



MID-CUMBERLAND
COMMUNITY ACTION AGENCY
Helping people. Changing lives.

Mid-Cumberland Community Action Agency Weatherization Assistance Program

106 Webster Lane, Lebanon, TN 37087 Phone: 615.742.1113 ext.: 2050

Email: WAP@midcumberland.org

Thank you for your interest in MCCA's Weatherization Program. Please gather the information listed below to complete your application to make your home more energy efficient. Even if you rent your home, this service may be available to you.

*Note: MCCA's Agency application collects information required for the Weatherization Program, and all of the other programs available at MCCA. If you want to apply for ONLY the Weatherization Program, please let a Client Associate know, and you will be given a different application.

The Weatherization Program Application Packet includes:

- MCCA's Agency Application (or Weatherization Only Application)
 - Include all Household members
 - Make sure all signatures are completed
- Social Security Card and Photo ID for the Head of Household

Have you received LIHEAP in the past 12 months? Yes No
Does anyone in the household receive TANF? Yes No
Does anyone in the household receive SSI? Yes No

If you answer "Yes" to any of these questions, please provide the documentation, and skip the next section regarding "Income"

- Proof of Income-for Everyone in the Household
 - 3 months of check stubs
 - If paid weekly-12 most recent check stubs
 - If paid bi-weekly-6 most recent check stubs
 - TANF
 - Unemployment Benefit Letter
 - Social Security, SSI, VA Benefits, Disability, Pension, Retirement
 - Self-Employment-Front page of taxes from most recent tax year, or *Self-Employment form* completed **AND** *Notarized Self-Certification of Income Statement* completed.
 - If you have zero income, there are two forms to complete verifying this. Please ask for the Statement of Support form and the *Notarized Self-Certification of Income Statement* if you have zero income.
- Proof of disability (only if applicable)
 - Disability income

- Proof of disability (only if applicable)
 - o Disability income

- Energy Documents
 - o Electric, Natural Gas, and/or Propane bills for the current month and the 11 preceding months (Total of 12 months of bills)
 - o **Energy Bill Release Form** (signed by the Applicant and the Utility Account Holder, if different)
 - o Are the Utility Accounts in the name of the applicant? Yes No
If no, the utility account holder must sign the box at the bottom of the **Energy Bill Release Form**.

- Is the Applicant also the Homeowner? Yes No
 - o The **OWNER** of the home needs to complete and sign the **Homeowner Permission** form
 - o Please provide **Proof of Ownership**
 - o Copy of your Tax Receipt
 - o Deed
 - o Mobile Home Title
 - o Bill of Sale
 - o Mortgage Statement
 - o If you **RENT** your home **YOU** need to complete the **Renter Permission** form.
 - o Also, if you **RENT** your home, your **LANDLORD** needs to complete and sign the **Landlord Agreement (Single Family)** form.

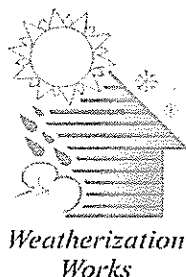
- Keep the **Applicant Appeal Form**
 - o If you are denied and want to appeal that decision, you will need this form.

If you have any questions, or need help gathering this information, please ask a Client Associate for assistance.

Thank you for taking the time to complete this application.

Next steps:

- Your application will be sent to our Corporate Office to determine your eligibility. You will be sent a letter notifying you of your status within 90 Days.
- If you are determined to be eligible, your application will be scored, and will be given points for certain situations (for example: your income, energy burden, age of household members, disability status).
- You will then be placed on a waiting list, and your place on that list is determined by the score of your application.
- When it is your turn on the list, you will be contacted by our Weatherization Auditor, who will need to come to the home and assess its energy efficiency to determine what improvements need to be made.
- Once this is determined, you will be given further information at that time.





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Mid-Cumberland Community Action Agency Application for Services

Application Received Date:

Last Name: _____ First Name: _____ Phone Number: _____

Street Address: _____ Mailing Address: _____
(if Different than Street)

City: _____ State: IN Zip: _____ County: _____ Email: _____

HOUSING INFORMATION: Rent Own Homeless Public Housing Temporary living with family/friends Housing Choice Voucher/Section 8 HUD-VASH Other

NEED APPLYING FOR: Energy Water Medical Food/Personal Hygiene Utility Housing Other _____

Have you received a TEFAP commodity box or are you interested in receiving a TEFAP commodity box? Yes No

Has your home ever been served under our Weatherization Assistance Program? Yes No Are you interested in our Weatherization Assistance Program? Yes No

Information of each Household Member

Begin list with Head of Household, then spouse, then oldest child, etc.

By providing Race/Ethnicity information, it helps show if Tennessee is following civil rights laws. Please use the following to indicate race: W = White, B = Black/African American, A = Asian, H = Native Hawaiian/Other Pacific Islander, I = American Indian/Alaskan Native (Your household is not required to give us this information and it will not affect your eligibility or benefit level.)
INSURANCE: MG- Medicare, MD- Medicaid, S- State Chip, SI, State Insurance for adults, M- Military, D- Direct Purchase, E- Employment Base, N- No Health Insurance, I-Indian Health Insurance

Name	DOB	(Inability or Refusal to provide SSN may result in denial, unless child under 1 yr. old)	Full S.S.#	Ethnicity/Race	Hispanic/Latino	Sex M/F	Disabled	Veteran	WIC	Child Care Voucher	Health Ins	Type of Health Ins	Educ Lev	Relation To the Applicant	Income Source	Mthly Income
1.	/ /	-	-		Y	N	Y	N	Y	N	Y	N				
2.	/ /	-	-		Y	N	Y	N	Y	N	Y	N				
3.	/ /	-	-		Y	N	Y	N	Y	N	Y	N				
4.	/ /	-	-		Y	N	Y	N	Y	N	Y	N				
5.	/ /	-	-		Y	N	Y	N	Y	N	Y	N				
6.	/ /	-	-		Y	N	Y	N	Y	N	Y	N				
7.	/ /	-	-		Y	N	Y	N	Y	N	Y	N				
8.	/ /	-	-		Y	N	Y	N	Y	N	Y	N				

Is any member of your household or immediate family employed by Mid-Cumberland Community Action Agency? YES _____ or NO _____? If yes, please list employee name _____

I certify that all of the information provided by me is true and correct. I authorize the verification of any and all information provided for the purpose of certification and for assistance, and DO _____ or DO NOT _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is liable to prosecution under applicable criminal laws. I certify that I have been informed of the appeal process under provisions of this agency and that I shall be notified (written or verbal) of my eligibility status within the time period acknowledged to me by MCCA personnel. I attest under penalty of perjury that the applicant is either a United States Citizen or qualified alien as defined by 8 U.S.C. 1641(b).

Applicant Signature: _____ Date: _____
Mid-Cumberland Community Action Agency does not discriminate on the basis of race, national origin, sex, disability, or age in its programs, activities and employment

WEATHERIZATION Specific Information: Program year: July 1, 2022 – June 30, 2023

Previously Weatherized: YES NO If Yes, When: _____

Housing Type: Own Rent Year Home Built: _____ Square Footage: _____ Number of Stories: _____

TYPE OF HOME STRUCTURE (Circle one in each column)				
Foundation Type	Building Exterior	Roof Condition	Evidence of Mold or Moisture	Dwelling Type
Crawl Space Slab Basement Mobile Home Skirting Other: _____	Brick Exterior Vinyl Siding Exterior Wood Exterior Concrete Exterior Other: _____	Poor Fair Good	Yes No	Site Build Mobile Home Duplex Triplex Fourplex Multifamily (5 or more units per building) Shelter Other: _____

If OWNER of home, please provide the following information:	If RENTING, please provide the following information:
Name(s) on Deed: _____	Landlord Name: _____
Deed Book: _____ Page: _____	Landlord Address: _____
Title # If Mobile Home: _____	Landlord Phone: _____

Heating Sources: Wood Electric Fuel Oil Coal Kerosene Natural Gas L.P. Gas Other

Utility or Energy company to receive payment:	Additional Utility or Energy company:
Utility Company Name: _____	Utility Company Name: _____
Utility Company Address: _____	Utility Company Address: _____
Phone: _____	Phone: _____
Account #: _____	Account #: _____

Please attach annual energy usage documentation.

I certify that the above account(s) in the name of _____ It is for the use of my household and I am responsible for its payments. Is this account in your landlord's name? Yes No

Have you received assistance in the Low-Income Home Energy Assistance Program (LIHEAP) since October 1, 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone in your household received Families First (TANF) or SSI benefits within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____
Do any household members have a known or suspected health concerns that would be negatively impacted by weatherization work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Certification

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that anyone 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 I have been informed of the 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)(c) 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, 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 _____ or 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 race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local Laws will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of the LIHEAP program.

**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

Statement of Support Weatherization Assistance Program

I certify that I provided the following support (check all that apply):

Food

Clothing

Rent

Gifts (Gifts are contributions of cash, goods, or services for basic necessities that are made without any commitment of repayment. Please specify gift): _____

To: (Applicant Name): _____

For the period of: _____

Relationship to applicant: _____

Signature of Support Person

Date

Signature of Applicant

Date

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

**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

**Applicant Appeal Form
Weatherization Assistance Program**

Address: _____

I reside at the above address and am appealing my Weatherization Assistance Program application denial because:

Signature

Date

Daytime Phone Number