

APPLICATION FOR WEATERIZATION ASSISTANCE

SOUTHEAST TENNESSEE HUMAN RESOURCE AGENCY

Part I - Applicant Information (Please Print): **APPLICATION NUMBER** _____

Applicant Name: _____ Telephone Number: _____

Applicant Address: _____

City _____ State TN Zip _____

Part 2 - Housing Information (Please check as appropriate):

Type of Structure: Single Family _____ Owner Occupied _____ Rental _____ Public Housing _____
 Private Multi-Unit _____ One Story _____ Two Story _____ Three Story _____ Split Level _____ Mobile Home _____

Exterior Type: Wood/Masonite _____ Aluminus/Steel/Vinyl _____ Stucco _____
 Brick/Stone _____ None _____ or Other _____ Square Feet: _____

If you rent your dwelling unit, please provide the following landlord information:

Landlord Name: _____ Telephone Number: _____

Landlord Address: _____

City _____ State _____ Zip _____

Household Information

Number of Units in Dweling

Total Household Members

Total Elderly in Household

Total Native American in Household

Total Children in Household

Total Children Under 5 in Household

Total Infants Under 12 mo. In Household

Housing Code

Own Mobile Home-Own
 Rent Mobile Home-Rent

Recial/Ethnic Codes

American Indian Asian
 Caucasian Black
 Hispanic
 LIHEAP Applicant Current Year

Part 3A - Categorical Eligibility

Does any member of your household receive Supplemental Security Income (SSI) or cash assistance under the Families First Program: Yes _____ No _____ If "Yes", please attach any documentation of this income, and sigh and date the statement in part 4. You do not have to complete Part 3B.

Adult Protective Service Referral? Yes _____ No _____

Household with high energy burden? Yes _____ No _____

Do you receive regular financial assistance for a disability? Yes _____ No _____

Do you have a permanent disability? Yes _____ No _____

If you claim handicapped status, describe your handicapping condition in your own words.

(Formal verification not required.) _____

Part 3B - Income Eligibility

If no member of hyour household receives income from the SSI of Families First Programs, please complete this part for all household members, and sigh and date the statement in Part 4.

INCOME ELIGIBILITY

NAME	SS NUMBER	BIRTHDAY	RELATION TO APPLICANT	MONTHLY INCOME	DOCUMENTATION ATTACHED: Y/N
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PART 4 - APPLICANT CERTIFICATION STATEMENT

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION FOR WEATHERIZATION ASSISTANCE IS TRUE AND Correct. I understand that any one who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000.00 or imprisonment not more than five Years, or both. I authorize the verification of any and all information provided herein to determoine my eligibility, and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status.

Applicant Signature

Date

FOR AGENCY6 USE ONLY

Are there any known plans for the government acquesition or clearance of dwelling unit: Yes _____ No _____
(If "Yes," the Department of Human Services is to notified before any action is taken on the application.)

Total Annual Household Income Determined: \$ _____

Categorically Eligibility: Yes _____ No _____

Application Status: Approved _____ Denied _____ Priority Points _____

Signature of Intake Worker

Date

Signature of Determining Official

Date

**WEATHERIZATION ASSISTANCE PROGRAM
RELEASE OF INFORMATION*
AND
HOMEOWNER AUTHORIZED AGENCY
CERTIFICATION FORM****

SOUTHEAST TENNESSEE HUMAN RESOURCE AGENCY

I, _____ hereby authorize the above named agency to take the following actions:

- 1 To share information contained in my Weatherization Assistance Program application with other agencies and/or programs from which I seek additional services; and
- 2 (If property owner) To allow work on the dwelling unit listed on my application in accordance with the following provisions:
 - (a) Allow survey and inspection of dwelling unit inside and outside;
 - (b) Allow installation of weatherization materials as required;
 - (c) Allow supervision of installation;
 - (d) Allow follow-up inspection of work; and
 - (e) Such other particulars as may be attached to this agreement.

Signature _____
Applicant or Authorized Agent

Date

*Note: If an applicant or local contracting agency does not want information regarding an application to be shared with other agencies or programs, then draw a line through the first statement before the client's signature is made.

**Note: If an applicant rents and consents to the release of information, then draw lines through the second statement before the client's signature is made.

FUEL RELEASE FORM

I, _____ hereby authorize the release of all information pertaining to my fuel bills, both past and future to the following agency:
SETHRA _____ or its designee.

Fuel Supplier _____

I understand that this information will be used only to provide data for the Low Income Weatherization Assistance Program (WAP) and the Low Income Home Energy Assistance Program (LIHEAP) and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Applicant Signature _____ Date: _____

Agency Staff: _____ Date: _____

Type of fuel used: Electric: _____ Natural Gas: _____ Propane Gas: _____
Wood: _____ Kerosene: _____ Other: _____

Type of heater used:
Forced Air (Central) Heat Pump or Furnace: _____ Gravity: _____
Unvented Gas or Kerosene Space Heater: _____
Vented Gas Space Heater: _____
(Must be vented to outside with metal pipe)

CALCULATION OF ENERGY BURDEN FOR WEATHERIZATION ASSISTANCE PROGRAM

Name Of Applicant

Account Number

Address

City, Zip

DOCUMENTED COSTS FOR ENERGY SOURCES (ENTER AMOUNTS):

COAL			
ELECTRICITY			
FUEL OIL		3% or LESS	5 PTS
KEROSENE		4-8%	10 PTS
L..P. GAS		9-13%	15 PTS
NATURAL GAS		14% or HIGHER	20 PTS
WOOD			
	X 12 = \$		TOTAL PTS.

FORMULA TO CALCULATE ENERGY BURDEN:

(TOTAL DOCUMENTED ENERGY COST) DIVIDED BY THE

(TOTAL DOCUMENTED ANNUAL INCOME FOR THE HOUSEHOLD)

% (ENERGY BURDEN PERCENTAGE*)

****THE PRODUCT OF THE ABOVE FORMULA IS TO BE ROUNDED TO THE NEXT WHOLE NUMBER. FOR EXAMPLE, IF THE PRODUCT IS 9.49%, ROUND THE NUMBER TO 9%. IF THE PRODUCT IS 9.50% ROUND THE NUMBER TO 10%**

**TENNESSEE DEPARTMENT OF HUMAN SERVICES
PRIORITY POINT SYSTEM
WEATHERIZATION ASSISTANCE PROGRAM (WAP)**

APPLICANT NAME: _____ DATE OF PRIORITATION: _____

Income Based of Family Size (35 points maxium)

% of Fedral Poverty Guidelines	Points	Total
0 - 50 %	35	
51 - 75%	30	
76 - 100%	25	
101 - 125%	20	
126 - 150%	15	
151 - 175%	10	
176 - 200%	5	

Energy Burden (20 points maxium)

% of income used for home energy costs	Points	Total
14% or higher	20	
9-13%	15	
4-8%	10	
3% or less	5	

Vulnerable Household Members (95 points maximum)

Household with:	Points	Total
Elderly (80 +)	20	
Elderly (60 - 79)	15	
Disabled	15	
Children under 6 years of age	15	
APS referral	5	
Households with six (6) or more persons	5	
LIHEAP applicant (current fiscal year)	5	
Household has been on waiting list more than 1 year	5	
Household has been on waiting list more than 3 years	15	

Total Points:

0

SOUTHEAST TENNESSEE HUMAN RESOURCE AGENCY

WEATHERIZATION ASSISTANCE PROGRAM

CLIENT'S NAME: _____ DATE _____

ADDRESS: _____ CLIENT NO: _____

PHONE: _____

Please write clear directions to your home in the space provided below. You may also use the back of this sheet for additional space or to draw a map, if necessary. Please use a numbered highway as a starting point for your directions. Be sure and specify "go east, south, etc." and not important land marks.

Directions: _____

Application Number _____

Weatherization Assistance Program Agreement for Provision of Services to Rental Units

This Agreement is entered into this _____ day of _____, 200 , by and between _____ hereinafter referred to as the Owner (or authorized agent), and Southeast Tennessee Human Resource Agency, hereinafter referred to as the Agency.

This Agreement is for the provision of work under the Weatherization Assistance Program (WAP) for the property leased to _____ at the following address:

_____ Street _____ City _____ State _____ Zip Code

and is subject to the following conditions:

- 1 The benefits of the weatherization assistance provided shall accrue primarily to the low income lessee;
- 2 The rent for the property identified above shall not be raised for a period of one year from the completion date of the weatherization work, unless the increase is demonstrably related to matters other than the weatherization work performed;
- 3 The Owner (or authorized agent) agrees that the lessee of the property identified above will not be evicted without legal cause (non-payment of rent, etc.) for a period of one year from the date of the completion of the weatherization work;
- 4 If a complaint regarding a rent increase or eviction action is received by the Agency from the lessee of the property identified above, the Owner (or authorized agent) agrees to immediately provide the Agency, upon request, written information that the terms of this Agreement have not been violated;
- 5 No undue or excessive enhancement shall occur to the value of the property identified above;
- 6 There is no known plan for the government acquisition or clearance of the property identified above within 12 months of its weatherization under the WAP;
- 7 Permission is granted for the Agency to conduct or to make arrangements for the Following activities:
 - a. Survey and inspection of building inside and outside;
 - b. Installation of weatherization materials as authorized;
 - c. Supervision of installation;
 - d. On-site inspection of all completed work; and
 - e. Such other particulars as may be attached to this Agreement;

- 8 The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns; and
- 9 If this Agreement is not adhered to by the Owner (or authorized agent), the cost of the weatherization improvements shall be reimbursed by the Owner to the Agency.

In witness whereof, the parties have set their signatures herein:

Owner/Authorized Agent

Signature

Date

Address

City State Zip Code

Agency:

Authorized Signature

Date

312 Resource Rd

Address

Dunlap, TN 37327

City State Zip Code

WEATHERIZATION ASSISTANCE PROGRAM

NOTIFICATION OF ELIGIBILITY STATUS

APPLICANT: _____ COUNTY: _____

ADDRESS: _____ DATE: _____

Your application for Weatherization Assistance has been processed and you have been determined:

_____ Eligible _____ Ineligible to receive services

If you were determined to be ineligible, it was for the following reason(s):

_____ Income exceeds the established guidelines

_____ Your home has already been weatherized through the WAP Program at your current address.

If you were determined to be eligible for the service, your name will be placed on our waiting list. It may be several months or even years before we will be able to provide weatherization services to you. You will be notified when your name comes up on the waiting list to determine if you are still interested in the service and to up-date your income, if needed.

If you are not satisfied with the decision, you have the right to request an appeal. You may do so by contacting the Weatherization Assistance Director, 312 Resource Rd, Dunlap, Tennessee 37327, Telephone number (423) 949-2191.

Sincerely,

SOUTHEAST TENNESSEE HUMAN RESOURCE AGENCY

Equal Opportunity is the Law

It is against the law for this federally funded Office to discriminate on the following reasons:

Against any individual in the United States, on the basis of race, sex, national origin, handicap, political affiliation of belief; and

Against any individual's in programs funded under Title 1 of the Wordforce Investment Act of 1999 (WIA), on the basis of the individual's citizenship/status as lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 1 financially assisted program or activity.

The recipient must not treat beneficiaries differently in any of the following areas:

Deciding who will be admitted to any WIA Title 1 financially assisted program or activity;

Providing opportunities in, or treating any person with regard to, such program or activity; or

Hiring and firing employees for such a program ar activity.

What To Do If, As A Beneficiary, You Have Been Treated Differently

If you think that you have been subjected to discrimination under a WIA Title 1 funded program or acitivity, you may file a complaint within 80 days from the date of the alleged violation with either:

Diane Powers, Administrative Assistant
312 Resource Rd., Dunlap, TN 37327
Phone: 423-949-2191

Ms. Evelyn D. Gaines, Equal Opportunity Officer
State of Tennessee Department of Labor and Workforce Development
710 James Robertson Parkway
Nashville, Tennessee 37243-0655

Director
Directorate of Civil Rights
U. S. Department of Labor, Room N-4123
200 Constitution Avenue, NW
Washington, D. C. 20210

If you file your complaint with the recipient, you must wait either until the recipient issues a writtne Notice of final Actiopn, or until 60 days have passed (whichever is sooner), before filing with the Directorate of Civil Rights Center (DCR) (see address above).

If the recdipient does not give you a written Notice of final Action within 60 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a compliant with DCR. However, you must file your complaint within 20 days of the 60-day deadline (in other words, within 60 days after the day on which you filed your complaint with the recipient).

If the recipient does not give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 20 days from the date you were sent the Notice of Final Action.

What To Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title 1 financially assisted program ar activity, you may file a complaint within 180 days from the date of the alleged violation with either: The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC.

However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

Signed _____

Date _____

SETHRA

Southeast Tennessee
Human Resource Agency

GREVANCE PROCEDURE
FOR
CLIENTS AND APPLICANTS
OF THE
LIHEAP/WEATHERIZATION PROGRAMS

SOUTHEAST TENNESSEE HUMAN RESOURCE AGENCY POLICIES do not discriminate against any applicant on the basis of race, color, sex or nation origin, disability, or political affiliation. It is our policy to cooperate to the fullest extent with the applicable rules, regulations, and orders issued by the State of Tennessee Department of Human Services for all Department or Human Service Programs. It is our intent that each client be served fairly but in the event of a client feeling they have been treated unfairly; the Agency's grievance policy is listed below.

Any complaints or concerns will first be made to the County Manager in writing with a copy being sent to the Administrative Assistant. All complaints will be responded to within ten (10) working days from the date of the complaint. In the event that the County Manager and/or Administrative Assistant cannot solve the problem, the Executive Director will receive the concern in writing with a copy of all letters and dates of responses being given no later than thirty (30) working days from the initial complaint. If there is no resolution the complaint will be reviewed by the Grievance Committee of SOUTHEAST TENNESSEE HUMAN RESOURCE AGENCY Governing Board. The committee will be given copies of all material relevant to the complaint. After examination, the committee will make determination on the issue raised.

In the event that the Grievance Committee does not reach a satisfactory decision, the Department of Human Services will be contacted to render the final decision.

My signature below indicates that SETHRA has explained the grievance procedure and I have received a copy.

Signature

Date

Witness

Date

HANDICAPPED STATEMENT

I, _____ hereby attest that I am considered handicapped under Section 7 G 6 Section 7 of the Rehabilitation Act of 1973. This section states that "handicapped individual" means any individual who has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment rehabilitation. The nature of my handicap is:

Physical _____

Mental _____

Signature of Client

Date

Witness

Date

WAP FILE CHECKLIST

Client Name: _____

Address: _____

County's Responsibility:

- _____ WAP File Checklist Form
- _____ Application for Weatherization Assistance
- _____ Income Eligibility Documents (If "\$ 0.00" is claimed, fill out Statement of Support)
- _____ Income Worksheet (must be signed)
- _____ Release of Info/Homeowner Certification Form (must be signed)
- _____ Fuel Release Form (must be signed)
- _____ Directions to client's house Sheet
- _____ Handicap Statement (when applicable)
- _____ Rental Agreement (where applicable-two pages)
- _____ Equal Opportunity Is The Law (must be signed)
- _____ Grievance Procedure (must be signed and copy given to client)
- _____ Proof Of Ownership (when applicable-must be documented by county personnel)

County Intake Personnel: _____ **Date:** _____

Central Office Responsibility:

- _____ Priority Points Documentation Sheet w/Energy Burden (two pages)
- _____ Notification of Status letter (must be signed by county personnel)
- _____ Neat Audit (where applicable)
- _____ Client Education Form
- _____ Health and Safety Form
- _____ Bid Sheet
- _____ Attachment A for Private Contractor, when applicable Change Order
- _____ Copies of contractor invoices
- _____ Inspection and Work Completion Form

Central Office Personnel: _____ **Date:** _____