

**APPLICATION FOR HOME WEATHERIZATION**

**This application is for a home Weatherization grant for low-income households. The Weatherization Assistance Program is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Questar Gas. 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. It is illegal to obtain assistance by giving false or misleading information. You should also receive a Privacy Act statement with this application for Weatherization services.**

**ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED**

Applicant's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ E-Mail address: \_\_\_\_\_ (if you have one)

The Home to be weatherized is:

Owner Occupied: \_\_\_\_\_ Title is recorded in the name of: \_\_\_\_\_

Rented or Leased: \_\_\_\_\_ Landlord Name & Address: \_\_\_\_\_

A signed Landlord 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? Yes \_\_\_\_\_ No \_\_\_\_\_

This dwelling is scheduled for or has in progress other housing rehabilitation besides Weatherization. Yes \_\_\_\_\_ No \_\_\_\_\_

Does this household contain members that are Native American? Yes \_\_\_\_\_ No \_\_\_\_\_ (for federal reporting only)

Total number of people living at the above residence: \_\_\_\_\_ List each below:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Soc. Sec. # 18 &amp; Older</u>	<u>Income</u>	<u>Source</u>	<u>Disabled?</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**List additional household members on the back of the application.**

\*Income for the month before application. Income from all sources must be calculated before taxes and deductions. Proof of income must be included with application in order to be considered for Weatherization services.

I hereby give permission to the administering local agency, State of Utah, U.S. Department of Energy, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine weatherization needs, 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 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/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Use this space for additional information, if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* DO NOT WRITE BELOW, FOR OFFICE USE ONLY \*\*\***

INCOME VERIFICATION

<u>Earned Income Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
Total Earned Income	_____
Minus 20% Disregard	_____
Adjusted Earned Income	_____

<u>Other Income Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total Other Income	_____
Adjusted Earned Income	_____
Total Adjusted Income	_____
Medical Deductions (-)	_____
Adjusted Total Income	_____

\_\_\_\_\_ % Poverty Level

I certify that the above income documentation has been examined and verified.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

# Consumption History Release Authorization

For the State of Utah, Division of Community Development  
Weatherization Assistance Program

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Street #

City

Zip

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

	Company Name	Name of Account Holder	Account Number
Electric Provider			
Fuel Provider			

I hereby authorize the release of my consumption history to The Housing Authority of Utah County and the Division of Community Development. I understand that this information will be used to measure the weatherization program's effectiveness in reducing utility costs.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date