



WEATHERIZATION ASSISTANCE PROGRAM



Mail or Fax completed applications to:

P.O. Box 5256 Topeka, KS 66605

Phone: (785) 232-3499 Fax: (785)290-3200

Bring in person to:

1000 SE Hancock St. Topeka, KS 66607

(near SE 10th St. and Branner Tfwy)

Home Weatherization Program Explanation

The Weatherization Program provides cost-effective energy-efficient home improvements to Kansas low income households. The program's purpose is to lower utility bills and improve comfort while ensuring health and safety. Today, weatherization is the nation's largest residential energy-efficiency program.

Step One: Once the application and all required documents are received and processed, the agency will determine if the client is eligible for the program.

Step Two: A WZN inspector from our office will conduct an evaluation of the house to determine what steps can be done according to program rules. Improvements may include: reducing air leaks, caulking & weather-stripping, insulation, outside walls and/or foundation, and a heating system clean & tune. Certain homes may be deferred by the auditor due to needed home repairs, or other circumstances that may prohibit the home from being weatherized.

Step Three: An agency approved contractor will install the measures for the home.

Step Four: After the weatherization of the home is complete, a quality control inspector will examine the home to ensure the quality of the work and completeness. The Division of Energy monitors the work of the agencies to ensure state and federal guidelines are followed. Please submit the following

Please submit the following documents with your application form:

W-2's ARE ONLY ACCEPTED IN JANUARY ONLY

Income documentation is required for all wage earners who reside in the home including minor children that receive SS income.

- **Provide Proof of Home Ownership** –A title for a mobile home or a Recorded deed. According to the state of Kansas rules contract for deed is treated as a rental home.
- **Proof of Income** – Provide income documentation for all members of the household 18 years of age and older for the 3 months prior to the application date to allow for accurate annual income calculations. Proof of Income can consist of one or more of the following:
 - **Wage earners** provide a full 3 Months prior of the application date of paycheck stubs, if paid weekly we will need 13 paystubs or if paid bi-weekly 7 paystubs all consecutive or a currently dated. Social Security Income Award letters, and/or a current Pension/Retirement statement. You may also submit, and we may request 12 months of paystubs.
 - **Self-employed Only** provide current profit and loss statement and notarized **Self-Declaration** form which is included in application packet.
 - **No income form** is included in the application for applicants that have not received income in the last 12 months

2018 Income Guidelines

Household Size	Gross Annual Income
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840

Household Size	Gross Annual Income
6	\$67,480
7	\$76,120
8	\$84,760
9	\$93,400
10	\$102,040

*Renters are eligible to apply and receive assistance with a participation agreement signed from their landlord.

** Applicants cannot receive assistance from this program, if the address has had weatherization service on or after Sept 30, 1994

Community Action, Inc. Consumer Information

Please use black or blue ink.

Applicant Name (First, MI, Last) _____ Telephone # _____

Home Address _____ City _____ State _____ Zip _____ County _____

e-mail: _____

Mailing Address (if Different) _____

Family Type (Please check only 1 choice)
 2 Adults with Children Single Male with Children 2 Adults without Children Single Person/Live Alone Other

Housing Type (Please check only 1 choice)
 Own Rent Homeless (Staying at a Shelter) Homeless (Sharing housing with friends or family) Homeless (Living in an automobile or outside) Other Explain: _____

Types of Income Received (Please check all that apply)
 Wages/Self-Employment TAF SSI SSDI Social Security Retirement Survivor Benefits Pension/Retirement Unemployment Child Support/Alimony No Income

Total Income Received
 \$ _____
 Annual Monthly Weekly

If income type or frequency is different than options listed please explain here: _____

Family Member Information

Name (First, MI, Last) <i>(Please Re-list Applicant's Name Here)</i>	Relation to Applicant	Social Security or ITIN Number	Date of Birth	Hispanic/Latino (Y/N)	Race	Education Level		Health Insurance (Y/N)	Gender (M/F)	Disabled (Y/N)
						Highest Grade Completed	Degree Obtained OR Grade for August of this year			
Applicant										

I have provided this information voluntarily and understand that it will be used: 1) to aid in determining eligibility for all Community Action programs; 2) to report non-identifiable demographic information required by funders; and 3) to comply with central data system reporting. It may be made known to other persons in pursuit of these ends. It will be kept confidential pursuant to the Privacy Act of 1974, As Amended, subject to the limits set out above. I certify that the information provided here and on other Community Action application documents is **correct and complete** and understand that any false statements could result in the denial of services.

Signature _____ Date _____
 I AM NOT related to any employee of Community Action.
 I AM related to an employee of Community Action. Name of Relative: _____

For Agency Use Only

Program _____

Intake Site
 Hancock Wheatley Avondale East Other

Income Verification
 Paystub Tax Return Benefit Letter Self Declaration Notarized Statement Not Applicable to Program

Program Eligibility Verification
 FPL w/in Reqs Yes ___ No ___ Not Applicable to Program FPL at or below ___ %
 Other Eligibility Requirements (please list how consumer was/was not eligibility for program)

CAI Intake Worker Signature _____ **Date** _____

Entry By _____ **Date** _____

Comments

Kansas Residency Status Verification
 State ID/Driver's License Utility Bill Other
 Not Applicable to Program

DWELLING INFORMATION

Complete all the information below regarding the house to be weatherized under this program. This must be the dwelling with the street address provided on the previous page and you must currently be living there.

Dwelling Type (check one)	My house is:	I am a:	Construction Year:
<input type="checkbox"/> Single Family House	<input type="checkbox"/> 1 Story	<input type="checkbox"/> Homeowner	_____
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> 2 Story	<input type="checkbox"/> Renter*	(approximate)
<input type="checkbox"/> Duplex/Triplex/etc.	<input type="checkbox"/> 3 Stories	<input type="checkbox"/> Rent-to Own*	
<input type="checkbox"/> Apartment	<input type="checkbox"/> Split-Level	*You must complete the Enclosed Rental Agreement	

CHECK THE FOLLOWING BELOW IF APPLICABLE

My house is scheduled for acquisition or clearance under a governmental agency?

My house has been weatherized before (If so, when? _____)

I am receiving help with my house from another agency. (Details: _____)

PLEASE CIRCLE EITHER YES OR NO BELOW

- | | |
|--|--|
| YES / NO- I have a working heat source | YES / NO- My home is air conditioned |
| YES / NO- I have a forced air furnace | YES / NO- I have central air conditioning |
| YES / NO- I have a wall furnace | YES / NO- I have window air conditioner |
| YES / NO- I have a floor furnace | YES / NO- I have a mold in my house |
| YES / NO- I have a space heater | YES / NO- I am aware of lead paint existing in my house |
| YES / NO- I have a wood burning stove | YES / NO- I have a roof leak |
| YES / NO- I have a wood burning fireplace | YES / NO- I have a plumbing leak |

ALIEN CERTIFICATION

(All applicants MUST initial appropriate selection)

"I certify that no member of this household is an alien whose status has been adjusted to Qualified Alien as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996

Client Signature

Date

"I certify that the following member(s) of this household are Qualified Alien(s) whose status has been adjusted as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996

List name, if applicable

List name, if applicable

Client Signature

Date

VENTILATION

There is a possibility that your home may require additional ventilation in the form of a bath vent fan. There is a formula that will be applied and if called for, it is mandated by our funders that one be installed. Please be aware that although the flow will be customized to the individual home, the fan will run all the time. Federal regulations do not allow us to turn them off. Neither Community Action nor its contractors will be able to remove or alter the fan after it has been installed. If you decline that installation of a fan, no other work will be done to the home.

Check one of the following:

- I agree to comply with the following weatherization measures
- I Do Not agree with the weatherization's measures and understand that no other work will be done to my home

Client Signature

Date



Weatherization
Works

FUEL INFORMATION RELEASE FORM

(FOR AGENCY USE ONLY)

Applicant's Name: _____	WX Job #: _____
Address: _____	WX Completion: _____
City, State, Zip: _____	County: _____
Telephone Number: _____	

(TO BE COMPLETED BY APPLICANT)

Applicant must fill out the rest of this page for application to be processed:

HEATING FUEL SUPPLIER:

Name: _____

Address: _____

Bill to: _____

Account #: _____

ELECTRIC SUPPLIER:

Name: _____

Address: _____

Bill to: _____

Account #: _____

Do you use the same supplier for both heating and electric? Yes No

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies: **Kansas Building Science Institute, Kansas Weatherization Assistance Program, and Community Action, Inc.**

I understand that this information will be used only to provide data for the above named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Client Signature

Date

Housing Occupant Agreement

Weatherization Services

This AGREEMENT is between Community Action and _____ of _____, Kansas, hereinafter referred to as "Applicant".
Name of applicant
City

WHEREAS, Community Action is providing services under the weatherization contract on the Applicants domicile or property at _____, therefore, it is agreed that in consideration for
Address of home to be weatherized

Community Action's provision of service that the Applicant:

1. Will allow and assist with access to the Applicant's property or domicile as may be necessary in order to provide the service or services. Such access will be provided continually, as needed, during the workday without interruption while the contractor is on site.
2. Will provide utility service, including water and electricity, as needed to support the contractor's work.

FURTHER, the Applicant, assignees or successors shall forever save and hold Community Action its agents, servants, and employees harmless from all claims, dividends, cost, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed, in or about the premises arising out of the service provided and shall defend Community Action in any action or proceeding brought about.

FURTHER, the Applicant declares that Community Action is entitled to all salvageable materials that are replaced with new weatherization materials.

FURTHER, it is understood by the Applicant that any and all dogs, whether considered vicious or not must be restrained by the Applicant while any inspector, contractor, or crew is on the property. Failure to abide by this clause may result in the termination of weatherization services.

***** THE OWNER AND OR OCCUPANT, ACKNOWLEDGE THAT IF THE HOME IS FOUND TO HAVE AN UNVENTED GAS HEATER, ALL WEATHERIZATION MEASURES WILL CEASE UNTIL THE HEATER IS DISCONNECTED AND REMOVED. *****

Signature of Applicant _____ Date _____

Property Owner/Rental Property Agreement

If you are a renter, rent to own, or are buying on contract, give this form to your landlord to complete.

If you live in your own home, omit the Rental Properties Section

I, _____ do hereby declare that I am the legal owner of the dwelling located at _____ in _____, Kansas, and that this dwelling is occupied by _____ (tenant name or self). I understand that my ownership of this property will be verified through a review of public records within the county Register of Deeds office.

I grant the Kansas Weatherization Assistance Program (KWAP) permission to weatherize the dwelling at the aforementioned address and to do whatever reasonable repairs are deemed necessary within guidelines set forth by the U.S. Department of Energy. I further declare that I shall forever save and hold the KWAP, its agents, servants and employees harmless from all claims, dividends, costs, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed in, on or about the premises arising out of the service provided and shall defend the KWAP in any action or proceeding brought about.

I understand that the KWAP is entitled to all salvageable materials that are replaced with new weatherization materials.

Rental Properties:

In return for weatherization of the aforementioned residence, I, as owner, agree to and understand the following:

1. I understand that the KWAP will assess the heating system. If found unsafe or inefficient, KWAP will try to replace the unit at no cost. I understand I will be contacted if a contribution is necessary before works proceeds.
2. I will not raise the rent on this property because of any improvements made by the KWAP for a period of one (1) year following completion of the weatherization work. I have the right to increase the rent an appropriate sum if I do additional repairs at my own expense unrelated to Weatherization work. Furthermore, I do not intend to sell the property for a period of one (1) year. Should I sell the property within 1 year, I will ensure the new owner agrees to the restrictions/requirements of this agreement. I also will not evict the tenant because of any improvements made by the KWAP. I retain the right to evict the tenant on matters demonstrably not Weatherization related. Landlords and tenants are encouraged to try to resolve disputes themselves. Landlord/tenant education and mediation services are available to assist in settling landlord-tenant disagreements arising from weatherization activities, if necessary, by contacting Kansas Housing Resources Corporation's Compliance-Tenant Relations Specialist at 1-800-752-4422.
3. I will allow the weatherization work to continue if the client moves from the dwelling before the work scope has been completed. Access to the unit will be made available as needed to all weatherization staff, inspectors, contractors and crews to allow for completion of the work. Work planned or not yet started may be terminated if the tenant moves or the house is sold.
4. The KWAP may notify the appropriate utility company in addition to the tenant and myself if it discovers any physical condition which is believed to pose a threat to the safety of the tenant.
5. The benefits of the KWAP are to accrue primarily to the low income tenants residing in the unit. No undue or excessive enhancements will occur to increase the value of the unit.
6. I hereby GRANT A WAIVER OF LIABILITY to the KWAP and its agents, from any and all claims against the Weatherization Program arising from its presence on said property.

All Properties: Check and initial **one** of the following:

- I give permission for holes, approximately 2" wide, to be drilled in any or all walls, floors or ceilings for the installation of insulation materials, and understand that it will be my responsibility to apply the desired finish to the plugs used to seal the holes.
- I **do not** give permission for holes, approximately 2" wide, to be drilled in any walls, floors or ceilings for the installation of insulation materials, and understand that, as a result, insulation **will not** be provided.

Owner Signature Date

Address

City State Zip

Telephone/Cell Number

Tenant Signature Date

Address

City State Zip

Telephone/Cell Number



Employer Release of Information

Community Action, Inc.
Weatherization Assistance Program
1000 SE Hancock St, Topeka, KS 66607



Please Print Employer information

Name and Complete Mailing Address of Employer(s): LIST ALL EMPLOYERS FOR THE PAST 12 MONTHS

This information is required if anyone worked in the past 12 months.

■■■■■Please use the back of this page for additional employer information■■■■■

Authorization for Release of Information

I/We hereby authorize anyone possessing financial information to furnish such information to Community Action, Inc., Weatherization Program to determine eligibility for assistance. I hereby release anyone so authorized, and Community Action, Inc., from liability for any damages whatsoever in furnishing and obtaining said information.

Signature of Head of Household

Date

Signature of other adult

Date

Signature of other adult

Date

Applicant Certification

(All adult applicants must sign)

If my/our application is approved, I/We authorize weatherization to be done by this project and will provide access to my/our property, as required by Weatherization personnel. I/We also certify that all information given by me/us in this application is true and correct to the best of my/our knowledge. By signing this application, I/we understand that I/we may be civilly and/or criminally liable under federal and state laws for any knowingly false or fraudulent statements.

Signature of Head of Household

Date

Signature of other adult

Date

Signature of other adult

Date

Income Worksheet



Weatherization Assistance Community Action, Inc.

Applicant's Name

Household income is determined by all income received for the past year. Please provide proof from all sources. If earning wages, copies of the last three month's paystubs will suffice for that source.

Work Income	Month 1: _____	Month 2: _____	Month 3: _____	Annual	Source / Comment
Paycheck #1					
Paycheck #2					
Tips / Paycheck #3					

Other Income

Source	\$ Amount	Household member(s) receiving
Unemployment		
Worker's Compensation		
Pensions / Trust Funds		
Social Security		
SSI		
SSDI		
SRS Cash Assistance		
Gambling/Lottery Revenue		
Agricultural Production Subsidies		
Boarders		
Support from Family or Friends		
Alimony		
Other (please describe):		

For agency use only

12 month period being considered for this computation:

_____, 20____ through _____, 20____

Sub-Total this Page

Sub-Total Additional Pages

TOTAL HOUSEHOLD INCOME

I certify that the information above and on any attached sheets is, to the best of my knowledge, a complete and accurate reporting of my household's annual income.

Applicant Signature _____

Date _____

Received by _____

Community Action Associate _____

Date _____



Community Action, Inc.
Weatherization Assistance Program
 1000 SE Hancock St, Topeka, KS 66607
 Phone (785) 232-3499 Fax: (785) 290-3200



SELF-DECLARATION OF INCOME

PLEASE NOTARIZE THIS FORM IF YOU **DO NOT** RECEIVE A
W-2, AND IF YOUR SUBMITTING A
PROFIT AND LOSS STATEMENT TAX FORM
 (MAKE ADDITIONAL COPIES IF NEEDED)

Applicant: _____

Address: _____

This is to declare that my total income was \$ _____ during the period _____ through _____ . (Period is defined as 12 months from the date of application, for example: if you applied in October of 2017 we need income dated from October of 2016 to October of 2017).

I hereby certify that the information provided is true and correct to the best of my knowledge.

Applicant's Signature: _____

STATE OF KANSAS
 COUNTY OF _____

SIGNED OR ATTESTED BEFORE ME ON _____ 20 _____

 SIGNATURE OF NOTARY PUBLIC

SEAL,



MY APPOINTMENT EXPIRES: _____



Community Action, Inc.
 Weatherization Assistance Program
 1000 SE Hancock St, Topeka, KS 66607
 Phone (785) 232-3499 Fax: (785) 290-3200



**ANY ONE 18 YEARS OR OLDER MUST FILL OUT THIS FORM
 AND NOTARIZE IT, IF NO INCOME WAS RECEIVED IN THE LAST 12 MONTHS
 (MAKE ADDITIONAL COPIES IF NEEDED)**

To Whom It May Concern:

I, _____, verify that I have been unemployed for the last 12 months.

 APPLICANT SIGNATURE

STATE OF KANSAS
 COUNTY OF _____

SIGNED OR ATTESTED BEFORE ME ON _____ 20____

 SIGNATURE OF NOTARY PUBLIC

SEAL,



NOTARY APPOINTMENT EXPIRES: _____

Media Release



Weatherization Services
Community Action, Inc.



This release is sought so that consumer information can be used in promotional materials produced for the benefit of Community Action and the services that the Agency provides. It does not impact photos taken during the course of weatherization services that are used for quality assurance purposes.

I hereby consent to:

the publication of my photograph, and/or

Yes No

Applicant's Initials

the publication of photographs of my property or domicile

before, during, and after weatherization improvements, and/or

Yes No

Applicant's Initials

the granting of newspaper, magazine, radio, or television

interviews about my participation in the weatherization program.

Yes No

Applicant's Initials

I hereby release Community Action, its associates and assignees and successors from any and all claims or damages for libel, slander, invasion of privacy, or any other claim based on the use of said information in its publications or otherwise. I understand that photos may be taken during the course of weatherization services for quality assurance purposes.

Signature _____

Date _____

Notification of Client Appeals Procedures



Weatherization Services
Community Action, Inc.



Accountability, customer service, and meaningful outcomes are core values at your Community Action Agency. If you are not satisfied with the decisions of our program representatives, you have the right to appeal the decision. To do so, submit a written request for reconsideration within 15 workdays of the denial or provision of services. Community Action's Customer Appeal Process begins with the Program Director, and, if necessary, proceeds in sequence to the Performance Management Specialist, the Executive Director, and finally, to the administrative agency governing the program. Decisions of the Executive Director, or administrative agency governing the program are final.

You may request a copy of the appeal procedures and forms by contacting Community Action's Administrative Center at, 455 SE Golf Park Boulevard Topeka, KS 66605, 785-235-9561.

Community Action is an equal opportunity, affirmative action organization and forbids discrimination on the basis of race, creed, color, national origin, sex, political affiliation, beliefs, age, or handicaps in all aspects of its policies, procedures, and operations. Persons who believe they have been denied services due to discriminatory actions of this agency may file an appeal within two weeks of the denial.

I, the undersigned, have reviewed Community Action's Appeal Procedures and understand the rights afforded to me within the Appeal Procedures.

Signature _____

Date _____