

Applicant Name: _____ Date: _____ Job #: _____ (OFFICE USE ONLY)

Weatherization Application Checklist

PLEASE MARK ITEMS INCLUDED WITH APPLICATION- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Weatherization Application:

Completed & Signed (A1-A2)

Utilities:

- Utility Bill History Release Authorization (A3) **and**
- Copy of Most Recent Utility Bills- Gas and Electric

Health and Safety:

- Health and Safety Evaluation (A4) **and**
- ASHRAE Approval (A5)

Home Ownership (Provide Applicable Option)

- Property Tax Notice or Recorded Deed **or**
- Mobile Home Title (Must be in Applicant's Name) **or**
- Income Property Owner Weatherization Agreement (Renters Only)

HEAT Eligibility:

HEAT Approval (Approval Date: _____)

Without HEAT Approval:

- Copy of the **Social Security Card** for each member of the household.
- Proof of Income**
 - 3 months of income (include pay statement) for all those 18 years of age and older residing in the household **and/or**
 - Current yearly benefit/award letter from the Social Security Office **and/or**
 - Household Income Deficit Statement for anyone 18 years and older without income.
- Proof of Age** – All birthdates must be provided and legible on application
- Proof of Disability (If Applicable)**

Questions/Concerns:

To Submit Your Application or Contact Us with Questions:

Weatherization
850 West 1700 South Suite 1
Salt Lake City, UT 84104

Phone: 801-214-3215

Email: weatherization@utahca.org

Application for Home Weatherization

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

*Head of household: _____
First
Middle
Last

Address: _____ City, St. Zip: _____

Phone#: _____ Secondary #: _____ Email: _____

Family Type (Circle one): Elderly Single Household Two Parent Household Single Parent Female Single Parent Male

Health Insurance Provider for family members: _____ List household members who **do not** have Health Insurance: _____

All household members Name (Last, First)	Date of Birth (mm/dd/yyyy)	Age	Sex	Relationship to Applicant	Social Security Number	Veteran		Disabled		Income		U.S. Citizen		*Race (See Legend)	**Highest Level of Education
						Y	N	Y	N	Y	N	Y	N		
*Head of household (Listed above)				Self											

List additional family member's on a separate sheet of paper

*Race: NA = Native American C = Caucasian H = Hispanic AF = African American A = Asian PI = Pacific Islander Other = Explain

**Education: HD = High School Diploma GED C = College SS = Still in School Other = Explain

This application is for a home Weatherization grant for low-income households and is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Dominion Energy. Proof of income must be included with your application (see attached instructions). Income from all sources must be calculated before taxes and deductions. All household members must submit a copy of their social security card with this application; unless you have been approved for the HEAT program.

I hereby give permission to the administering local agency, State of Utah, U.S. Department of Energy, Rocky Mountain Power, and Dominion Energy to inspect the real property I occupy in order to determine weatherization needs, complete the weatherization work, and after weatherization, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I authorize employers, government agencies, (Soc. Sec. Admin, Veterans Admin, Welfare Programs, etc.) to provide information concerning the income statement above. Where applicable I grant my permission for Rocky Mountain Power to pay the state of Utah for the installation of approved measures and administrative services in the dwelling I occupy, described above. I acknowledge that I have received a copy of the Privacy Act.

Applicant's Signature: _____ Date: _____

Agency Intake Approval: _____ Date: _____

Agency Editor Approval: _____ Date: _____

Home to be weatherized is: Owner Occupied Y N Title is recorded in the name of: _____

Rented or Leased: Y N Landlord Name &Address: _____

A signed Income Property Owner Weatherization Agreement must be included if the application is for a rented or leased dwelling.

Date of construction (if known): _____ *Is the home a mobile/manufactured home? Y N

***All mobile homes require a copy of the "Title" to the home in the name of the applicant.**

Is this dwelling scheduled or in the process for other housing rehabilitation such as (check on): Assist WVC
 Green & Healthy Homes Assist Habitat for Humanity Other _____

Are you interested in learning about any of the other programs offered by Utah Community Action Program if so please specify which programs (circle one or more of the programs listed below):

HEAT Program Nutrition/Food Pantry Head Start Adult Education. For more information call: 211 or 801-359-2444

Please provide as much information as you are able about the household's income. We will not accept any applications that are missing the income portion completely and accurately filled out.

Earned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Employment	Y / N				
Employment	Y / N				
Self-employment	Y / N				
Self-employment	Y / N				

Unearned Income Type	Y / N	Name of Recipient	Date Paid	Gross Amount	How often is income received? (weekly, bi-weekly, twice monthly, monthly)
Social Security, SSI, SSD	Y / N				
Social Security, SSI, SSD	Y / N				
Unemployment	Y / N				
Pension	Y / N				
Retirement	Y / N				
Veterans Benefits	Y / N				
Workers Comp	Y / N				
Other:	Y / N				

Explanation:

Mail/Fax/Email completed application to:

Utah Community Action
 Weatherization Program
 850 West 1700 South Ste. 1
 Salt Lake City, UT 84104
 801-214-3215

Fax: 801-214-3208 Email: weatherization@utahca.org

Authorization to Release Customer Information to a Third Party Agent



This is a legal binding contract. This form must be signed by the account holder or authorized agent for the account holder (such as CFO or City Manager).

Account:

Service Address:

I, _____ of the above referenced account located at _____
CUSTOMER NAME OR AUTHORIZED AGENT ADDRESS

do hereby authorize Questar Gas Company ("Dominion Energy") to release the designated information below

To _____
THIRD PARTY NAME/COMPANY

To _____
THIRD PARTY NAME/COMPANY

This authorization provides the right to the designated Third Party Agent to request information regarding the items initialed below:

- _____ Billing History (not including payment history or discontinuation of service) and all meter usage data used in the billing calculations of the specified account
- _____ All meter usage data relating to the specified account
- _____ A copy of the bills on the specified account mailed to the third party
- _____ Deliver copies of any notices regarding termination of my natural gas service

This authorization will remain in full force and effect until date of _____. *If unspecified, this authorization will be limited to a one-time request.*

I, _____ declare that:

- I am authorized to execute this document on behalf of the account record
- I have the authority to financially bind the Customer Record
- I am granting the Third Party Agent(s) listed above the right to request the release of specified account information

I understand that Dominion Energy reserves the right to verify any and all information provided pursuant to this authorization before releasing customer data to the Third Party Agent.

I hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, and causes of action, damages, or expenses resulting from: any release of information to the Third Party Agent pursuant to this authorization; the unauthorized use of this information by the Third Party Agent; and any actions taken by the Third Party Agent pursuant to this authorization.

Customer Signature: _____

Customer Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 _____.

I, Third Party Agent, hereby release, hold harmless, and indemnify Dominion Energy from any liability, claims, demands, causes of action, damages or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

Third Party Agent Signature: _____

Third Party Agent Company: _____

Third Party Agent Phone Number: _____ Email: _____

Executed this _____ day of _____, 20 _____.

Usage and/or Billing History Information Release Form

Return completed forms to:

Email – BillingUsageRequests@pacificorp.com

Mail – Rocky Mountain Power C/O Billing Usage Requests PO Box 25308 Salt Lake City, UT
84125-0308

Fax – 1-800-842-8458

Customer Name: _____

Address (include apartment, if applicable): _____

City: _____

State and Zip: _____

Customer Account Number(s): _____

Authorizing release of (initial one box only):

- Both Usage History and Billing Information – Requestor may request and receive monthly kWh consumption and billing history for the proceeding 12-month period from the date of each request.
- Billing Information only – Requestor may request and receive billing history for the proceeding 12-month period from the date of each request.
- Usage History only – Requestor may request and receive monthly kWh consumption for the proceeding 12 month period from the date of each request.
- Other (Please specify) _____

Released information to be used for (initial all that apply):

- HUD utility analysis and/or allowances
- Weatherization
- Other (Please specify) _____

I (CUSTOMER) AUTHORIZE THE RELEASE OF MY ACCOUNT INFORMATION ON THE FOLLOWING BASIS* (initial one box only):

- One-time authorization only (limited to a one-time request for information specified above at the time of receipt of this Authorization).
- One year authorization - Requests for information specified above will be accepted and processed each time requested within the twelve-month period from the date of execution of this Authorization.
- Authorization is given for the period commencing with the date of execution until _____ (Limited in duration to three years from the date of execution.) Requests for information specified above will be accepted and processed each time requested within the authorization period specified herein.

*If no duration is specified, authorization will be limited to a one-time release.

Comments: _____

CUSTOMER, PLEASE READ BEFORE SIGNING:

- The Usage History and/or Billing Information Release Form provides our customers a mechanism to authorize Rocky Mountain Power to share data with specified third parties.
- Rocky Mountain Power is committed to safeguarding customer information. We will not share customer account or energy usage data with third parties unless authorized by the customer.
- The attached release form enables Rocky Mountain Power to track the type of information a customer wishes to share with a third party and for how long.
- Rocky Mountain Power can and will revoke releases upon customer request at any time.
- Any alterations to this authorization form after it's been executed by the Rocky Mountain Power customer will render the form null and void.

Authorization:

I (Customer), by signing below authorize PacifiCorp, doing business as Rocky Mountain Power ("PacifiCorp"), to release kilowatt-hour consumption data and/or billing information corresponding to the account(s) identified above to the party listed below. I hereby waive any claims against PacifiCorp arising out of or in any manner related to the release of such consumption, usage, and billing information.

I understand that I may cancel this authorization at any time by submitting a request in writing to PacifiCorp. Such cancellation will not be valid if action was already taken.

Release Information To: Utah Community Action Weatherization

Customer Signature: _____

Date: _____

REQUESTOR, PLEASE PRINT ENTITY NAME AND READ BEFORE SIGNING:

Utah Community Action Weatherization (Third Party Requestor), hereby releases, holds harmless, and indemnifies the Utility from any liability, claims, demand, causes of action, damages, or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization, including rate changes.

Entity / Company
Name: _____

Signature: _____

Date: _____

Title: _____

Telephone
Number: _____

Email address: _____

Occupant Pre-Existing or Potential Health Condition Screening

Client Name

Address to be Weatherized

During the weatherization process your household will be exposed to materials and equipment that may pose a risk to their health and safety. Common weatherization measures may include work on: air sealing, insulation, windows, doors, HVAC and ventilation equipment. Known hazards are similar to those found in a construction environment such as exposure to power tools, excessive noise, dust, temporary odors, etc.

Below is a list of Known Risks associated with having your home Weatherized:

Materials w/ potential allergens:

- Spray Foams
- Caulking
- Adhesives
- Latex
- Duct mastic
- Plastics
- AC Refrigerants
- Insulations

Common Weatherization Risks:

- Exposure to Power Tools
- Disturbance of Mold
- Temporary debris
- Dust
- Noise
- Odors

Do you or any member of your household have any known, or suspected, health concerns that could be made worse by exposure to any of the materials or risks listed above?

No

Yes

If Yes, please describe your concerns below:

A member of our staff will discuss any concerns listed during the initial home assessment (Home Energy Audit) and will work with you to develop a plan to minimize risks.

If you have any health or safety concerns during the weatherization process please contact us:

I am aware of the risks associated with weatherization.
I have carefully read and accurately answered the questions above:

Client Signature

Date

OCCUPANT HEALTH RISK PREVENTION PLAN *To be filled out by Agency when plan to prevent risk is needed*

To prevent the following Health risk(s):

The Weatherization Agency will:

The Client will:

Notes:

I agree to follow the instructions listed in this Health Risk Prevention Plan

Client Signoff:

Date

Agency Rep Signature *(person collecting form)*

Date



Dear Weatherization Client:

In 2011 the American Society of Heating Refrigeration Air Conditioning Engineers (ASHRAE) concluded a study concerning healthy homes. Their recommendations to the Department of Energy (DOE) dealt with the indoor air quality of homes that are weatherized using DOE funds. The conclusions apply to both single family homes and multi-family structures of three stories or fewer above grade, including modular or manufactured homes. The study is only concerned about indoor air quality, not energy efficiency.

Part of the weatherization includes testing such appliances as your furnace and water heater, as well as the general air circulation of your home. ASHRAE requires that the air supply be at a certain level not only for your health as an individual, but will also help to reduce the problems of mold and other indoor air contaminants that cause poor health.

If your home is tested and found to have inadequate air supply based on the ASHRAE 62.2 standards, it may be necessary for our crew to install a continuous exhaust fan in your home. This fan will run at all times. Please understand that this is a requirement of the Department of Energy. Beginning August 15, 2012 for your health and safety we will follow this standard. Your energy auditor will be able to provide you with a determination of the expected cost of operating this fan.

If your home is determined to be one that requires this fan, we must install it or we will be unable to perform any weatherization work on your home. To that end we need your signature below to verify you understand that this fan must be installed for your health and safety and that you give your approval for us to do so. If you decline to give your approval, we will have no alternative but to cancel any weatherization activities in your residence.

I understand that the ASHRAE 62.2 standards may affect my home and require that a continuous operating exhaust fan may be necessary for my health and safety. I confirm that:

I Do **I Do Not** approve of the installation of a continuous operating exhaust fan for the health and safety of my household.

Client signature

Date

Printed name

UTAH COMMUNITY ACTION IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER

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.

The State of Utah 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. However, you need not sign the Billing History Release Authorization form in order to be considered for weatherization assistance.