

WEATHERIZATION ASSISTANCE APPLICATION - RENTER

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 or 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

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PROPERTY OWNER AND/OR AUTHORIZED AGENT CERTIFICATION

I, _____, certify that I am the authorized agent of the following address:

Address: _____

City, State, Zip Code: _____

Renters name: _____

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 above 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.

If the dwelling is a rental unit, then I, the Owner/Authorized Agent, agree not to increase rent to low income tenants as a result of conservation/weatherization measures installed or sell the property for a period of two years after weatherization is complete.

I, the Owner/Authorized Agent, understand that the property cannot be and is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs.

Additionally, I acknowledge that Oregon Law requires landlords to keep rentals in a habitable condition and that participation in the CAPECO Weatherization Program is contingent on the rental unit being maintained in a habitable condition (ORS 90.320).

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

Authorized Signature..... : _____ **Date:** _____

Printed name of authorized representative: _____

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.	