



Weatherization Program Update

Thanks for your interest in OlyCAP's Weatherization Program. Weatherization is an energy-efficiency program funded to help low-income households with inadequate insulation and inefficient heat systems reduce their energy bills and make their homes more comfortable.

Since Weatherization Services are free to qualifying households, demand is currently much greater than our available funding. To ensure that our resources are used effectively, all eligible households are placed on a priority list. This list is arranged by priority status, and not by date of application. Weatherization is not a first-come, first-serve program; it must serve those in the most need first, regardless of the date of application.

For this reason we are continuing to accept applications for Weatherization Service. In order to help us find you a place on our priority list, please be sure to complete the Home Assessment Survey included with the application package. Fill this out to the best of your knowledge. Since it will help establish your place on the waiting list, please be as accurate as possible. Please don't go into the crawlspace or attic to check insulation levels; if you are unsure if the walls, attic, or floors are insulated simply check the 'Unsure' box on the form, but be sure to include a comment below if these surfaces feel cold to the touch, or if your heat system is unable to keep your house warm. If you run out of room in the comment section, you may use the back of the form.

Thanks for your cooperation. I will contact you to schedule a home evaluation as soon as I can. During the home evaluation I will verify home conditions, develop a scope of work, and go into more detail about the program specifics. Meanwhile, please contact me by phone or email if you have any questions.

I appreciate your interest in OlyCAP Weatherization's Program, and greatly value your assistance in helping us to better serve to our community.

Thanks,
Colin Graham
Program Manager
OlyCAP Weatherization
cgraham@olycap.org
360 452-4726 x 6253



Weatherization Program

228 W First St Suite J., Port Angeles, WA 98362
(360) 452-4726 extension 6253

Thanks for your interest in OlyCAP's Weatherization Program. To apply for service, please read the following carefully and contact us if you have any questions.

Important: depending on the print format, some of the following pages may be double-sided to save paper, so please look through the following documents carefully.

- *Weatherization Application* form. Please fill out the application completely, along with your signature and date. Be sure to provide info about your situation in the included questionnaire.
- *Required Documents Checklist*. We cannot process incomplete applications, so review this list carefully and get in touch with us if you have any questions about the information you need to provide.
- *Renter Information* form. If you live in a rental property, you will need to provide your landlord's contact information so we can get their permission to proceed. Be aware that property owners are required to contribute towards the cost weatherization projects on rental properties. Please discuss this with your landlord and have them contact us for more information.
- *Declaration of No Income* form. If you or another adult member of your household currently has no income, you will need to submit a **notarized** copy of this form. Banks and postal outlets (such as the UPS Store) may have a Notary Public on staff who can provide this service for a small fee.

[Note: if you received a LIHEAP benefit in the past year, you may already qualify for weatherization. Contact us for more details.]

I will contact you as soon as I have processed your application. Please be patient, demand is very high and resources are very limited. Meanwhile, if you have any questions please contact me by phone or email.

Colin Graham
Weatherization Program
360 452-4726 x 6253
CGraham@olycap.org

"Helping people to help themselves..."



Weatherization Required Documents Checklist

2500 W Sims Way ♦ 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

**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 ♦ (360) 452-4726
 2500 W Sims Way Suite 201 ♦ Port Townsend, WA 98382 ♦ (360) 385-2571
 421 5th Ave ♦ Forks, WA 98331 ♦ (360) 374-6193

Weatherization Assistance Program Application

Form 5002 (Rev. 11/2024)

Name (Last, First, Middle) <i>Begin with Primary Applicant</i>	Social Security Number	Date of Birth	Sex <i>M or F</i>	Ethnic Group <i>A: Non-Latino/Non-Hispanic B: Latino/Hispanic</i>	Race: <i>See below</i>

Race: enter number in column above
Information on Sex, Race, and Ethnicity is voluntary

1=Native American; 2=Asian; 3=African American;
 4=Native Hawaiian/Pacific Islander; 5=White; 6=Mixed Race

Below, list all sources of income below for every member of your household. *Income must be listed for the four full months before the date of application.* For example, an application in December would require income documentation for August, September, October, and November. See Required Documents Checklist for details.
Note: no-income household occupants 18 years of age and over must provide a Notarized No-Income Statement

Name	Income Source	Gross Income 1 st Month	Gross Income 2 nd Month	Gross Income 3 rd Month	Gross Income 4 th Month

Additional Household information:

Do you receive child support? (proof required)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Amount:
Do you pay child support? (proof required)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Amount:
Disabled person(s) in the household	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Number:
Veteran(s)/Service Member(s) in the household	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Number:
Do you pay for in-home care? (proof required)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Monthly Cost:

Applicant Name:					
	Last		First		
Residence Address:					
	Street		City	Zip	
Mailing Address:					
	Street		City	Zip	
HOUSING STATUS <i>Check one only</i>		HOUSING STATUS <i>Check one only</i>		PRIMARY HEATING FUEL <i>Check one only</i>	
<input type="checkbox"/>	Own/Buy	<input type="checkbox"/>	Single Family Home	<input type="checkbox"/>	Electric
<input type="checkbox"/>	Rental-Subsidized	<input type="checkbox"/>	Duplex	<input type="checkbox"/>	Natural Gas
<input type="checkbox"/>	Rental-Unsubsidized	<input type="checkbox"/>	Apartment/Condo	<input type="checkbox"/>	Propane
<input type="checkbox"/>	Room/Board	<input type="checkbox"/>	Hi-Rise (4+ floors)	<input type="checkbox"/>	Oil
<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Recreational Vehicle	<input type="checkbox"/>	Wood/Pellets
Have you received LIHEAP (Energy Assistance) from OlyCAP in the past 12 months?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you live rental property, is heat included in the cost of the rent? (Rental agreement required)				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you received a utility shut off notice?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Shut off date: _____	
Primary Utility/ Heating Fuel Vendor:			Account Number:		
Additional Heating Fuel Vendor(s)			Account Number:		
			Account Number:		
<p>I certify that I have provided and reviewed the above information and that it 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 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 Sate of Washington. I further give the above listed heating and electric utility vendor(s) permission to release my account information this this agency or the 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 benefits to the same household and may also be used for income verification (including Employment Security Underemployment Insurance and other benefits). I hereby authorize Weatherization and Energy Program Staff to use my Social Security Number for those purposes only.</p>					
Applicant Signature				Date	



Weatherization/HEAP Program

Application Questionnaire

2500 W Sims Way Ste 201 ♦ 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 1050Wx (Rev. 9/27/2024)

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"/>	Is your heat source unreliable or unsafe to operate?
<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"/>	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"/>	Do any home occupants have asthma, COPD, or any other respiratory-related illnesses?

Please describe the heat system in your home:

What are your main concerns? [Use the back of this form if you need more room]

Signature of Primary Applicant | Date

For Low-Income Weatherization Assistance in Clallam and Jefferson Counties, call (360) 452-4726

Client file:



Weatherization Program
Utility Information Release Waiver

2500 W Sims Way ♦ 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 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:** _____



228 W First St Suite J ♦ Port Angeles WA 98363 ♦ (360) 452-4726

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.



823 Commerce Loop ♦ Port Townsend, WA 98368 ♦ (360) 385-2571
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Weatherization Program
No Income Statement

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

 Signature

(Seal or Stamp)

 Title

My appointment expires: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

228 W First St Suite J ♦ Port Angeles 98363 ♦ (360) 452-4726

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:
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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:	<input type="checkbox"/> Client	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	Date:
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Witness:	Date:
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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:
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Housing Improvement Programs RENTER INFORMATION

228 W 1st St, Ste J ♦ Port Angeles, WA 98362 ♦ (360) 452-4726

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: _____
