

WEATHERIZATION APPLICATION INSTRUCTIONS

Thank you for your interest in the Virginia Weatherization Assistance Program. This program is designed to help lower fuel bills while conserving energy. **It is not an emergency heating or cooling equipment repair or replacement program.** You may contact your local Department of Social Services regarding the Crisis Heating Equipment Repair and Replacement Program and the Cooling Equipment Repair and Replacement Program.

Please use the following checklist to make sure the application is filled out completely.

_____ Include your full name and address including your phone number or a contact number.

_____ If you own your home, please check “own” and the style of home you live in. If you rent your home (not the lot), please check “rent” and provide your landlord’s address and phone number.

_____ Please provide the number of people who live in the home. Please also indicate the number of people who are physically disabled, elderly, mentally impaired, under age 18 or under age 6 at the appropriate places. Eligible households containing an elderly, disabled or child under the age of 18 are assisted before households that do not contain one of these vulnerable population.

_____ Please provide your Social Security Number at the top of the page.

_____ When listing income for the household, you must include all income for the household for the last 12 months, including yourself and any other household member receiving wages, general assistance, TANF, pensions, (Veterans and others), or Social Security benefits which includes SSA, SSI, and disability. You must also provide documentation of your income. **We cannot process your application without proof of your income.** Documentation of income may consist of: a letter from your employer(s), a letter from Social Security, copies of your pay-stubs or a copy of your Social Security check. If you have direct deposit you may have the bank write a letter stating what is deposited or mail a copy of your bank statement. If you receive benefits from Social Services, please provide your caseworker’s name.

_____ Please provide proof of ownership documentation. The individual signing as “owner” must be the same person as indicated in the proof of ownership documentation or a written explanation must be provided. Documentation of ownership may include a copy of the DMV title in the case of a mobile home or a copy of a recent tax bill in the case of a non-mobile home. **We cannot process your application without proof of ownership.**

_____ Please sign the bottom of the first page, and please read and sign the Owner/Tenant agreement on the second page. If you are a renter, the property owner must also sign the Owner/Tenant agreement before any assistance can be provided. Renter-occupied eligible households, where the landlord agrees to help with the cost of the work, will be assisted before those where the landlord does not assist with the cost of the work.

_____ Please provide detailed directions to your home. Please start your directions from major routes and include the names and route numbers of streets. Please describe your house and any other landmarks.

Applications for our program will be added to the waiting list once the application is completed and approved. **PLEASE KEEP IN MIND WE HAVE A YEAR-ROUND WAITING LIST, TYPICALLY SIX (6) MONTHS OR GREATER.** If your application is incomplete you will be notified in writing and given a deadline to complete the application. Please use the checklist. All of the information is needed for a complete application.

Community Housing Partners Virginia Weatherization Program Application For Services

Name: _____ Age: _____ Gender: Male ___ Female ___
 SSN: _____ - _____ - _____ Phone (____) _____ - _____ # in household: _____
 Of your household members, how many are?: under 6 ___ Age 6-17 ___ Elderly (60+) ___ Mentally Impaired ___ Physically Disabled ___
 Household Type: Single Adult ___ Female Single Parent ___ Male Single Parent ___ Married without Children ___
 Married with Children ___ Two or More Unrelated Adults ___ Other ___

Physical Address: _____ Town/City _____ County _____ Zip: _____
 Mailing Address: _____ Town/City _____ Zip _____
 Have you received prior Weatherization assistance at this address? YES ___ NO ___ If YES, when? _____
 Was your home constructed totally or partially off-site? YES ___ NO ___
 If YES, is your home: Mobile/Manufactured ___ Modular ___ Panelized ___ Other off-site ___ Unknown ___
 If NO, is your home: Single Family: detached ___ attached ___ Multi Family: 2-4 units ___ 5+ units ___
 Fuel Type: _____ Do you Rent ___ or ___ Own your home?
 If you rent your home, please fill out information below about your landlord:
 Landlord's Name: _____ Phone (____) _____ - _____
 Landlord's Address: _____ Town/City/County _____ Zip: _____
 If you have a mobile or manufactured home, do you lease the land? YES ___ NO ___

List **ALL INCOME** received by **ALL** Household members living at this address:

Name of Household Member	Source of Income	Amount received in the last 12 months	What documentation have you provided?
TOTAL FAMILY INCOME:			

The following information is requested for Community Housing Partners reporting purposes and will not be used to determine eligibility. You are not required to provide this information, but are encouraged to do so.
 I do not wish to provide this information. _____
 Race (If more than one race, please check each one that applies):
 American Indian ___ Asian ___ Black ___ Native Hawaiian or Pacific Islander ___ White ___
 Ethnicity: Are you Hispanic or Latino? YES ___ NO ___
 Veteran: Are you a veteran of the United States Military? YES ___ NO ___

Interviewer Certification
 Interviewer's signature below certifies observation of documentation as noted above and certification that the information provided herein is true, accurate, and complete to the best of the interviewer's knowledge.
 Signature: _____ Agency: _____ Date _____

Applicant Certification
 Applicant's signature below authorizes release of any information in support of the above and to other organizations from which she/he has or may request assistance. The applicant certifies that the information is true, accurate, and complete to the best of the applicant's knowledge and understands that false information may result in breaking the law and could result in prosecution.
 Signature: _____ Agency: _____ Date _____

FOR CHP OFFICE USE ONLY

Based on the information and documentation received, the applicant is ELIGIBLE _____ is **NOT** ELIGIBLE _____.
 Signature _____ Date _____

VIRGINIA WEATHERIZATION ASSISTANCE PROGRAM OWNER AGREEMENT

Agreement by Owner and/or Tenant

The undersigned hereby certifies that he/she is the owner of the property located at _____ (street address, P.O. Box, locality), and does hereby authorize the VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (DHCD) and **Community Housing Partners** (Local Administrator) to make repairs and improvements as necessary to the said property for the purpose of weatherization.

Owner and/or tenant hereby release and agree to indemnify and hold harmless DHCD and Local Administrator, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

Owner and/or tenant authorize DHCD and Local Administrator, if either so desires, to receive statements from the fuel supplier of the property as to the quantity of the fuel that has been used at the property in each of the past three (3) years and for the three (3) years subsequent to the performance of the weatherization work. The information would be used to determine the cost effectiveness of the weatherization program.

Owner and/or tenant agree to provide DHCD and Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner and/or tenant certify that he/she intends to occupy the property for at least one (1) year after the date the weatherization work is completed.

Owner and/or tenant agree that the quality of the installation of the materials can not be guaranteed beyond a period of one (1) year.

Owner/Landlord Signature _____ Date _____

Tenant Signature _____ Date _____

Additional Agreements by the Owner of single - family rental dwellings (Must sign either 1 or 2 below)

1. The landlord hereby AGREES to pay 15% of all non-heating system material and labor costs incurred not to exceed \$450.00 and up to 50% of the heating system related materials and labor costs incurred not to exceed \$1,000.00. This payment is due upon completion of the job.

Owner/Landlord shall not raise the rent for the period of ONE YEAR or terminate the lease without reason demonstrably related to matters other than the weatherization assistance provide on behalf of the tenant.

Owner/Landlord Signature _____ Date _____

Tenant Signature _____ Date _____

2. The landlord agrees to have weatherization work done, but DOES NOT AGREE to pay any costs towards it, understanding that the application will be placed at the bottom of our waiting list, unless this requirement has been waived by CHP.

Owner/Landlord shall not raise the rent for the period of ONE YEAR or terminate the lease without reason demonstrably related to matters other than the weatherization assistance provided on behalf of the tenant.

Owner/Landlord Signature _____ Date _____

Tenant Signature _____ Date _____



**VIRGINIA DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT**
Partners for Better Communities

Weatherization Assistance Program for Low-Income Persons
Income Eligibility Limits:

Size of Family Unit	2009 State Median Income	*75% SMI	60% SMI	200% Poverty	150% Poverty	130% Poverty	2009 Poverty Income Guidelines
1	\$40,775	\$30,581	\$24,465.0	\$21,660	\$16,245	\$14,079	\$10,830
2	\$53,321	\$39,991	\$31,992.6	\$29,140	\$21,855	\$18,941	\$14,570
3	\$65,867	\$49,400	\$39,520.2	\$36,620	\$27,465	\$23,803	\$18,310
4	\$78,413	\$58,810	\$47,047.8	\$44,100	\$33,075	\$28,665	\$22,050
5	\$90,959	\$68,219	\$54,575.4	\$51,580	\$38,685	\$33,527	\$25,790
6	\$103,505	\$77,629	\$62,103.0	\$59,060	\$44,295	\$38,389	\$29,530
7	\$105,858	\$79,629	\$63,515	\$66,540	\$49,905	\$43,251	\$33,270
8	\$108,210	\$81,158	\$64,926	\$74,020	\$55,515	\$48,113	\$37,010
Increase % for each additional person	132% + 3%	132% + 3%	132% + 3%	For each additional person add \$7,480	For each additional person add \$5,610	For each additional person add \$4,862	For each additional person add \$3,740

**Authorization for use of State Median Income is in effect pending notification from the U.S. Department of Energy*

Definition of Income:

INCOME INCLUDES: money, wages and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses).

INCOME ALSO INCLUDES regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

INCOME EXCLUDES capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury.

INCOME ALSO EXCLUDES non-cash benefits, such as the employer-paid or union paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches, housing assistance and combat zone pay to the military. Note: **CHILD SUPPORT PAYMENTS AND COLLEGE SCHOLARSHIPS ARE EXCLUDED.**