary information that may result in my receiving benefits from this assistance request and from similar and related programs administered by the State of Washington, including food assistance. I also give the above listed heating vendor(s) permission to establish a line of credit, and/or to release my account information to this agency or COMMERCE for current and future data analysis and eligibility determination. I understand that provision of my social security number is necessary to avoid duplicate energy assistance benefit payments to the same applicant household. I hereby authorize energy program staff to also use my social security number for income verification purposes (including Employment Security Unemployment Insurance and DSHS Food Assistance). I further authorize this agency and COMMERCE to use my personal information within their organizations for the purpose of identifying and reporting unduplicated non-personal applicant data.

***Applicant Signature:** _____ **Date:** _____

(Note: All fields designated with an (*) are required information.)



Community Action Council

Of Lewis, Mason & Thurston Counties

Energy Assistance Program

Client Social Service Tracking ~ Information Intake Form

The information requested on this form is used for statistical purposes and is shared between the programs within Community Action Council only. Please provide as accurate data as possible as this data may affect your application for services. The information you provide will help us better serve you.

Social Security # _____ - _____ - _____	Name (Primary Applicant): _____ (First Name) _____ (MI) _____ (Last Name)	Date of Birth: ___/___/___	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
---	---	--	--------------------------	---

Residential Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)	Phone Number: (____) _____ - _____ Email: _____ Total number of people in your household: _____ Does everyone in the home have a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you receive Energy Assistance through us last year? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you or someone in your household a member of a Native American Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive Food Assistance in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your home been weatherized? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in FREE weatherization services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if different): _____ (Street) _____ (City) _____ (State) _____ (Zip Code)	
Signature _____ Date _____	

Client Characteristics (check all that apply): <input type="checkbox"/> I am disabled. <input type="checkbox"/> I am a military veteran. <input type="checkbox"/> I am Hispanic or Latino. <input type="checkbox"/> I have health insurance. <input type="checkbox"/> I have a Provider One card. <input type="checkbox"/> I do NOT have health insurance.	Race (check all that apply): <input type="checkbox"/> American Indian or Alaskan Native (Tribe: _____) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	Highest Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 / Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> 12+ some post-secondary <input type="checkbox"/> 2 or 4 year college graduate
---	--	---	---

Housing Status: <input type="checkbox"/> Own/Buy <input type="checkbox"/> Boarder <input type="checkbox"/> Subsidized <input type="checkbox"/> Temporary <input type="checkbox"/> Rental <input type="checkbox"/> Other Monthly Payment \$ _____	Housing Type: <input type="checkbox"/> House <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Apartment (2 story building or less) <input type="checkbox"/> Hi-Rise (3 stories or more) <input type="checkbox"/> Mobile <input type="checkbox"/> RV/Less than 40' <input type="checkbox"/> Other	Number of bedrooms: _____ Date moved into current residence: _____	Language: <input type="checkbox"/> English <input type="checkbox"/> Other _____
---	---	---	--

What is your MAIN source of HEAT? _____ Other Energy Types: <input type="checkbox"/> All Electric <input type="checkbox"/> Natural Gas Only <input type="checkbox"/> Electric & Gas <input type="checkbox"/> Other _____ Name on Energy Bill if different: _____	What is your MAIN source of COOLING? _____ <input type="checkbox"/> Central AC <input type="checkbox"/> Ductless AC <input type="checkbox"/> Portable AC <input type="checkbox"/> Fans <input type="checkbox"/> Other _____ <input type="checkbox"/> None Are you in need of a portable air conditioner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they currently living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Please list ALL OTHER Household Members' information on reverse side.

