

# Weatherization Assistance Program

Clarksville-Montgomery County

Community Action Agency

P.O. Box 487

Clarksville, TN 37041

931-896-1800

## Enclosed Documents

- Weatherization Application
- Home Owner or Renter Permission Form
- Landlord Agreement
- Energy Bill Release

## Documents Needed

- ID for everyone 18 or above
- Social Security Card for all household members
- Gross monthly income for past 3 months
- No Income Document must be Notarized
- Proof of residence
- Energy usage for past 12 months
- Ownership/Lease/Rental Agreement
- Trailer Title or Tax Payment

Thank You,

Sonya Hobbs

931-896-1821

**WEATHERIZATION ASSISTANCE PROGRAM (WAP) APPLICATION FOR ASSISTANCE**

Application is not complete without applicant signature on page 2.

The applicant must provide proof of identity and citizenship with this application. A driver's license, passport, or other government issued document is acceptable proof.

Has this home been weatherized under the WAP program since September 30, 1994 through any TN WAP Agency? (circle) Yes No

If yes, which agency provided assistance?

If yes, what was the month/year weatherization was performed?

For Agency Office Use Only:

DATE APPLICATION RECEIVED: \_\_\_\_\_

DATE APPLICATION COMPLETED: \_\_\_\_\_

APPLICATION TYPE: WEATHERIZATION or RE-WEATHERIZATION

APPLICATION STATUS: APPROVED or DENIED

ADJ. ESTIMATED: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Applicant Name (must provide first and last name): \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County (current home address): \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency/Alternative Contact (Name & phone #): \_\_\_\_\_

NAME		MARITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE (Optional to provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other (define)	CITIZENSHIP (Indicate if U.S. Citizen, Legal Alien, or Illegal Alien)	DOES HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HEALTH INSURANCE	INCOME	Has this person received Families First (Temporary Assistance for Needy Families) or BSI benefits within the last 12 months? Please mark yes or no
Applicant Name:													
Household Member:													
Household Member:													
Household Member:													
Household Member:													
Household Member:													
Household Member:													

**DECLARATION OF DISABILITY** (Please use additional paper if more space is needed)

LIST THE NAME OF ANY HOUSEHOLD MEMBER WITH A DISABILITY BELOW, AND HOW IT WAS ESTABLISHED (Social Security Disability, SSI, VA, Vocational Rehabilitation, etc.):

Single Parent Female

Single Parent Male

2 Parent Household

Single Person Female (no children)  Single Person Male (no children)  More

**HOUSEHOLD TOTAL INCOME** (Below list income information for applicant and all household members. Use additional paper if more space is needed)

NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME (provide proof of all income)	IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS

**HOUSING**  OWN  RENT  SQUARED FOOTAGE: \_\_\_\_\_ YEAR HOME BUILT: \_\_\_\_\_ ROOF CONDITION: (please circle) POOR FAIR GOOD EVIDENCE OF MOLD OR MOISTURE: YES NO

IF OWNER OF HOME, PLEASE PROVIDE THE FOLLOWING INFORMATION:  
 NAME (S) ON DEED: \_\_\_\_\_ DEED BOOK: \_\_\_\_\_ PAGE: \_\_\_\_\_ TITLE # IF MOBILE HOME: \_\_\_\_\_  
 IF RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION:  
 LANDLORD NAME (first and last): \_\_\_\_\_ LANDLORD PHONE NUMBER: \_\_\_\_\_  
 LANDLORD ADDRESS: \_\_\_\_\_

**TYPE OF HOME/STRUCTURE (circle one in each column)**

FOUNDATION TYPE	BUILDING EXTERIOR	SINGLE OR MULTI-FAMILY BUILDING TYPE
Crawl Space	Brick Exterior	Owner Occupied - Site Built
Slab	Vinyl/Siding Exterior	Renter Occupied - Site Built
Basement	Wood Exterior	Mobile Home - Owner Occupied
Mobile Home Skirting	Concrete Exterior	Mobile Home - Renter Occupied
Other (describe below): _____	Other Exterior - Describe Below	Multi-Family - 2 TO 4 Units (enter total units in building: _____) Multi-Family - 5 or more units (enter total units in building: _____)

**Have you received assistance in the Low Income Home Energy Assistance Program (LIHEAP) since October 1, 2018?**  
 Please circle: YES or NO

**HEATING SOURCES (Circle your primary source)**  
 ELECTRIC NATURAL GAS PROPANE KEROSENE WOOD  
 FUELOIL COAL OTHER

HOME ENERGY COSTS: \_\_\_\_\_  
 Utility Company Name: \_\_\_\_\_  
 Utility Company Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Utility Company Name: \_\_\_\_\_  
 Utility Company Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Account #: \_\_\_\_\_

**Do any household members have any known or suspected health concerns that would be negatively impacted by weatherization work?**  
 Please circle: YES or NO

(PLEASE ATTACH STUBS, INVOICES, RECEIPTS, ETC FOR ALL ENERGY SOURCES IN THE HOUSEHOLD)  
 I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF \_\_\_\_\_ IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS.  
 IS THIS ACCOUNT IN YOUR LANDLORD'S NAME? Y or N  
 NOTE: If the energy bill is not in a household member's name, you must provide proof you are responsible for payment of the bill.

**Application Certification**  
 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 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine 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. Pursuant to federal law (5 United States Code 552(b)(5) and 10 Code of Federal Regulations 600.153(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program. I do not agree that the information contained in my application may be shared with other agencies from which I seek additional services.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECT TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM.

**To Be Completed by Agency Staff Only:**  
 Total Children under age 6: \_\_\_\_\_  
 Total Disabled Members: \_\_\_\_\_  
 Total Age 60 yrs or older: \_\_\_\_\_  
 TOTAL HOUSEHOLD MEMBERS: \_\_\_\_\_  
 Total # Illegal Aliens in Household: \_\_\_\_\_

% OF ENERGY BURDEN: \_\_\_\_\_  
 HIGH ENERGY BURDEN? YES NO  
 HIGH RESIDENTIAL ENERGY USER? YES NO  
 CATEGORICALLY ELIGIBLE? YES NO

% OF POVERTY: \_\_\_\_\_  
 APS REFERRAL? YES NO  
 TOTAL PRIORITY POINTS: \_\_\_\_\_

TOTAL ANNUAL HOUSEHOLD INCOME DETERMINED: \$ \_\_\_\_\_  
 TOTAL ANNUAL HOUSEHOLD ENERGY COSTS DETERMINED: \$ \_\_\_\_\_  
 SIGNATURE OF DETERMINING OFFICIAL: \_\_\_\_\_ DATE CERTIFIED: \_\_\_\_\_

## Homeowner Permission Weatherization Assistance Program

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

By signing below, I authorize:

1. I am the owner of the property listed above,
2. This residence is not currently for sale, nor is it designated for acquisition or foreclosure by federal, state or local programs.
3. The Local Weatherization Agency to make arrangements for weatherization activities, including:
  - The inspection of the interior and exterior of my home;
  - Photographs to document work;
  - The installation of weatherization materials as determined appropriate;
  - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
  - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
4. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
5. The Local Weatherization Agency to share information contained in my Weatherization Assistance Program application with agencies and/or programs for which I may qualify for additional services.

Homeowner/Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Energy Bill Release Weatherization Assistance Program

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

I authorize the release of information pertaining to my energy bills, both past and future, to my local weatherization agency or its designee for the purpose of obtaining data for the evaluation of energy conservation effectiveness. I understand that this information will be used only to provide data for the Program and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Energy Provider Name #1: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Energy Provider Name #2: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_  
Sign Date

**If the Account is not in the Applicant's name, the Account holder must sign below:**

I certify that the energy bill at the above address is in my name but the Applicant listed above is responsible for payment of the entire bill. I understand that by signing this statement I am verifying the above named person's responsibility and acknowledge my acceptance of the agencies policies and procedures regarding the payment on this account.

\_\_\_\_\_  
Name Signature Date

## Renter Permission Weatherization Assistance Program

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

By signing below, I authorize:

1. The Local Weatherization Agency to make arrangements for weatherization activities, including:
  - The inspection of the interior and exterior of my home;
  - Photographs to document work;
  - The installation of weatherization materials as determined appropriate;
  - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
  - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
2. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
3. The Local Weatherization Agency to share information contained in my Weatherization Assistance Program application with agencies and/or programs for which I may qualify for additional services.

Applicant/Tenant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Landlord Agreement (Single Family) Weatherization Assistance Program

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

This Agreement is for the provision of work under the Weatherization Assistance Program for the property located at the address above. The Owner/Authorized Agent agrees to the following conditions:

1. The benefits of the weatherization assistance provided shall accrue primarily to the lessee;
2. The rent for the property 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. This rent freeze remains in place for a period of one year from date of completion of the weatherization work, even if the applicant no longer resides in the property;
3. The lessee 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, the Owner/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 government acquisition or clearance of the property within 12 months of receiving weatherization work;
7. Permission is granted for the Agency to conduct or to make arrangements for weatherization work to take place, including, the inspection of the interior and exterior of the home, the installation of weatherization materials as authorized by the weatherization agency, access to the home for the inspection of completed work;
8. In the event the property is sold, the new owner shall be bound by the terms of this agreement;
9. The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns;
10. If this Agreement is not adhered to the cost of the weatherization improvements shall be reimbursed by the Owner/Authorized Agent to the Agency.

Owner/Authorized Agent:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Mailing Address





**Notarized Self-Certification of Income Statement  
Weatherization Assistance Program**

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

A: I certify that during the period of \_\_\_\_\_ that I had the following income or employment:

Source	Amount	Frequency
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B: I certify that during the period of \_\_\_\_\_ I earned zero income.

C: I certify that the following household members 18 years or older have zero income:

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_/\_\_\_\_/\_\_\_\_

I further certify that I cannot obtain proof of this employment and the amount of money I received, and this is a true and complete statement to the best of my knowledge. I further understand that knowingly giving false information for the receipt of Weatherization Assistance Program benefits is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five (5) years, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date subscribed and sworn to before me: \_\_\_\_\_

NOTARY PUBLIC: My commission expires: \_\_\_\_\_

[Notary Seal:]

  

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed/Typed Name of Notary

## Client Education Checklist Weatherization Assistance Program

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

- AC and Heating Systems
  - Discuss appropriate use and maintenance
  - Explain hazards of combustion gas system
- Appliances and Water Heaters
  - Discuss appropriate use and maintenance
  - Explain hazards of combustion gas system
- Asbestos: Discuss possible existence of asbestos in materials
  - How to take precautions if the possibility of asbestos is present
  - Provide results if materials are tested
- Biological and Unsanitary Conditions
  - Inform client of observed conditions (sensory inspection)
  - How to maintain a sanitary home
  - Steps to correct deferral conditions
- Building Structure and Roofing
  - Notify of structurally compromised areas
  - Notify if termites or other wood destroying insects exists
- Client Education Kit: List contents and explain how to use effectively
- Code compliance: Inform Client of observed code compliance issues.
- Combustion Gases
  - Provide combustion gas and hazard information
  - Explain ventilation procedures
    - Importance of the bathroom vent to remove moisture
    - Importance of the kitchen exhaust vent when cooking
  - Importance of maintaining and cleaning equipment
    - Keeping burners clean to prevent CO build up
- Drainage: Explain importance of cleaning and maintaining drainage systems if applicable
  - Proper slope away from residence (5% grade)
- Electrical
  - Provide information regarding overloading circuits, electrical safety/risks
  - Knob and Tube wiring hazards and risk if they are covered (heat build-up)
- Fire Hazards: Inform client of any observed hazards
- Air pollutants
  - Inform client of observed conditions and associated risks
  - Provide written materials on the proper disposal
- Injury Prevention: Inform client of observed hazards and associated risks
- Insulation
  - Use of cellulose (attic and/or walls)
    - With, Boric Acid & Ammonium Sulfate
  - Use of fiberglass
- Lead Based Paint in Homes Built pre-1978
  - Provide Client with EPA's, *Renovate Right* pamphlet

# Client Education Checklist

## Weatherization Assistance Program

- Mold and Moisture**
  - Provide Client with EPA's *Mold and Moisture and Your Home* pamphlet
  - Provide client notification and signed disclaimer
- Pre-existing or Potential Health Conditions
  - Screen the client during pre-audit for any health risks that might impede effective weatherization
  - Inform client of any potential risks
  - Provide agency outcome
  - List any known or suspected health and safety concerns for anyone living the household:

- Pests: Inform client of observed conditions and associated risks
- Radon: Provide client with EPA's *Consumer's Guide to Radon and Radon Informed Consent (If zones 1 or 2)***
- Refrigerant: Set Freezer 0-5° and Fridge 36-40°
  - Inform client not to disturb Freon
- Smoke, CO, and Fire Extinguishers
  - Instruct on the installation of smoke and CO detectors if applicable
- Solid Fuel Heating: Explain potential fire and CO hazards
- Space Heaters: Inform client of hazards and collect a signed waiver if removed**
- Spray Polyurethane Foam: Provide notification of use to seal the home
- Thermostat: Correct setting to be energy efficient (summer 78°, winter 68°)
- Ventilation: Discuss function, maintenance and proper use of ventilation systems

**Client:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Auditor:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Contractor Requirement Checklist Weatherization Assistance Program

Agency:	
Program Year:	
Contractor:	
Contractor Crew Leader:	

**Active TN General Contractor License**

Visit <http://verify.tn.gov/> to check on current contractor license status. If the building is a multi-family building with five or more units, or has more than four floors, the contractor must have an active TN Commercial Contractors License

**System for Award Management (SAM) Status**

Must check the federal Excluded Parties List System (EPLS) prior to entering into a contract to provide services. Visit <https://www.sam.gov> to make sure the contractor is not suspended or debarred from Federal programs. Any contractor on this list is prohibited from providing services, and the sub-grantee agency cannot award a contract for provision of WAP services to the entity. A print screen from system showing the date ran is required in the file.

**WAP Training Certificate**

Certificate issued by CHP or THDA showing WAP training or proof that they have a minimum of 3 years' experience installing weatherization measures

**OSHA Training Certificate**

OSHA 30 for the crew leader and OSHA 10 for workers

**EPA Renovation, Repair and Painting Certificate**

Required for any contractor bidding on work on units built prior to 1978

**Liability Insurance**

All contractors are required to provide proof of liability insurance

**Check Excluded Parties List (EPLS) Annually**

Any contractor on this list is prohibited from participating in the WAP.

*Please see the TN WAP Manual for additional information.*

## Radon Informed Consent Form

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, "Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program," there is a small risk of increased radon levels in homes when the building air tightness levels are improved. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site built homes in high-radon-potential counties. There is evidence that the installation of continuous mechanical ventilation (ASHRAE 62.2 compliant exhaust fans) reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

### **Zones 1 and 2 Only:**

**Precautionary Measures:** Since your house is located in a county identified as having moderate- to high-potential-radon levels<sup>1</sup>, precautionary measures indicated below *may* be installed as part of weatherization:

- Exposed dirt floors covered and sealed
- Floor/foundation penetrations sealed
- Open sump pit capped
- Crawl space venting inspected and/or improved
- Basement isolated (air sealed) from living space
- Other: \_\_\_\_\_

**I am aware that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases. I have received the Environmental Protection Agency's (EPA's) "A Citizen's Guide to Radon," and radon-related risks were discussed. I have chosen to go forward with weatherization, and accept all risks of injury or damages.**

**I have carefully read this informed consent form and have signed it of my own free will.**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Defined as counties with predicted indoor radon screening levels at or above 2 pico Curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact-information#radonmap>

INSULATION CERTIFICATE – 16 CFR 460.17

Date: \_\_\_\_\_

Job Number: \_\_\_\_\_ Permit Number: (if applicable) \_\_\_\_\_  
Site Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
County: \_\_\_\_\_ Agency: \_\_\_\_\_

<b>CEILING</b>	
Batt or Blanket Type _____	Loose Fill Type _____
Brand Name _____	Added Thickness (inches) _____
Total Thermal Resistance (R-Value) _____	Total Thickness (inches) _____
Total Coverage Area _____	Attic Chutes, Baffles, or Dams in place? _____
Number of bags (loose fill only) _____	
Location: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

<b>EXTERIOR WALL</b>	
Frame Type _____ (stick or balloon)	Brand Name _____
Material _____	Thermal Resistance (R-Value) _____
Thickness (inches) _____	PSI of Insulation (i.e. 3.5 lbs psi) _____
Coverage Area _____	(if applicable)
Location: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

<b>RAISED FLOOR</b>	
Material _____	Brand Name _____
Thickness (inches) _____	Thermal Resistance (R-Value) _____
Coverage Area _____	Is Rim Joist Sealed? _____
Ground Cover in place? _____	How Is It Sealed? _____
Location: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

<b>KNEE WALL(S)</b>	
Material _____	Brand Name _____
Thickness (inches) _____	Thermal Resistance (R-Value) _____
Coverage Area _____	
Location: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

<b>FOUNDATION WALL(S)</b>	
Material _____	Brand Name _____
Thickness (inches) _____	Thermal Resistance (R-Value) _____
Coverage Area _____	
Location: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

**Declaration**

I hereby certify that the above insulation installed in the building at the above location in conformance with FTC, Tennessee Weatherization Field Guide, and IRC (Building Codes Enforcement).

\_\_\_\_\_  
Contractor (Signature)

\_\_\_\_\_  
Date