

WEATHERIZATION ASSISTANCE APPLICATION - HOMEOWNER

Community Action Program East Central Oregon
721 SE 3rd, Suite D
Pendleton, OR 97801
541-276-1926 or 1-800-752-1139

Name: _____ SSN: _____ Phone: _____

Street address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Complete the following section for each member of your household (including yourself):

Name	Social Security #	Date of Birth	Primary Language	Gender	Ethnicity	Race	Oregon Tribe	Highest grade in school completed	Disabled Y/N	Veteran	Homebound	Non-Cash Benefits
Your name here												

Type of Heat: _____ Do you own rent ? Number of people in household _____

Is your home (**circle one**): Apartment Duplex Travel Trailer Mobile Home House

Have we weatherized your home before? Yes No If yes, when? _____

Are you: Single Parent – Female Single Parent – Male 2 Adults – No Children 2 – Parents
 Extended Family Single Other Married Cohabitants

Name of Fuel Supplier: _____ **Account Number:** _____

Name of Electric Provider: _____ **Account Number:** _____

I hereby authorize my fuel supplier to release information on my fuel bills, both past and future, to the Community Action Program East Central Oregon (CAPECO). I understand that this information will be used only to provide data for CAPECO and no information obtained through this release shall be made public in a manner that would identify the dwelling or occupants.

Applicant Signature: _____ Date: _____

Secondary Applicant Signature: _____ Date: _____

WEATHERIZATION ASSISTANCE APPLICATION – PROOF OF INCOME
Community Action Program East Central Oregon
721 S. E. 3rd, Suite D
Pendleton, OR 97801
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You must provide proof of All household income for the past 30 days or twelve months:

Do you receive food stamps? ___ Yes ___ No

Did you receive Energy Assistance? ___ Yes - if yes, date of service _____ ___ No

List ALL household members who receive income and indicate the type of income in GROSS amounts - 30 days

List name of each household member who receives income	SSB, SSD or SSI	Veterans Benefits	Pension	401K	Unemployment or Workmen's compensation	Dividends
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Income continued:

List name of each household member who receives income	Wages - please check 1 <input type="checkbox"/> weekly <input type="checkbox"/> twice per mo. <input type="checkbox"/> monthly	Child Support	TANF
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

For office use only
Total Gross Income Monthly: _____
Total Gross Income Annual: _____
Total # of Household members: _____

Do you receive income via any type of contract? (sale, rental) \$_____

By my signature, I give consent to Community Action Program East Central Oregon to verify all sources of income listed on this application for assistance. I also understand that if I feel I have been unjustly denied assistance, that I have the right to appeal that action.

I certify this information is true and realize that it is against the law to make false statements.

Applicants signature

Date

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Intake initials _____	Date _____
Authorizing initials _____	Date _____

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RESIDENT HOME OWNER CERTIFICATION

I, _____, **certify that I am the owner of the address listed on page one of this application.**

I have enclosed the following documentation of ownership: current Property Tax Statement or Deed or Contract of Sale.

I further grant permission to allow weatherization and base load measures to be performed on the property listed on page one of this application in accordance with the following conditions: The Energy Services Department of CAPECO will determine the measures to be installed based on anticipated energy savings, cost effective criteria and the State priority list. Due to limited funding, the Weatherization Program may only be able to install SOME of the listed measures.

- | | | |
|---------------------------|-------------------------------|--------------------------|
| 1. Air infiltration | 2. Furnace retrofit | 3. Wall insulation |
| 4. Ceiling insulation | 5. Floor insulation | 6. Duct sealing |
| 7. Duct insulation | 8. Entry door repair/replace | 9. Window repair/replace |
| 10. Water pipe insulation | 11. Ensure proper ventilation | 12. Combustion safety |

Window measures DO NOT include cosmetic treatment of trim.

Property owners who contribute Twenty percent (20%) of the weatherization cost may be considered for advancement on the wait list.

Property Owners
Signature..... : _____ **Date:** _____

Printed name of
property owner.. : _____

Address..... : _____

Phone #..... : _____

WEATHERIZATION ASSISTANCE APPLICATION – INCOME 2015

Family Size	Monthly Income	Annual Income (200% FPL)
1	\$1,961.67	\$23,540
2	\$2,655.00	\$31,860
3	\$3,348.33	\$40,180
4	\$4,041.67	\$48,500
5	\$4,735.00	\$56,820
6	\$5,428.33	\$65,140
7	\$6,121.67	\$73,460
8	\$6,815.00	\$81,780
9	\$7,508.33	\$90,100
10	\$8,201.67	\$98,420
11	\$8,895.00	\$106,740
12	\$9,588.33	\$115,060
For each additional HH member add	\$ 693.33	\$ 8,320.00

Income can be calculated by a 30 day income multiplied by 12, the total of 3 months income multiplied by four OR by counting the last twelve months income – whichever gives you a lower total for the last year. (prior year income is only accepted in the first quarter of the current year)

<u>WHAT IS COUNTED AS INCOME</u>	<u>WHAT TO SUBMIT TO PROVE INCOME</u>
Social security Supplemental Security Income (SSI) Veterans Benefits (VA) National Guard Strike or Union Benefits Workers Compensation Military Family Allotments	Copy of uncashed check, copy of latest award letter, or direct deposit statement from bank.
Unemployment Compensation	
Money, wages, tips, salaries (gross)	
Self Employment	
Temporary Assistance for Needy Families (TANF) General Assistance (GA) Oregon Supplemental Income (OSIP)	
Child Support/Alimony	
Dividends, Interest (over \$100.00), Stocks Estates, Trusts, Royalties.	