



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

## Weatherization Assistance Program Application Checklist

**Phone:** 615.742.1113 ext.: 2050 **Email:** [WAP@midcumberland.org](mailto:WAP@midcumberland.org) **Mail:** 657 S. Water Ave., Gallatin, TN 37066

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

### Need the following to process your Application:

- MCCAA's Agency Application & Weatherization Specific Page**
  - Include all Household members & Make all questions answered & signatures are completed
- Social Security Card and Photo ID for the Head of Household**
- Proof of Income**-for Everyone in the Household covering previous 90 days (3 months).
  - 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
  - Notarized Self-Certification of Income Statement completed (if Applicable) If you or anyone over 18 is zero income, the Notarized Self-Certification of Income Statement is required.
- Proof of disability** (if disability marked on application)
  - Copy of your SSDI Benefit Letter (must state disabled on the letter) or a Written letter from your PCP stating you are disabled (must be on company letter head, dated and signed by physician)
- Energy Documents**
  - Electric, Natural Gas, and/or Propane bills for most current of the 12 preceding months
  - ***Energy Bill Release Form*** (signed by the Applicant and the Utility Account Holder, if different)
    - Are the Utility Accounts in the name of the applicant? Yes NoIf no, the utility account holder must sign the box at the bottom of the ***Energy Bill Release Form***.
- Does the Applicant Own or Rent?** Own Rent
  - **If you are the OWNER** of the home YOU need to complete and sign the ***Homeowner Permission*** form and please provide **Proof of Ownership**. \*(If more than one homeowner: The Homeowner Permission Form needs to be signed by all parties.)
    - Please provide ***Proof of Ownership*** (One of the following): Copy of your Tax Receipt, Deed, Mobile Home Title, Bill of Sale, Mortgage Statement
  - **If you RENT** your home YOU need to complete the ***Renter Permission*** form.
    - Your **LANDLORD** needs to complete and sign the ***Landlord Agreement (Single Family) Form*** and provide **Proof of Ownership**.
- Keep the ***Applicant Appeal Form***

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



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## Mid-Cumberland Community Action Agency

### Community Services Application

657 S. Water Ave Gallatin, TN 37066 Phone: 615-742-1113 [www.midcumberland.org](http://www.midcumberland.org)

Received stamp:



Name (First, MI and Last): \_\_\_\_\_ Address: \_\_\_\_\_ Apt# \_\_\_\_\_  
 City: \_\_\_\_\_ TN Zip: \_\_\_\_\_ County: \_\_\_\_\_ Mailing Address (if different than above): \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**HOUSING INFORMATION:**  Rent  Own  Homeless  Public Housing  Temporary living with family/friends  Section 8  Other \_\_\_\_\_

***Please check any service below, that you may need assistance with, or information about!***

**SERVICES:**  Head Start/Child Care  Case Management  Nutrition Services  Energy  Water  Personal Hygiene

Housing  Education  Employment  Rent/Mortgage  Other

Name	Marital Status	DOB	(Inability or Refusal to provide SSN may result in denial, unless child under 1 yr. old)	Ethnicity/Race	Hispanic/Latino	Sex M/F	Veteran	Disabled	Food Stamps	WIC	Child Care Voucher	Health Insurance	Type of Health Insurance	Education level	Relation to the Applicant	Income
			Full S.S Number													
1.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
2.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
3.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
4.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
5.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
6.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
7.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
8.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N

Do you have reliable transportation? Yes or No  
 Are you homebound? Yes or No

Would you like to receive text notifications regarding additional services we may offer? Yes or No

If yes, what phone number would you like us to text? \_\_\_\_\_

Is anyone in your household or immediate family employed by MCCA? Y N If yes, please list employee name: \_\_\_\_\_

Please see back page to complete and sign this application

**WEATHERIZATION Specific Information:**

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:
Utility Company Name:
Utility Company Address:
Phone:
Account #:

Additional Utility or Energy company:
Utility Company Name:
Utility Company Address:
Phone:
Account #:

Please attach 12mths of 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, 2023? <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 please provide Documentation)
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*



## **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