**Clayton County Community Services Authority**

**Weatherization Application**

**NO-COST WEATHERIZATION PROGRAM for Low-Income, Eligible Households**

Enclosed is the Clayton County Community Services Authority’s Weatherization Program application packet, you must complete this entire packet. It is best to **print clearly, be accurate, and provide all necessary documentation requested** to verify your income, residence and citizenship status. Failure to do so will result in a delay in delivering a determination on your application.

If your application is approved, it is valid for one year from the date of approval. If we are not able to serve your home within the first year, you will need to complete an additional application and provide all current information at that time; however, we aim to serve you within the first year to prevent that. Additionally, any changes in income during that time and up until you are served must be reported.

Keep **your contact information current**; including your phone number, email address, etc. If we cannot reach you, it will delay serving your home.

Included in this packet is a cover letter for the property owner and additional forms that need to be completed by them. Use that cover letter, and the forms, to work with [your property owner.](mailto:energyconservation@kcha.org)

**PLEASE READ THIS FORM THOROUGHLY!**

By filling out this form you will be placed onto the Weatherization waiting list. At the time of the application, you will be required to bring in all program required documentation, including proof of home ownership. From completing a weatherization application to the completion of weatherization on a home can take a minimum of one year. Our agency staff and contractors are very thorough in their work to help ensure your energy saving needs are maximized to their full potential.

The Weatherization Assistance Program is funded primarily by the U.S. Department of Energy, U.S. Department of Health & Human Services. CSA also receives some funding from the Clayton County Government. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. Providing false information, to obtain assistance, will result in this Weatherization application being denied. You should also receive a Privacy Act statement with this application for Weatherization services.

If you have any questions regarding the application, any requirements or documentation needed, please do not hesitate to contact our office at 404-362-0205 ex. 205 or via email at [**weatherization@claytoncountycsa.org**](mailto:weatherization@claytoncountycsa.org)

**KEEP FOR YOUR RECORDS**

**IMPORTANT! The Weatherization Program includes mandatory multiple phase appointments:**

**ASSESSMENT Phase:** Initial household walk-through/assessment appointment or appointments

1. **WEATHERIZATION Phase:** Window/door caulking, smoke detector installations, etc. and/or possible subcontractor appointments (window, furnace/water heater, stove installations, etc.)
2. **INSPECTION Phase:** subcontractor inspections, post-subcontractor inspections, and/or possible City/State inspections, final building permit inspections, etc.

**Household energy efficiency measures, when applicable may include:**

**Health & Safety Measures**

* Combustion Appliance Safety Check (i.e. testing gas-operated appliances for the presence of carbon- monoxide)
* Carbon-Monoxide Detector, Smoke Alarm Installation, and Controlled Air Circulation
* Safety check on clothes dryer, free-standing range, furnace, thermostat, water heater

**Energy Efficiency Measures**

* Blower Door/Duct Blaster Test (helps to identify any leaks in the unit)
* Weather stripping, caulking, low-flow showerhead and faucet aerators
* Compact fluorescent bulbs, outlet gaskets, water heater blankets
* Door or glass replacement for broken and/or inefficient windows/doors
* Attic insulation and venting
* Microwave oven, refrigerator, free-standing range, furnace, water heater, air conditioner/evaporative cooler repair and/or replacement (if eligible)

**TO PROCEED with the No-Cost Weatherization Program, please:**

1. Fill out this application completely, providing all needed and relevant information
2. Read and sign the Weatherization Program Policies (on the reverse side of this document)
3. Provide owner, agent and/or landlord verification (signature/contact information) titled “Energy Service Agreement for Occupied/Unoccupied Single or Multi-Unit Rental Units” in this application packet

**For questions, call CSA at 404-362-0205 ex. 205. Mail your completed application to: Clayton County CSA WEATHERIZATION DEPARTMENT**

**1000 Main Street**

**Forest Park, GA 30297**

**KEEP FOR YOUR RECORDS**

# To avoid unnecessary delays, the following checklist will help you prepare for your application process. It is important that you provide the documentation required.

# **Photo Identification**

# **Provide a valid photo identification card, such as**:

# Driver’s license; OR

# Government issued photo ID; OR

# Other photo ID (employer ID for example)

# **Social Security Number (SSN) and Date of Birth**

# Provide the Social Security Number (SSN) and date of birth for every person in your household.

# **Proof of Residency**

# Verify that you live in Georgia, such as driver’s license, utility bill, or property tax record.

# **Heating / Electric Costs**

# Provide your account number along with evidence of your household’s primary heating costs for the last 12 months and copies of your electric bill. We may be able to deter your usage history on the graphic chart of your most up to date bill. Georgia Natural does not provide this and will need to be contact at 770-850-6200 (ask for an itemized 12 month usage bill to be mailed to you or CSA Weatherization: Attention Usage). Georgia Power Prepay does not provide this and will need to be contact at 877-506-3905 (ask for an itemized 12 month usage statement to be mailed to you or CSA Weatherization: Attention Usage).

# **Proof of Ownership (Who Owns the Home)**

# Title or Deed to Property

# Property Tax Assessment with your Name

# **Landlord**

# If you rent, provide:

# The name, address and telephone number of your landlord or property management company; OR

# Your rental agreement or Leasing Agreement: Proof of 12 months or more residence at this location

# ☐ Owners Agreement Signed by Home Owner

# ☐ Permission Form for Weatherization and Property Release signed by Home Owner

# **Income**

# Provide evidence (check stubs, tax documents, award letters, etc.) of your entire household’s gross income for the one (1) month prior to the month of application, such as:

#  Wages

#  Unemployment Compensation

#  Self-Employment Income

#  Social Security/Supplemental and Social Security Disability Insurance (SS/SSI and SSDI)

#  Statement of person to person loan or gift of money

#  Pensions, Annuities, IRAs

#  Child Support Payments

#  Temporary Assistance for Needy Families (TANF)/ Wisconsin Works (W2) Benefits

**KEEP FOR YOUR RECORDS**

**U.S. Department of Energy OMB Approved 38 - R0198**

**PRIVACY ACT**

**Privacy Act Provisions**

Under section 3(e)(3) of the Privacy Act 1974, 5 USC 552a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

**Program Authority**

The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the

Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of

Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program, and to

require a weatherization agency implementing this program to keep records for DOE monitoring. Clayton

County Community Weatherization Assistance Program is the recipient of weatherization funds from both

DOE and the Department of Health and Human Services, and is required by 10 CFR 440 to document the

eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation.

**Voluntary Disclosure**

Your responses to the request for information on the Weatherization Assistance Application, Authorization for

Release of Information form, and Fuel Information form are entirely voluntary.

**Principal Purpose of Information**

The information will be used by the local weatherization agency to implement the weatherization program. It will

be used by DOE to monitor the effectiveness of the program.

**Routine Uses**

The information, which you provide, will be used in monitoring and evaluating the effectiveness of the weatherization program. In addition, the information may be used in investigative, enforcement, or prosecutorial proceedings.

**Effects of Not Providing Information**

Should you decline to provide the information requested on the application form, your dwelling will not be considered for weatherization assistance?

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

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

**WEATHERIZATION APPLICATON FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***S*ECTION A: Household Contact & Eligibility Information** | | | | | | |
| **\*Primary Applicant:** |  | | | | | |
| (Last Name) (First Name) (Middle Initial) | | | | | |
| **\*Residence Address:**  **City, State, Zip:** | | | | | | |
| **Mailing Address:**  (*If different*)  **City, State, Zip:** | | | | | | |
| **Phone Number:** | | | **Email:** | | **Lived at Residence:**  **Years: Months:** | |
| **\*Housing Status:**   * Own/buy * Rental * Subsidized (Sec 8)   **Cost per Month:**  **$** | **\*Housing Type:**   * Single Family * Duplex * Triplex * Mobile Home * Apt. / Condo | | | **\*Income/Benefits:**   * SSI  Earned Income * TANF  Pension * GA  Self Employed * VA  Child Support * Soc. Sec.  Unemployment * Military  Other   *Include all documents for verification* | | \***Total Number of People**  **inthe Household (including yourself):** |
| \***Household’s**  **Monthly Income:**  **$** |
| **Number of Bedrooms:** | | |
| **\*Primary Heat Source:**   * Electric  Oil * Natural Gas  Wood * Propane  Other | | **Does everyone in the household have a social security card: Yes No**  *If Yes, Include copies of each card or contact us to provide in our office. If No, contact to us to know which documentation to provide.* | | | | |
| **SECTION B: Age & Health Information** | | | | | | |
| **Number of Household Members Age :**  **0-5 yrs 6-19 yrs 20-59 yrs 60+ yrs Who have a disability:**  **Does anyone suffer from a diagnosed respiratory illness?: Yes No**  **If Yes, what illness?**  **Do they have a doctors referral stating they have been diagnosed: Yes: No:**  ***If yes, include a doctor's referral addressed to KCHA with your application. It must state they are currently being treated for a respiratory illness.*** | | | | | | |
| **SECTION C: Utility Information** | | | | | | |
| **HOW YOU HEAT YOUR HOME:**  **Electric** - Enter your account number:  *Is your electric account with*: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Natural Gas** - Enter your Name and Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Sign Utility Release forms included with application for all accounts and include last three months heating bills. (same months as your income documentation)*** | | | | | | |

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION D: Characteristics of Household** | | | | | | | | | |
| **\*Primary Applicant Last Name** | | **\*Primary Applicant First Name** | | **MI** | **\*SSN** | | **\*DOB** | | |
| **\*Relation to Primary**   * Self * Spouse * Partner * Child * Other Relative * Other Non-Relative | **\*Gender**   * Male * Female | | **Race**   * American Indian or Alaskan Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White * Multi-Race * Other | | | **Education (24 Years or Older)**   * 0-8 * 9-12 Non-Graduate * High School Graduate/GED * 12+ Some Post-Secondary * 2 or 4 Year College Graduate   **Included in Calculation**   * Yes  No | | **Disabled**   * Yes | * No |
| **Ethnicity**   * Hispanic or Latino * Not Hispanic or Latino | | **Military Veteran**   * Yes  No | |
| **Health Insurance**   * Yes  No | |
| **\* Last Name** | | **\* First Name** | | **MI** | **\*SSN** | | **\*DOB** | | |
| **\*Relation to Primary**   * Spouse * Partner * Child * Other Relative * Other Non-Relative   **Secondary Applicant**   * Yes  No | **\*Gender**   * Male * Female | | **Race**   * American Indian or Alaskan Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White * Multi-Race * Other | | | **Education (24 Years or Older)**   * 0-8 * 9-12 Non-Graduate * High School Graduate/GED * 12+ Some Post-Secondary * 2 or 4 Year College Graduate   **Included in Calculation**   * Yes  No | | **Disabled**   * Yes | * No |
| **Ethnicity**   * Hispanic or Latino * Not Hispanic or Latino | | **Military Veteran**   * Yes  No | |
| **Health Insurance**   * Yes  No | |
| **\* Last Name** | | **\* First Name** | | **MI** | **\*SSN** | | **\*DOB** | | |
| **\*Relation to Primary**   * Spouse * Partner * Child * Other Relative * Other Non-Relative | **\*Gender**   * Male * Female | | **Race**   * American Indian or Alaskan Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White * Multi-Race * Other | | | **Education (24 Years or Older)**   * 0-8 * 9-12 Non-Graduate * High School Graduate/GED * 12+ Some Post-Secondary * 2 or 4 Year College Graduate   **Included in Calculation**   * Yes  No | | **Disabled**   * Yes | * No |
| **Ethnicity**   * Hispanic or Latino * Not Hispanic or Latino | | **Military Veteran**   * Yes  No | |
| **Health Insurance**   * Yes  No | |
| **\* Last Name** | | **\* First Name** | | **MI** | **\*SSN** | | **\*DOB** | | |
| **\*Relation to Primary**   * Spouse * Partner * Child * Other Relative * Other Non-Relative | **\*Gender**   * Male * Female | | **Race**   * American Indian or Alaskan Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White * Multi-Race * Other | | | **Education (24 Years or Older)**   * 0-8 * 9-12 Non-Graduate * High School Graduate/GED * 12+ Some Post-Secondary * 2 or 4 Year College Graduate   **Included in Calculation**   * Yes  No | | **Disabled**   * Yes | * No |
| **Ethnicity**   * Hispanic or Latino * Not Hispanic or Latino | | **Military Veteran**   * Yes  No | |
| **Health Insurance**   * Yes  No | |
| **\* Last Name** | | **\* First Name** | | **MI** | **\*SSN** | | **\*DOB** | | |
| **\*Relation to Primary**   * Spouse * Partner * Child * Other Relative * Other Non-Relative | **\*Gender**   * Male * Female | | **Race**   * American Indian or Alaskan Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White * Multi-Race * Other | | | **Education (24 Years or Older)**   * 0-8 * 9-12 Non-Graduate * High School Graduate/GED * 12+ Some Post-Secondary * 2 or 4 Year College Graduate   **Included in Calculation**   * Yes  No | | **Disabled**   * Yes | * No |
| **Ethnicity**   * Hispanic or Latino * Not Hispanic or Latino | | **Military Veteran**   * Yes  No | |
| **Health Insurance**   * Yes  No | |
| **\* Last Name** | | **\* First Name** | | **MI** | **\*SSN** | | **\*DOB** | | |
| **\*Relation to Primary**   * Spouse * Partner * Child * Other Relative * Other Non-Relative | **\*Gender**   * Male * Female | | **Race**   * American Indian or Alaskan Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White * Multi-Race * Other | | | **Education (24 Years or Older)**   * 0-8 * 9-12 Non-Graduate * High School Graduate/GED * 12+ Some Post-Secondary * 2 or 4 Year College Graduate   **Included in Calculation**   * Yes  No | | **Disabled**   * Yes | * No |
| **Ethnicity**   * Hispanic or Latino * Not Hispanic or Latino | | **Military Veteran**   * Yes  No | |
| **Health Insurance**   * Yes  No | |

**Note:** All fields designated with an (**\***) are required information. SSN’s are required every eligible household member. If there is more than 6

people in your household please make a copy of this form and add additional members. **RETURN WITH YOUR APPLICATION**

**WEATHERIZATION PROGRAM HOUSEHOLD INCOME SUMMARY**

**Primary applicants and all household members must report all income.**

**What is considered Income? (Check all that applies to your household)**

* + All money, wages and salaries, including garnishment.
  + Self-Employment Income (*Self Employment worksheet required)*
  + Rental Property Income *(Rental Property worksheet required)*

*Note: Family members cannot lease rooms from an applicant. All income must be counted.*

* + Cash Allowances and Stipends Received (Excluding Food Stamps)
  + Federal and State aided public assistance programs, general assistance, or other assistance programs based on need. (Such as TANF, EBT Cash Payments, etc)
  + Annuities, Pensions, Retirement, Social Security, Supplemental Security Income, Veterans or Disability Benefit, Workers or Unemployment Compensation, old age or survivors benefits, strike benefits, representative payee payments paid to the beneficiary.
  + Payments received for a legally sponsored foster child(ren).
  + Regularly occurring support payments received into the household, such as child support, spousal support, alimony,
  + Any allocation, maintenance and support sent from absent military personnel.
  + Payments received to care for someone within the home who is deemed medically required.

**You must provide verification of all income for at LEAST the last three months. This can be done through the examples below, but not limited to:**

**(Check all that applies to your household for each person)**

* + Copies of Paystubs for the past three months
  + Social Security Annual Award Letter
  + Child Support Decree and payment records for payments either made or received.
  + Alimony Documentation and payment records
  + Unemployment Print Out from Employment Security Dept.
  + Copies of self-employment records with worksheet and receipts for eligible deductions.
  + If No Income, complete no income form

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

**WEATHERIZATION PROGRAM INCOME SUMMARY AND CERTIFICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List All Household Members Names:**  ***(Print Clearly)*** | **Date of Birth**  **\*\*/\*\*/\*\*\*\*** | **\*List Income Sources for Each Member:** | **GROSS Income Amount for LAST THREE MONTHS**  **1 2 3** | | |
|  |  |  |  |  |  |
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I certify that I have provided and reviewed the above information on this application, and the supporting documentation requested and 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 Clayton County Community Services Authority to release necessary information to other assistance programs for which I may be eligible that may result in my receiving benefits. I also give my permission for the Clayton County Community Services Authority to obtain data from my utility vendor on the annual usage of energy on my home both now and within two (2) years after the weatherization is complete.

**PRIMARY APPLICANT SIGNATURE**:

**DATE:**

*\*Attach all documentation that assists in summarizing the income sources provided in the form above.*

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

**Applicant Declaration of No Income**

Only needs to be submitted if applicable. Submit one copy for each household member who is 18 or older, is not a full-time student and has no income.

I, do hereby declare that I have not (*applicant name*) received any income for the months of:

1.

2.

3.

The reason I have not had income for these months is:

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 to which I am not entitled.

Applicant Signature Date

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

|  |  |
| --- | --- |
| **AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION** | |
| Applicant Name: | Application Number: |

**This Form Authorizes** the Clayton County Community Services Authority Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicant’s energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed

Physical Address: Mailing Address (if different):

Unit or Apt #:

City:

## Information Specified

State: Zip:

City: State: Zip:

This authorization provides the Clayton County Community Services Authority Weatherization Assistance Program, the right to request and receive information regarding billing history\* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (\*billing history does not include the payment history or notices of discontinuation of service).

## Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program’s Final Inspection and Partnership Agreement.

## Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the CSA Weatherization Assistance Program. I hereby release, hold harmless, and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

## NATURAL GAS RELEASE

Natural Gas Provider: Name of Account Holder:

## ELECTRICITY RELEASE

Electricity Provider: Name of Account Holder:

Service Agreement #:

Account #:

I authorize the Gas Provider listed above to release the designated information to the Weatherization Assistance Program as specified herein.

Account Holder

Signature: Date:

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

Account #:

I authorize the Electricity Provider listed above to release the designated information to the Weatherization Assistance Program as specified herein.

Account Holder

Signature: seatDate:

**PROPERTY OWNER PACKAGE**

**Dear Property Owner:**

Thank you for your consideration working with the Clayton County Community Services Authority Authority’s Weatherization Program for your tenants. Please careful read pages 10-14.

Your tenant is applying for weatherization to be performed on the rental property that you own.

They will be completing their portion of their application to be submitted in tandem along with the documents that we will need you to complete in order to proceed with their application.

Attached is:

1. Owners and Agency Agreement
2. Permission form for Weatherization and Owners Release

If you have any questions regarding the application, any requirements or documentation needed, please do not hesitate to contact our office at 404-362-0205 ex. 205 or via email at [**weatherization@claytoncountycsa.org**](mailto:weatherization@claytoncountycsa.org). Please go to our website at <http://www.claytoncountycsa.org> to learn more about our agency.

Thank you,

The Weatherization Team

**KEEP FOR YOU RECORDS**

**PERMISSION FORM FOR WEATHERIZATION AND PROPERTY OWNER RELEASE FORM**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address of home

What year was your home built (approximate)?

Does your home have?

A roof leak? Yes ☐ No ☐ Water in the crawlspace? Yes ☐ No ☐ Any rot/decay or mildew? Yes ☐ No ☐ Plumbing leaks? Yes ☐ No ☐ Moisture noticeable on windows? Yes ☐ No ☐ A furnace which works properly? Yes ☐ No ☐ Termite/carpenter ants? Yes ☐ No ☐ Carpet that has been soaked? Yes ☐ No ☐ Cars parked in attached garage? Yes ☐ No ☐ Indoor pets? Yes ☐ No ☐ Any household member pregnant? Yes ☐ No ☐ Leaks or stains on ceiling? Yes ☐ No ☐ Any household member with asthma, respiratory problems or flu like symptoms? Yes ☐ No ☐ Paints, solvents, thinners, or pesticides stored within the home? Yes ☐ No ☐

Check if any of the following things have occurred at your home in the last 2 years:

New Construction Extensive Remodeling Painting? Yes ☐ No ☐

New Carpets? Yes ☐ No ☐

New Draperies, or furniture? Yes ☐ No ☐

Changes to your Water Heater? Yes ☐ No ☐

Changes to your existing stove? Yes ☐ No ☐

Changes to your heating system? Yes ☐ No ☐

**For your consideration:**

1. **Replacing windows is *not* a routine part of the weatherization since window replacement is not often cost effective.**
2. Some attic areas are difficult to access in order to install insulation. Access may be necessary through the roof, gable end and/or the interior. All penetrations are to be properly sealed and holes for ceiling access, if any, drilled and plugged. In these instances the auditor and/or installer is to clarify the access method(s).
3. In order to insulate walls, holes must be drilled either through the outside siding or the inside wall if the contractor cannot remove and replace the siding. In either case, the contractor will plug and patch holes. The homeowner is responsible for any finishing and painting.
4. When adding floor insulation, additional vents may be added in the foundation. The added vents provide air ventilation and reduce moisture problems.
5. To make your home healthier, it may be necessary to install an exhaust fan, range hood or ventilation system.
6. It may be necessary to service or repair the furnace or heating system.
7. It may be necessary to make minor repairs to prepare for the weatherization. Minor repairs may include limited roof patching, dry rot repairs, electrical repairs and pest control.
8. Homes built before 1978 may contain lead based paint and weatherization activities could disturb that paint. On rare occasions, testing the paint for lead is necessary. If lead exists, the paint is not removed or abated. Instead lead hazards in the work area are safely removed. The building owner receives copies of initial and follow-up test reports and is responsible for disclosing to any future workers on the home and renters or purchasers of the home the presence of lead based paint. The typical weatherization project, however, does not require paint testing. Workers follow a *“Safe Work Practices****”*** approach to their work, whether lead is known to be present or not, in order to avoid exposing household members to possible lead debris.

Please comment on any concerns regarding weatherization:

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

**PERMISSION FORM FOR WEATHERIZATION AND PROPERTY OWNER RELEASE FORM**

I hereby give my permission for Clayton County Community Services Authority to weatherize and make any necessary weatherization related repairs to my home. It is understood that the weatherization program will cover the costs of eligible measurers noted above. Only cost effective energy upgrades and necessary related repairs will be addressed.

I understand that I shall make my home available to contractors during regular working hours if and when this weatherization work is performed and shall permit the contractors to use, at no cost, existing utilities at the site, such as; light, heat, power and water necessary to the carrying out and completion of the contract work. I shall also facilitate performance of the work, including removal and replacement of rugs, coverings, and furniture, as necessary. I understand that the failure to abide by these conditions may result in deferrals of work that may have been performed.

I understand that CSA will need to access my entire home to perform all audits and verifications for work performed; and in that, I must have areas clear for access to windows, crawl spaces, attic accesses, etc, and be accommodating of the agencies time in regards to scheduling and making myself and my home available.

I hereby release and pledge to hold harmless CSA and its staff from any liability in connection with the work performed or any act or eventuality arising from the work.

I understand that my participation in the weatherization program is subject to funding availability. I authorize the Clayton County Community Services Authority Weatherization Program to manage and make weatherization related repairs and improvements to my property identified pursuant to the Georgia State weatherization Specifications. I hereby release and pledge to hold harmless CSA, and its staff and contractors, from any liability in connection with the work. I understand that I will be provided the scope of work (SOW) prior to the project commencing but after the energy audit.

The property is presently being rented by:

Tenant (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event the owner sells the premises within twelve (12) months after weatherization work is completed, the owner will

comply with one of the two following conditions:

* + - * The owner shall repay the agency at the date of sale a prorated amount equal to the percentage of the twelve (12) months period remaining, times the full value of the material and labor as documented by agency work records, except if sold to low- income tenants.
      * The owner shall obtain in writing prior to sale the purchaser's agreement to assume the owner's obligations under this agreement.
      * The owner shall immediately upon entering into a non-contingent agreement of sale of premises, so inform both the agency and tenants by written notice.

Signed

(Homeowner Signature)

Date

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

|  |  |
| --- | --- |
| **AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION** | |
| Applicant Name: | Application Number: |

**This Form Authorizes** the Clayton County Community Services Authority Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicant’s energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed

Physical Address: Mailing Address (if different):

Unit or Apt #:

City:

## Information Specified

State: Zip:

City: State: Zip:

This authorization provides the Clayton County Community Services Authority Weatherization Assistance Program, the right to request and receive information regarding billing history\* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (\*billing history does not include the payment history or notices of discontinuation of service).

## Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program’s Final Inspection and Partnership Agreement.

## Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the CSAuta Weatherization Assistance Program. I hereby release, hold harmless, and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

## NATURAL GAS RELEASE

Natural Gas Provider: Name of Account Holder:

## ELECTRICITY RELEASE

Electricity Provider: Name of Account Holder:

Service Agreement #:

Account #:

I authorize the Gas Provider listed above to release the designated information to the Weatherization Assistance Program as specified herein.

Account Holder

Signature: Date:

Account #:

I authorize the Electricity Provider listed above to release the designated information to the Weatherization Assistance Program as specified herein.

Account Holder

Signature: Date:

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**

**Clayton County CSA Weatherization Program Policies**

**IMPORTANT - We can only proceed with household units that are in good condition, i.e. not under or in need of major remodeling/repairs, no leaky roofs, etc. and clean and organized. If the policies below are *not* met we cannot proceed with our no-cost Weatherization Program.**

**Please read the information, initial below and sign the acknowledgement:**

**Clients are required to respond to phone messages in regards to appointment scheduling, be available by phone on the day of appointments, allow for follow-up inspections and photo documentation (if necessary)**

**Allow for scheduling availability during the weekdays (only) and 18-year-old or older present during all appointments**

**All workers must have access to the home appliances (hot water heater, furnace, refrigerator, stove, microwave, dryer, etc.) and attic – with minimal clutter**

**For all appointments, personal belongings in the attic must be cleared and if required owner/manager be present to provide access to the hot water heater and furnace**

**Workers must have suitable access to the outside area for trucks and other equipment Children and pets must be kept out of the way of workers and equipment at all times**

**The yard should be free of debris, the roof have no water leaks, and - in some cases - asbestos and mold be abated**

**If any illegal substance is used on the premises, workers will walk away from the job**

**Agency is not responsible for any damage to personal items in the normal course of work if the above policies are not met**

**Weatherization NO-SHOW Policy:**

CSA’s Weatherization Program provides a range of free weatherization services to qualified clients. In order to enable Spectrum to better meet our contractual obligations and to meet the weatherization needs of our clients, Spectrum has developed a policy regarding clients who fail (NO SHOWS) to make scheduled appointments. NO SHOWS include - but are not limited to - multiple phone call attempts, failure to answer the door or anything that prevents the Weatherization crew or subcontractors from completing the work at a scheduled date, time or time period.

**Clients who miss (3) scheduled Weatherization appointments or fail to respond to multiple scheduling phone call attempts, shall not be eligible for the Spectrum Weatherization program.**

**\*CLIENT HAS READ, UNDERSTANDS AND AGREES TO ALL ABOVE POLICIES:**

**Client Signature: Date:**

**RETURN WITH YOUR APPLICATION AND SUPPORTING DOCUMENTATION**