



Weatherization Required Documents Checklist

823 Commerce Loop Ln ♦ Port Townsend, WA 98368 ♦ (360) 385-2571
228 W 1st St, Suite J ♦ Port Angeles, WA 98362 ♦ (360) 452-4726
421 5th Ave ♦ Forks, WA 98331 ♦ (360) 374-6193

Form EAP1021Wx (Rev. 4/2016)

**Attention: You must send in all required documentation or you will not be served.
Incomplete applications with missing information cannot not be processed.**

IDENTIFICATION

- Photo ID is required for all household members 18 and over.

Verification is required for all children living in the household. Any one of the following is acceptable:

- Social Security Card
- Photo ID
- Medical Card
- Birth Certificate

Social Security number verification is now required for all household members. One of the following is acceptable:

- Social Security Card
- Medical, legal, tax, or education document displaying full name and social security number.

INCOME

All household members must send proof of income for the **previous 4 months:**

- Earned income (Gross Pay):* must have all pay stubs for monies received.
- No Income:* Must fill out a **No-Income Statement** and it must be notarized.
- Unemployment Compensation:* must have all pay stubs for monies received.
 - If 1 or more stubs is missing you must obtain an income print-out from the Unemployment office.
- Social Security, VA benefits or pension:* Determination letter or bank deposits print-outs
- Self-Employed:*
 - Claiming deductions:** Provide all receipts and fill out the **Self-Employment Worksheet**.
 - If **not** claiming deductions: Fill out a **Miscellaneous Income Statement** provided by OlyCAP.
- Child Support Received or Paid: Send in DSHS statements or processed check copies
- Occasional, non-taxed income: Fill out a Miscellaneous Income Statement.
- TANF or GAU: Determination letter or statements from DSHS

HEAT AND ELECTRIC BILL

- Utility Information release waiver provided by OlyCAP
- Send in a current electric bill and all receipts for heating fuel indicating proof of:
 - Account number
 - Primary Applicant's name and residential address

IF THIS IS A RENTAL PROPERTY:

- Release of Information Form* provided by OlyCAP
- Renter and Landlord Information Form* provided by OlyCAP. You must provide your landlord's contact information. We will need the property owner's permission to proceed, inform your landlord!

For rental properties, the property owner/ landlord may be required to contribute to the cost of Weatherization work. Have your landlord contact us for more details.

**Please contact OlyCAP Weatherization office if you have questions about any of the Required Documents.
Weatherization Program: 360 452-4726, extension 6253**



228 W 1st St Suite J · Port Angeles, WA
98362 Phone 360-452-4726

Weatherization Application

Form 5002 (Rev.9/6/2016)

Name <i>Last, First, Middle Initial</i>	Social Security Number	Date of Birth <i>Month/Day/Year</i>	Sex <i>M or F</i>	Ethnic Group A-Non Latino/Non Hispanic B-Latino/Hispanic	Race See below
Primary applicant on this line:					
Secondary Applicant (if any) on this line:					
Other Household Members:					

Race: (enter number in column above) 1=Native American; 2=Asian; 3=African American; 4=Native Hawaiian/Pacific Islander; 5=White; 6=Mixed Race

List all sources of income for every member of your household having income for each of the four months before this month. For example: if you are completing your application any day in January, you would provide income information for October, November and December. * **See required documentation form for detail*.** Provide proof of income such as check stubs, benefit statement, income tax return, etc.
(Information on Ethnicity and Race is voluntary)

Name	Source of Income	Amount Income First Month	Amount Income Second Month	Amount Income Third Month	Amount Income Fourth Month

Do you receive child support? *(Proof Required)* Yes No If so, how much? \$ _____
 Do you pay child support? *(Proof Required)* Yes No If so, how much? \$ _____
 Is anyone in household physically disabled? Yes No If yes, who? _____
 Do you pay for in-home personal care? Yes No If so, how much? \$ _____
(Proof Required)

FOR OFFICE USE ONLY: OES

Heat system repairs/replacement: Vendor # _____ \$ _____
 Other repairs/services: Vendor # _____ \$ _____
 TOTAL SERVICES PROVIDED: \$ _____

Applicant Name: (Last) _____ (First) _____
 Mailing Address: P.O. Box _____ City _____ Zip _____
 Residence Address: _____ City _____ Zip _____
Month and **year** moved into current residence: _____ Phone _____
 (or message phone)

<u>Housing Status</u> <i>Check one only</i>	<u>Housing Type</u> <i>Check one only</i>	<u>Heating Fuel</u> <i>Circle Primary heat source Circle One Only</i>
1. ___ Own/buy- _____Year Constructed	1. ___ Single family home/ Duplex	Electric
2. ___ Rental-Subsidized	2. ___ Apartment	Natural Gas
3. ___ Rental-Unsubsidized	3. ___ Hi-Rise	Propane
4. ___ Room/Board	4. ___ Mobile Home	Oil
5. ___ Temporary	5. ___ RV (length: _____ feet)	Wood/Pellets
Housing Condition ___ Good ___ Fair ___ Poor	6. ___ Other (explain)	Coal
Amount Rent or mortgage? \$ _____	How many bedrooms? _____	

Have you received LIHEAP since October 1, 2010? Yes No
 Tribal Affiliation: (circle one) Hoh Lower Elwha Quileute Makah Jamestown Other _____
 Do you receive food stamps? Yes No
 Is heat included in cost of rent? (**Rental Agreement Required**) Yes No
 Number of people in household? _____
 Are you interested in weatherization? Yes No
 Are you interested in a conservation educator visiting your home? Yes No
 Have you received a utility shut-off notice? Yes No If so, what is shut-off date? _____
 Have you made payment arrangements? Yes No
 When did you last make a payment on your energy bill? _____
 What Heating company? _____ Account Number _____

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 Department of 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 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 Department of 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 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** _____

FOR OFFICE USE ONLY

Date Stamp	Application Number _____ Applicant _____
	Total Energy Use \$ _____
	Annual Heat Cost \$ _____ or Back Up _____
	EAP Approved \$ _____ Emg.EAP Approved \$ _____ Disapproved _____
	Vendor _____ Account Number _____
	Other Emergency Services _____
	Conservation Education Accomplished By _____
	Data Entry _____ Date _____ Application Certified By _____ Date _____



Weatherization Program Application Questionnaire

823 Commerce Loop Ln ♦ Port Townsend, WA 98368 ♦ (360) 385-2571
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Form 1050Wx (Rev. 4/2015)

Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your heat source currently operational?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an adequate source of heat in each room of the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a fireplace or woodstove? If so, when was the chimney last cleaned? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have a fireplace, does it have a liner?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any windows in the home broken?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any holes in the walls of the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any holes in the floors of the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any mold or mildew in the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have and electrical issues, such as dead outlets, or tripping breakers or fuses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your hot water heater work properly? Is it: <input type="checkbox"/> Natural gas/Propane <input type="checkbox"/> Electric
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a functioning Carbon Monoxide Alarm installed in the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a functioning Smoke Alarm installed in the home? If so, how many? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your roof leak?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any leaking pipes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any dripping faucets?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the walls?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the ceiling?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was lead-based paint used to paint any surfaces in or outside the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were any asbestos-containing materials used in the construction of the home, such as popcorn-ceiling texture, siding, floor tiles, or duct insulation?
What are your main concerns?			
How did you hear about OlyCAP Weatherization?			
Signature of Primary Applicant			Date
For Low-Income Weatherization Assistance in Clallam and Jefferson Counties, call (360) 452-4726 or 800-360-0666			



Weatherization Program
Utility Information Release Waiver

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Form WxUIRW (9/2013)

Section A: Applicant Information

Primary Applicant: _____
(last) (first) (middle)

Phone: (____) _____

Mailing Address: _____

Mailing City, State, Zip: _____

Residence Address: _____

Residence City, State, Zip: _____

Name on utility account if different from primary applicant: _____

Section B: Utility Information

Utility (as applicable): ***Required for Weatherization Assistance* **Account #:**

**Electric:	**
Propane:	
Natural Gas	
Oil	
Wood	
Coal	

Primary Heat Source: _____

Secondary Heat Source: _____

I certify that the above information is accurate to the best of my knowledge. I give the above listed utility service providers permission to release my account information, including both consumption and expenditure data, to this agency or the Washington State Department of Commerce for current and future data analysis.

Applicant Signature: _____ **Date:** _____



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Miscellaneous Income Statement

Form LIHEAP5008 (Rev 11/18/10)

I _____, do hereby declare that I
have received income for the month's of:

Month	Amount	Source
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

I have been meeting my basic living needs for food, shelter, and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature / Date

Agency Representative / Date

OlyCAP Staff Note: Use this form to document miscellaneous (non wage) income, eg: gifts, casual labor, intermittent income.



Weatherization Program

No Income Statement

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Form Wx1009 (REV 4/2016)

DECLARATION OF NO INCOME

I, _____, do hereby declare that I have not received any income for the months of:

1. _____, 2. _____, 3. _____, 4. _____

Income is understood to include but is not limited to the following: Wages from an employer, unemployment insurance, time loss for work related injuries, child support received, military or other pension payments, social security, supplemental security income, monetary gifts, TANF, certain types of student loans or work study programs, child or adult care payments, money received through self-employment, or odd jobs in exchange for food, shelter or utilities.

The reason that I have had no income for the months listed above is as follows:

I have been meeting my basic living needs for food, shelter, and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature/Date

Agency Representative/Date

State of Washington, County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (her/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

Dated

(Seal or Stamp)

Signature

Title

My appointment expires: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

803 W Park Ave, Port Townsend, WA 98368 360-385-2571

Form Wx1003 (1/31/2013)

TO OUR CLIENTS: We can help you better if we are able to work with other agencies and individuals that know you and your family. By signing this Release of Information you are giving permission for these named entities to share information about your situation.

Name of client:

Date of Birth:

I hereby release the following individual or agency to provide personal or household information to Olympic Community Action Programs for the purpose of its Weatherization Program:

Landlord/Property Owner name: _____ Phone: _____

I specifically authorize the agencies and individuals listed above to share and exchange information about me and my family circumstances in order to better evaluate my request for assistance and to plan for and coordinate services for me and my family.

This permission is good for 2 two years or until the _____ day of _____, 2____. I understand that I can cancel this Authorization at any time, but I also understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by State and Federal law. I approve the release of this information. I understand what this Authorization means. I am signing on my own free will and have not been pressured into doing so.

Signature:

Client

Parent

Legal Guardian

Date:

Witness:

Date:

TO THOSE RECEIVING INFORMATION PURSUANT TO THIS AUTHORIZATION: Information disclosed to you pursuant to this Authorization should be considered protected by the privacy laws of the State of Washington and the United States of America. You are not authorized to release it to any agency or individual not listed on this Authorization without the specific written consent of the person or persons to whom it pertains or unless otherwise specifically authorized by statute.

CERTIFIED to be a true copy of the original Authorization retained by Olympic Community Action Programs:

Authorized Signature:

Date:



**Housing Improvement Programs
RENTER INFORMATION**

803 W Park Ave ♦ Port Townsend, WA 98368 ♦ (360) 385-2571

Form WX173 (Rev. 5/13/2010)

Renter's name: _____

Renter's address: _____

Renter's phone number: _____

Renter's e-mail address: _____

Renter's other contact: _____

Did renter sign release? Yes _____ No _____

Landlord's name: _____

Landlord's phone number: _____

Landlord's address: _____

Homeowner's name: _____

Homeowner's phone number: _____

Homeowner's address: _____
