

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: <input type="checkbox"/> Mobile home <input type="checkbox"/> Single-family home <input type="checkbox"/> Home with basement apartment or in-law suite <input type="checkbox"/> Multi-family duplex or apartment building that has # _____ units | | | |
| Physical address | City | State | Zip code |
| Has this dwelling ever been weatherized through this program? <input type="checkbox"/> Yes <input type="checkbox"/> 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.**

**SEVCA Weatherization Office
91 Buck Drive
Westminster, VT 05158**

**Local: (802) 722-4575 (x137)
Toll Free: 1-800-464-9951 (x137)
Fax: (802) 722-4509**

<http://www.sevca.org>

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

Vermont's Weatherization Program Employment Income Verification Form

EMPLOYEE SECTION - to be completed by a weatherization program applicant -
Please only complete the top section of this form. Then, sign and return the form to our office. SEVCA will communicate directly with your employer to complete the bottom section of this form.

| | | |
|--|----------------|------------------------|
| Employee's name | | Social Security number |
| Employee's signature authorizing release of this information | | Date |
| Employer name | Employer phone | Employer fax |
| Employer mailing address (including person/position it should go to) | | |

Weatherization Applicant – Do Not Write Below This Line – Thank You

EMPLOYER SECTION

The employee/former employee listed above has applied for weatherization services. We need to confirm their earned income to determine their program eligibility. Please complete, sign and return this form to our office. Provide the employee's gross earned income during the past 12-month period as defined below.

If you are unable to provide the information requested, we ask that you provide us with contact information for someone who can.

| | | |
|---|-------------|---------------|
| Most recent 12 – month period starting on _____ and ending on _____ | | |
| Total gross wages during this period \$ _____ | | |
| Person verifying income _____ | Title _____ | Phone # _____ |
| Signature _____ | | Date _____ |

All information provided will remain confidential

Please submit to:

SEVCA Weatherization Office
91 Buck Drive, Westminster, VT 05158
Local phone: (802) 722-4575 (x137)
Toll free: 1-800-464-9951 (x137) Fax: (802) 722-4509

Form 407: Employment Income Verification Form (10/18)



**VERMONT'S
WEATHERIZATION
PROGRAM**

Vermont's Weatherization Program Permission To Enter The Premises

| | |
|--------------|-------------------------|
| Owner's name | Owner's mailing address |
|--------------|-------------------------|

Dear owner of _____
Address of dwelling to be weatherized

_____ has applied for weatherization services for the dwelling listed above.

Since your name appears on the document the applicant used to prove ownership:

1. You are considered to have an ownership interest in this property
2. We require your signed permission to enter the premises before we can provide services

OWNER'S PERMISSION TO ENTER THE PREMISES LISTED ABOVE

- I **authorize** representatives of the local weatherization office to enter the dwelling listed above for the purpose of providing weatherization services.
- I **do not authorize** representatives of the local weatherization office to enter the dwelling listed above for the purpose of providing weatherization services.

Co-owner's Signature

Date

Please submit to:

SEVCA Weatherization Office
91 Buck Drive, Westminster, VT 05158
Local phone: (802) 722-4575 (x137)
Toll free: 1-800-464-9951 (x137)
Fax: (802) 722-4509



**VERMONT'S
WEATHERIZATION
PROGRAM**