Thank you for your interest in the Weatherization Program. We have included an Application form and a Weatherization Brochure. Please complete the application and return it as soon as possible so that we may begin processing your application. **Please be sure that you answer all questions.**

We also ask that you provide the following documentation to assist our staff in expediting the application process. **If you do not provide this information, we will not be able to process your application.**

- **Proof of Income:** This includes the gross income of all household members age 18 and older at the time the application is submitted, for the three complete months prior to the date of application.
  - Most recent three months pay stubs for each job held.
  - All support payments, benefit payments and interest income (send copies of award letters or check stubs for the last three months).
  - If you are self-employed include 1040 for the most recent year income tax including all schedules and forms.
  - If you are a student please send a copy of your most recent financial aid award letter showing all grants, scholarships and awards as well as the cost of tuition, books and fees.
  - Declaration of no income statement for each household member age 18 and older who did not have income (a copy of this form is attached).

- **Copies of Social Security Cards for all household members who are age 18 or older.**

- **Verification of Residence for each household member age 18 and older (such as listed below)**
  - Drivers license with your physical address on it.
  - Fuel or other utility bill in your name that shows your physical address
  - Lease Agreement
  - Mortgage payment receipt with your name and physical address.

- **If you own your home verification of home ownership such as one of the following**
  - A copy of your Deed, Deed of Trust or Title
  - A copy of your most recent mortgage stamen showing you name and the address of the property.
  - A copy of your most recent property tax statement showing you as the owner of the home.

We greatly appreciate your cooperation. Should you have any questions please contact us at (509) 334-9147 or 1-800-482-3991.

Sincerely,
Weatherization Program Staff

Enclosures: Weatherization Program Brochure
Application - Complete and Return with the verifications listed above:
# Weatherization Energy Audit Application

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Social Security #</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
<td></td>
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<tr>
<td>Co-Applicant</td>
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<tr>
<td>Other household members</td>
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</tbody>
</table>

Are any household members currently attending college? □ Yes □ No

Please attach a copy of your most recent Award Letter showing all grants, scholarships and awards as well as the cost of attendance

<table>
<thead>
<tr>
<th>Name</th>
<th>Name and location of School</th>
<th>Student Status (full time/part time)</th>
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<tbody>
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</table>

**Physical Address of the house to be weatherized:**

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Home Phone #</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
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<table>
<thead>
<tr>
<th>E-Mail</th>
<th>Best way to contact you</th>
<th>Best time to contact</th>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Zip</th>
<th>Amount of Rent</th>
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<tbody>
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</table>

This house is occupied by (please check one): □ a renter or □ the owner

If you rent your home, name of property owner or agent: ________________ Phone #: ________________

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Amount of Rent</th>
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</thead>
<tbody>
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</table>

The property owner will need to approve of the weatherization project and may need to pay part of the cost.

Is the residence a? □ Mobile Home □ Single Family House □ Residence in multi-unit building

Is the residence on? □ 1 floor □ 2 floors □ Other (please explain) ________________

If the residence is a mobile is it □ on a rented lot □ on property owned by you

**Utility Information:**

<table>
<thead>
<tr>
<th>Name of Service Provider (if applicable)</th>
<th>Account Number</th>
<th>Name on Account if different from applicant</th>
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<table>
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<tr>
<th>Electric</th>
<th>Nat. Gas</th>
<th>Propane</th>
<th>Oil</th>
<th>Wood</th>
<th>Coal</th>
<th>Other</th>
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<tr>
<th>Oil</th>
<th>Wood</th>
<th>Coal</th>
<th>Other</th>
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</table>

What is your primary heating fuel? □ Electric □ Nat. Gas □ Propane □ Oil □ Wood □ Coal □ Other

Do you have a secondary heat source? □ Yes □ No

What is your secondary heating fuel? □ Electric □ Nat. Gas □ Propane □ Oil □ Wood □ Coal □ Other

Is your secondary heat source □ forced air or □ space heat □ forced air or □ space heat

Is your main heat source operational? □ Yes □ No

Is your secondary heat source operational? □ Yes □ No □ NA
List all sources of income for the three complete months prior to your application. (For example if you are applying in April, list all household income for the months of January, February and March). Income is all monies received by household members age 18 and older including but not limited to salaries and wages, self employment, retirement, pensions, VA benefits, SSA and SSI benefits, Unemployment, Workman’s Compensation, AFDC and TANF, Child Support, Alimony, rents received, payments from real-estate contracts, interest income, bonuses, commissions and gifts. Please attach verification of each source of income.

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of income</th>
<th>Who received</th>
<th>Name &amp; address of payer</th>
<th>Gross Amount</th>
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<td>Month 1:</td>
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<td>Month 2:</td>
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<td>Month 3:</td>
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Please attach a separate sheet for any additional sources of income.

I certify that I have provided the above information and it 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 authorize the Community Action Center (CAC) to verify information regarding income, housing status and utilities. I authorize the above listed utility service providers, my landlord (if applicable) and my employers to release information to CAC for verification of information or the Washington State Community, Department of Commerce for current and future data analysis. It is understood that a photocopy of this form will also serve as authorization. I also authorize CAC energy auditor to complete an inspection and audit on this house. I understand that there is no fee charged by CAC for the energy audit and it is provided through the energy conservation program for Whitman County. I understand I have the right to file a grievance.

Should you be placed on the waiting list, it is your responsibility to keep the Weatherization department updated of any address or telephone number changes.

__________________________________________  ____________________
Signature of Applicant       Date

__________________________________________  ____________________
Signature of Co-Applicant       Date

__________________________________________  ____________________
Signature of Other adult Household Member      Date

VOLUNTARY INFORMATION: The information requested below is to assure that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. If you do not furnish this information, we are required to note race/national origin and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

For Co-Applicant:  □ Male □ Female
Ethnic categories  □ Hispanic or Latino □ Not Hispanic or Latino
Race/National Origin  □ American Indian or Alaskan Native □ Asian
□ White □ Native Hawaiian or Other Pacific Islander □ Other: (please specify):
Are you disabled?  □ Yes □ No
I do not wish to furnish this information please initial
Are any members of your household disabled?  □ Yes □ No □ I do not wish to furnish this information

For Co-Applicant:  □ Male □ Female
Ethnic categories  □ Hispanic or Latino □ Not Hispanic or Latino
Race/National Origin  □ American Indian or Alaskan Native □ Asian
□ White □ Native Hawaiian or Other Pacific Islander □ Other: (please specify):
Are you disabled?  □ Yes □ No
I do not wish to furnish this information please initial
PLEASE CHECK ALL BOXES THAT APPLY TO YOUR HOME

YES NO Don’t Know
☐ ☐ ☐ Is your heating source operational?
☐ ☐ ☐ Do you have a fireplace? When was the chimney cleaned? _____________
☐ ☐ ☐ If you have a fireplace does it have a liner?
☐ ☐ ☐ Any broken windows?
☐ ☐ ☐ Any holes in the walls (inside or out)?
☐ ☐ ☐ Any holes in the floor?
☐ ☐ ☐ Do you have mold or mildew on the floors, walls, and/or ceilings?
☐ ☐ ☐ Do you have any electrical problems, such as outlets not working, or fuses/breakers constantly tripping or open wiring connections?
☐ ☐ ☐ Does your water heater work properly? Is it ☐ gas or ☐ electric?
☐ ☐ ☐ Do you have an attached garage?
☐ ☐ ☐ Do you have a carbon monoxide detector installed?
☐ ☐ ☐ Do you have smoke detectors installed? How many? ________________
☐ ☐ ☐ Does your roof leak?
☐ ☐ ☐ Any leaking pipes?
☐ ☐ ☐ Any water leaks at the faucets?
☐ ☐ ☐ Is there insulation in the walls?
☐ ☐ ☐ Is there insulation in the ceiling?
☐ ☐ ☐ Is there insulation in the floor?
☐ ☐ ☐ Are there cracks and leaks around doors/windows?
☐ ☐ ☐ Is there weather-stripping around windows or doors?
☐ ☐ ☐ Does the home have storm windows or insulated glass?
☐ ☐ ☐ Are there cracks in the foundation?
☐ ☐ ☐ Is the water heater wrapped?
☐ ☐ ☐ Are the heating ducts wrapped?

In what other areas do you think improvements are needed in your home?

How did you hear about the Community Action Center’s Weatherization Program?

Date:___________________ Primary Applicant Signature:________________________________

Return this form to: Community Action Center – 350 SE Fairmont Road, Pullman WA 99163
Telephone: 509-334-9147 Toll Free: 1-800-482-3991 Fax: 509-334-9105 e-mail: cac@cacwhitman.com
Energy Usage Survey
In order to better serve our clients we are asking you to provide us with the following information.

What is your estimated annual heating cost for the following fuels?

- Propane: $_______________________
- Heating Oil: $_______________________
- Wood: $_______________________
- Coal: $_______________________
- Other heat fuel not including natural gas or electric: $_______________________

On average how many showers are taken in your household per week? ________________
What is the estimated length of each shower? ________________
On average how many baths are taken in your household per week? ________________
Do you hand wash your dishes or use a dishwasher? ________________
On average how many loads of laundry are washed in your household per week? ________________
Do you wash and rinse your clothes in hot water, warm water or cold water? ________________
During warm seasons do you line dry your clothing? ________________
Do you have a programmable thermostat? ________________

What temperature do you set your thermostat during cold weather while you are home? ________________
What temperature do you set your thermostat during cold weather while you are away? ________________
What temperature do you set your thermostat during cold weather for sleeping hours? ________________
What temperature do you set your thermostat during warm weather while you are home? ________________
What temperature do you set your thermostat during warm weather while you are away? ________________
What temperature do you set your thermostat during warm weather for sleeping hours? ________________
Do you use CFL Light bulbs? ________________
Declaration of No Income

I, ___________________________________________, do hereby declare that I have not received any income for the month(s) of:

1. ____________________  2._____________________  3. _____________________

The reason that I have had no income for the months listed above is as follows:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

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 for which I am not eligible.

_________________________________ ____________________________________
Client Signature/Date  Agency Representative/Date