



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

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.



**Tennessee Housing Development Agency**  
**WEATHERIZATION ASSISTANCE PROGRAM**

**APPLICATION FORM**

Agency:		Intake Initials:		Intake Date:		Priority Points	Agency Use Only
First name		Middle Initial		Last Name		Eligibility Certification Date	Agency Use Only
SERVICE ADDRESS - Address where you live (this cannot be a P.O. Box)							Date of Birth MM/DD/YYYY
Service Address						Unit Number	
Service City			Service County		Service State	Service Zip Code	
Have you lived at this residence during each of the past 12 months? .....							<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your service address the same as mailing address?.....							<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address/P.O. Box						Unit Number	
Mailing City			Mailing County		Mailing State	Mailing Zip Code	
Social Security Number (SSN):				Primary Phone ( )			
E-mail Address:							

<b>DWELLING INFORMATION</b>	Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent <b>Renters Only, provide Landlord Information below:</b>	
Square Footage: _____	Landlord Information:	
Year Home Built: _____	Name: _____	
	Phone: _____ Email: _____	
	Address: _____	
<b>Building Type:</b>	<b>Building Exterior:</b>	<b>Foundation Type:</b>
<input type="checkbox"/> Site Built <input type="checkbox"/> Mobile/Manufactured Home <input type="checkbox"/> Multi-family Building Total number of units in building: _____	<input type="checkbox"/> Brick Exterior <input type="checkbox"/> Vinyl Siding Exterior <input type="checkbox"/> Wood Exterior <input type="checkbox"/> Concrete Exterior <input type="checkbox"/> Other (describe below) _____	<input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Basement <input type="checkbox"/> Mobile Home Skirting <input type="checkbox"/> Other (describe below) _____

<b>HOUSEHOLD INFORMATION</b>	Are you or someone in your household CURRENTLY receiving SNAP benefits? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you or any household members have any known or suspected health concerns that would be negatively impacted by weatherization work? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter the number of people in the household who are:		Enter the total <b>gross</b> annual income for <b>all</b> people living in the household:	
Ages 0 – 5 Years		TANF	\$
Ages 6 – 17 Years		SSI	\$
Ages 18 - 59 Years		SSA / SSDI	\$
Ages 60 – 74 Years		Paycheck(s)	\$
Ages 75 and older		Pension / Retirement	\$
<b>Total Household Size</b>		Other	\$
		<b>Total Annual Income</b>	\$

*(Household details continued on next page)*

**HOUSEHOLD MEMBERS**

Enter the information below for ALL household members. If you have more than 5 people in your household, please list the information on a separate piece of paper.

**HOUSEHOLD MEMBER 1 (APPLICANT)**

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):	Source of Income:		

**HOUSEHOLD MEMBER 2**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):	Source of Income:		

**HOUSEHOLD MEMBER 3**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):	Source of Income:		

**HOUSEHOLD MEMBER 4**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):	Source of Income:		

**HOUSEHOLD MEMBER 5**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Amount of Gross Annual Income (before taxes):	Source of Income:		

<b>ENERGY INFORMATION</b>	Indicate the types of energy used in your home (check all that apply):	
	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Manufactured log <input type="checkbox"/> Pellets <input type="checkbox"/> Other Fuel	
Are your utilities included in rent or submetered? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please provide energy company information below:
<b>Energy Company Information</b>		
Company Name: _____		Account # _____
Account Holder Name: _____		Energy Type: _____
<b>Energy Company Information</b>		
Company Name: _____		Account # _____
Account Holder Name: _____		Energy Type: _____

**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 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)(6) 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 \_\_\_\_\_/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, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM.**

TO BE COMPLETED BY AGENCY STAFF ONLY		
Application Status: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	If denied, list reason:	
Eligibility Type: <input type="checkbox"/> Income <input type="checkbox"/> Categorical	Total Priority Points:	Site ID:
SIGNATURE OF DETERMINING OFFICIAL:		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

# 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**