



Dear Weatherization Applicant,

You have expressed an interest in our free Weatherization Assistance Program. This letter is being sent to give you a general understanding of the weatherization process.

Initially our office screens applicants for eligibility. Proof of ownership and signed consent forms are then required for the process to continue. Once the eligibility has been established and the consent forms signed and received in the Administration Office, the home is "ready to be assessed". A weatherization assessor/inspector will call you to schedule an assessment appointment. Scheduling of these appointments is dependant upon funding availability and priority.

The assessment, which general takes about two hours, **may** include a blower door test, an air pressure diagnostic test, a combustion safety test, as well as a thorough visual inspection and measurement of the home. The assessor checks for areas in the home that may be contributing to excessive heat loss including existing insulation levels. This is a good time for you to discuss possible weatherization measures with the assessor and to ask him/her questions regarding the home. *Please be aware that some homes have problems that may be beyond the scope of the weatherization program. Occasionally, these homes may need items corrected by you before any weatherization work can begin.*

After the assessment, an air sealing crew from the Council will schedule a time with you to begin blower door guided air sealing work. This work is intended to "tighten up" the drafty areas of the home making it feel more comfortable. Next, the assessor will write up a bid outlining the work to be done. He/she will solicit bids from licensed, bonded contractors who are on our contractor's list. Most of their work will include insulation installation related measures. After the project "goes out to bid", some contractors may call to schedule an appointment to look over the home to accurately bid the work. Some may simply bid based on the sketch and information provided to them by the assessor.

After the bids are returned, a contractor will be selected to install selected measures. They will call you to schedule a time to do the weatherization work. Their work on-site usually takes two to three days to complete. Upon completion, the contractor will notify us that the home is ready for inspection. The assessor/inspector will return to the home, inspect the work of the contractor, perform post weatherization tests as needed (i.e. blower door, combustion safety, etc.) and pass the work if all measures are acceptable. The contractor's work is guaranteed for one year from the final inspection date.

The amount and type of weatherization work is unique to each home and depends on the condition of the home at the time of assessment. Please be advised that it may be a MINIMUM of three to four months from the time of initial assessment until the contracted measures are complete.

If you have any questions about this process, or the enclosed forms, please contact the Weatherization Assistance Program at the Administrative office located in Thurston County at (360) 438-1100 or 1-800-952-2125.

**Community Action Council - Administrative Office
420 Golf Club Rd SE, Suite 100 - Lacey, WA 98503**

REQUIRED INFORMATION FOR APPLICATION

Weatherization Program

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
420 Golf Club Rd SE, Suite 100
Lacey, WA 98503
(360) 438-1100 ext. 2100

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

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 NO household member over 18 has any income, you should contact CAC for a "No-Income Self Declaration" statement, which must be filled out and signed.

COPY OF PHOTO ID

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 members 18 and older)

A copy of the actual card is preferred, but payroll statements, copies of tax forms, school ID's, 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 & UTILITY PROVIDER

A RECENT copy of your **electric bill is required.** If electricity is not your primary heating utility then a copy of a recent heat utility is required as well. If you utilize wood a **signed statement from someone outside the home verifying wood use is required.** If you have lived in your current home for **one year or more, please provide us with a 12 Month ENERGY USE HISTORY.** You can request this from the utility over the phone, or at their office.

COMPLETE, SIGN AND DATE the HOUSEHOLD INFORMATION FORM and the HOUSEHOLD MEMBER & INCOME INFORMATION FORM.

Please complete the Client Social Service Tracking - Intake Form, to assist the agency with demographic and client tracking. Thank you.

The enclosed WEATHERIZATION CONSENT FORMS should be reviewed, completed, signed and dated by the HOMEOWNER(S) and/or LANDLORD(S), as appropriate.

Community Action Council of Lewis, Mason & Thurston Counties

Client Social Service Tracking ~ 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.

Client Information: (Applicant) Staff: _____ Date: _____ *Complete both sides*

Social Security # _____ - _____ - _____	Name: _____ (first name) (mi) (last name)	DOB: _____ / _____ / _____	Age: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Race: (Check all that apply) 1 <input type="checkbox"/> American Indian / Alaskan Native 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black / African American 4 <input type="checkbox"/> Native Hawaiian or Pacific Islander 5 <input type="checkbox"/> White 6 <input type="checkbox"/> Hispanic 7 <input type="checkbox"/> Multi-Race (any two or more of above) 8 <input type="checkbox"/> Other				
Ethnicity: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address: _____ _____ _____ (City) (State) (Zip)	Housing Status: <input type="checkbox"/> Own/buy <input type="checkbox"/> Subsidized <input type="checkbox"/> Rental <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____	Client Characteristics (Check what applies to you) <input type="checkbox"/> Check if you are disabled <input type="checkbox"/> Check if you are a Veteran <input type="checkbox"/> Check if you are a farmer <input type="checkbox"/> Check if you are a migrant farm worker <input type="checkbox"/> Check if you are a seasonal farm worker		
Total household size: _____ Number of children: _____	Marital Status: <input type="checkbox"/> Single, never married <input type="checkbox"/> Unmarried, living together <input type="checkbox"/> Married, living separately <input type="checkbox"/> Married, living together <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____	Insurance Type: <input type="checkbox"/> No health insurance <input type="checkbox"/> Medical Coupons/Medicaid <input type="checkbox"/> Washington Basic Health <input type="checkbox"/> Medicare <input type="checkbox"/> Employer Provided <input type="checkbox"/> Other: _____		
Phone: () _____ - _____ Type: (Circle one) Home Mobile Message	Family Position: <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults NO children <input type="checkbox"/> Other _____	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____		
Education Level of Adult only: 1 <input type="checkbox"/> 0-8 2 <input type="checkbox"/> 9-12 / Non-Graduates 3 <input type="checkbox"/> High School Grad / GED 4 <input type="checkbox"/> 12+ some post secondary 5 <input type="checkbox"/> 2 or 4 yr college graduate				

Please sign here (signature): _____

What service / services are you requesting today? _____

**Please list ALL other Household Members Information
(please include all children and do not include yourself)**

Social Security # _____ - _____ - _____ Employed? Yes / No	Name: _____ (first name) (mi) (last name) Race #: _____ (Enter 1 thru 8, see Race above) Ethnicity: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Age: _____	DOB / /	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Adult Education Level #:
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security # _____ - _____ - _____ Employed? Yes / No	Name: _____ (first name) (mi) (last name) Race #: _____ (Enter 1 thru 8, see Race above) Ethnicity: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Age: _____	DOB / /	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____ Adult Education Level #:
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	

Social Security # _____ - _____ - _____ Employed? Yes / No	Name: _____ (first name) (mi) (last name)	Age:	DOB / /	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____
	Race #: _____ (Enter 1 thru 8, see Race above) Ethnicity: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Education Level #:
Social Security # _____ - _____ - _____ Employed? Yes / No	Name: _____ (first name) (mi) (last name)	Age:	DOB / /	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____
	Race #: _____ (Enter 1 thru 8, see Race above) Ethnicity: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Education Level #:
Social Security # _____ - _____ - _____ Employed? Yes / No	Name: _____ (first name) (mi) (last name)	Age:	DOB / /	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____
	Race #: _____ (Enter 1 thru 8, see Race above) Ethnicity: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Education Level #:
Social Security # _____ - _____ - _____ Employed? Yes / No	Name: _____ (first name) (mi) (last name)	Age:	DOB / /	Family Position: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____
	Race #: _____ (Enter 1 thru 8, see Race above) Ethnicity: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Education Level #:

Number of Household Members with Income: _____ **Number of Household Members 18 years or older:** _____

Family Income Information (Please check all sources of income received by ANY member of your household listed above)			
<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> Unemployment	<input type="checkbox"/> TANF	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Social Security	<input type="checkbox"/> L & I	<input type="checkbox"/> GAU/GAX	<input type="checkbox"/> SSPS/Copes
<input type="checkbox"/> SSI	<input type="checkbox"/> Disability	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> SSDI	<input type="checkbox"/> Pension	<input type="checkbox"/> Child Support	<input type="checkbox"/> Paid Child Support
<input type="checkbox"/> VA	<input type="checkbox"/> Other _____		

For Staff Use Only:			
LIHEAP	PSE	WX Yes / No Owner / Renter	Fuel Funds

Date of Birth: _____		Primary SSN: _____	<input type="checkbox"/> EAP OR <input type="checkbox"/> Crisis Imminent OR <input type="checkbox"/> No Heat <input type="checkbox"/> OES <input type="checkbox"/> Conservation Education		File # _____ Cert. Date _____
Date of Birth: _____		Secondary SSN: _____	<input type="checkbox"/> WAP <input type="checkbox"/> Tribal Member <input type="checkbox"/> Received Food Stamps <input type="checkbox"/> Heat with rent <input type="checkbox"/> Received EAP last program year		Household Members (voluntary) # of people in household who are: _____ 0-2 yrs _____ 60+ yrs _____ 3-5 yrs _____ Disable _____ 6-17 yrs _____ MSFW
Agency: _____	County: _____	Secondary Applicant: _____ (Last Name) (First Name)			

Section A: MAILING ADDRESS ↓ RESIDENCE ADDRESS ↓ (if different)

Primary Applicant: _____ (Last Name) _____ (First Name) _____ (Middle Initial)

Mailing Address: _____ Apt# _____ Residence Addr: _____

City, State, Zip: _____ Residence City, Zip: _____

Phone: (____) _____ - _____ Msg. Phone: (____) _____ - _____ Lived at Residence: _____ yrs _____ mos.

Housing Status: 1 <input type="checkbox"/> Own/buy 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Rental 4 <input type="checkbox"/> Rm/Brdr 5 <input type="checkbox"/> Temp Hsg. \$/mo. \$ _____	Housing Type: 1 <input type="checkbox"/> 1-3 Fam 2 <input type="checkbox"/> 4+ Fam 3 <input type="checkbox"/> Hi-Rise 4 <input type="checkbox"/> Mobile 5 <input type="checkbox"/> RV	Primary Heat Source: 1 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Oil 2 <input type="checkbox"/> Nat Gas 5 <input type="checkbox"/> Wood 3 <input type="checkbox"/> Propane 6 <input type="checkbox"/> Coal # of Bedrooms: _____	Income/Benefits: 1 <input type="checkbox"/> SSI 6 <input type="checkbox"/> Earned Income 2 <input type="checkbox"/> TANF 7 <input type="checkbox"/> Pension 3 <input type="checkbox"/> GAU 8 <input type="checkbox"/> Military 4 <input type="checkbox"/> VA 9 <input type="checkbox"/> Child Support 5 <input type="checkbox"/> Soc. Sec. 10 <input type="checkbox"/> Unempl. Comp. 11 <input type="checkbox"/> Other	Total # People in Household: _____ Household's Monthly Income: \$ _____ .0
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Voluntary Data: Annual Heat Cost \$ _____
 Back Up Heat Cost Used Surrogate Data

Total Energy Use \$ _____

Female Primary Wage Earner? Yes No

Male (Enter #) _____ Female (Enter #) _____

Ethnicity (Enter #)
 Hispanic or Latino
 Not Hispanic or Latino

Race (Enter #)
 American Indian or Alaskan Native
 Black or African American
 Native Hawaiian or Pacific Islander
 Asian
 White
 Multi-Racial

Target Group #1 _____
 Target Group #2 _____

Section B: EAP Staff: _____ P.O.# _____

HOUSEHOLD ELIGIBILITY AMOUNT: \$ _____

Payment to Vendor(s) ↓ Direct Pay to Applicant →

#1: _____ Acct. # _____ \$ _____

#2: _____ Acct. # _____ \$ _____

TOTAL PAID TO DATE: \$ _____

Section C: OES Staff: _____ P.O.# _____

Heat system repairs/replacement: Vendor # _____ \$ _____

Vendor # _____ \$ _____

Other repairs/services: Vendor # _____ \$ _____

Vendor # _____ \$ _____

TOTAL SERVICES PROVIDED: \$ _____

I certify that I have provided and reviewed the above information, which 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 also give my permission for this agency and Washington State Community, Trade and Economic Development (CTED) 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 further 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 CTED 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 and may also be used for income verification (including Employment Security Unemployment Insurance and DSHS Food Stamp benefits). I hereby authorize energy program staff to use my social security number for those purposes only.

Applicant Signature: _____ Date: _____

