

*moving people and communities to a positive future*

Thank you for your interest in the Weatherization Program. We have included an Application form and a Weatherization Brochure. Please complete the application and return it as soon as possible so that we may begin processing your application. **Please be sure that you answer all questions.**

We also ask that you provide the following documentation to assist our staff in expediting the application process. **If you do not provide this information, we will not be able to process your application.**

- **Proof income:** This includes the gross income of all household members age 18 and older at the time the application is submitted, for the three complete months prior to the date of application.
  - Most recent three months pay stubs for each job held.
  - All support payments, benefit payments and interest income (send copies of award letters or check stubs for the last three months).
  - If you are self employed include 1040 for the most recent year income tax including all schedules and forms.
  - If you are a student please send a copy of your most recent financial aid award letter showing all grants, scholarships and awards as well as the cost of tuition, books and fees.
  - Declaration of no income statement for each household member age 18 and older who did not have income (a copy of this form is attached).
- **Copies of Social Security Cards for all household members who are age 18 or older.**
- **Verification of Residence for each household member age 18 and older (such as listed below)**
  - Drivers license with your physical address on it.
  - Fuel or other utility bill in your name that shows your physical address
  - Lease Agreement
  - Mortgage payment receipt with your name and physical address.
- **If you own your home verification of home ownership such as one of the following**
  - A copy of your Deed, Deed of Trust or Title
  - A copy of your most recent mortgage stamen showing you name and the address of the property.
  - A copy of your most recent property tax statement showing you as the owner of the home.

We greatly appreciate your cooperation. Should you have any questions please contact us at (509) 334-9147 or 1-800-482-3991.

Sincerely,  
Weatherization Program Staff

Enclosures: Weatherization Program Brochure  
Application -Complete and Return with the verifications listed above:



350 SE Fairmont Road, Pullman WA 99163

509.334.9147 | 800.482.3991 | Fax: 509.334.9105 | cac@cacwhitman.com

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## Weatherization Energy Audit Application

	First Name	Last Name	Social Security # <small>Only required for household members age 18 &amp; older</small>	Date of Birth
Applicant				
Co-Applicant				
Other household members				

Are any household members currently attending college?  Yes  No

Please attach a copy of your most recent Award Letter showing all grants, scholarships and awards as well as the cost of attendance

Name	Name and location of School	Student Status (full time/part time)

### Physical Address of the house to be weatherized:

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

This house is occupied by (please check one):  a renter or  the owner

If you rent your home, name of property owner or agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Amount of Rent: \_\_\_\_\_

### The property owner will need to approve of the weatherization project and may need to pay part of the cost.

Is the residence a?  Mobile Home  Single Family House  Residence in multi-unit building

Is the residence on?  1 floor  2 floors  Other (please explain) \_\_\_\_\_

If the residence is a mobile is it  on a rented lot  on property owned by you

### Utility Information:

Name of Service Provider (if applicable) \_\_\_\_\_ Account Number \_\_\_\_\_ Name on Account if different from applicant \_\_\_\_\_

Electric: \_\_\_\_\_

Nat. Gas: \_\_\_\_\_

Propane: \_\_\_\_\_

Oil: \_\_\_\_\_

Wood: \_\_\_\_\_

Coal: \_\_\_\_\_

Other: \_\_\_\_\_

What is your primary heating fuel?  Electric  Nat. Gas  Propane  Oil  Wood  Coal  Other

Is your primary heat source  forced air or  space heat Is your main heat source operational?  Yes  No

Do you have a secondary heat source?  Yes  No

What is your secondary heating fuel?  Electric  Nat. Gas  Propane  Oil  Wood  Coal  Other

Is your secondary heat source  forced air or  space heat Is your secondary heat source operational?  Yes  No  NA



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**Monthly Household Income**

List all sources of income for the three complete months prior to your application. (For example if you are applying in April, list all household income for the months of January, February and March). Income is **all** monies received by household members age 18 and older including but not limited to salaries and wages, self employment, retirement, pensions, VA benefits, SSA and SSI benefits, Unemployment, Workman's Compensation, AFDC and TANF, Child Support, Alimony, rents received, payments from real-estate contracts, interest income, bonuses, commissions and gifts. Please attach verification of each source of income.

Date	Type of income	Who received	Name & address of payer	Gross Amount
Month 1:				
Month 2:				
Month 3:				

**Please attach a separate sheet for any additional sources of income.**

I certify that I have provided the above information and 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 authorize the Community Action Center (CAC) to verify information regarding income, housing status and utilities. I authorize the above listed utility service providers, my landlord (if applicable) and my employers to release information to CAC for verification of information or the Washington State Community, Department of Commerce for current and future data analysis. It is understood that a photocopy of this form will also serve as authorization. I also authorize CAC energy auditor to complete an inspection and audit on this house. I understand that there is no fee charged by CAC for the energy audit and it is provided through the energy conservation program for Whitman County. I understand I have the right to file a grievance.

Should you be placed on the waiting list, it is your responsibility to keep the Weatherization department updated of any address or telephone number changes.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Other adult Household Member

\_\_\_\_\_  
Date

**VOLUNTARY INFORMANTION:** The information requested below is to assure that Federal laws prohibiting discrimination against applicants on the bias of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. If you do not furnish this information, we are required to note race/national origin and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way

<p>For Co-Applicant: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Ethnic categories  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race/National Origin  <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian  <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Other: (please specify): _____</p> <p>Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I do not wish to furnish this information ___ please initial</p>	<p>For Co-Applicant: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Ethnic categories  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race/National Origin  <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian  <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Other: (please specify): _____</p> <p>Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I do not wish to furnish this information ___ please initial</p>
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Are any members of your household disabled?  Yes  No  I do not wish to furnish this information.



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**PLEASE CHECK ALL BOXES THAT APPLY TO YOUR HOME**

YES	NO	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your heating source operational?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a fireplace? When was the chimney cleaned? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have a fire place does it have a liner?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any broken windows?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any holes in the walls (inside or out)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any holes in the floors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have mold or mildew on the floors, walls, and/or ceilings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any electrical problems, such as outlets not working, or fuses/breakers constantly tripping or open wiring connections?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your water heater work properly? Is it <input type="checkbox"/> gas or <input type="checkbox"/> electric?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an attached garage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a carbon monoxide detector installed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have smoke detectors installed? How many? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your roof leak?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any leaking pipes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any water leaks at the 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 ceiling?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there cracks and leaks around doors/windows?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there weather-stripping around windows or doors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the home have storm windows or insulated glass?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there cracks in the foundation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the water heater wrapped?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the heating ducts wrapped?

**In what other areas do you think improvements are needed in your home?**

**How did you hear about the Community Action Center's Weatherization Program?**

Date: \_\_\_\_\_ Primary Applicant Signature: \_\_\_\_\_ 

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### Energy Usage Survey

***In order to better serve our clients we are asking you to provide us with the following information.***

What is your estimated **annual** heating cost for the following fuels?

Propane: \$ \_\_\_\_\_

Heating Oil: \$ \_\_\_\_\_

Wood: \$ \_\_\_\_\_

Coal: \$ \_\_\_\_\_

Other heat fuel **not** including natural gas or electric: \$ \_\_\_\_\_

On average how many showers are taken in your household per week? \_\_\_\_\_

What is the estimated length of each shower? \_\_\_\_\_

On average how many baths are taken in your household per week? \_\_\_\_\_

Do you hand wash your dishes or use a dishwasher? \_\_\_\_\_

On average how many loads of laundry are washed in your household per week? \_\_\_\_\_

Do you wash and rinse your clothes in hot water, warm water or cold water? \_\_\_\_\_

During warm seasons do you line dry your clothing? \_\_\_\_\_

Do you have a programmable thermostat? \_\_\_\_\_

What temperature do you set your thermostat during cold weather while you are home? \_\_\_\_\_

What temperature do you set your thermostat during cold weather while you are away? \_\_\_\_\_

What temperature do you set your thermostat during cold weather for sleeping hours? \_\_\_\_\_

What temperature do you set your thermostat during warm weather while you are home? \_\_\_\_\_

What temperature do you set your thermostat during warm weather while you are away? \_\_\_\_\_

What temperature do you set your thermostat during warm weather for sleeping hours? \_\_\_\_\_

Do you use CFL Light bulbs? \_\_\_\_\_



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### Declaration of No Income

I, \_\_\_\_\_, do hereby declare that I have not received any income for the month(s) of:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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

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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