



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.



Agency:		Intake Initials:		Intake Date:		Priority Points	
Eligibility Certification Date							
First name		Middle Initial	Last Name			Date of Birth MM/DD/YYYY	
SERVICE ADDRESS - Address where you live (this cannot be a P.O. Box)							
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 <u>gross</u> annual income for <u>all</u> 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>		\$	

*If this form is partially completed on this page, please continue 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.**

<b>TO BE COMPLETED BY AGENCY STAFF ONLY</b>		
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:

# Weatherization Assistance Program | Energy Bill Release Form

**Applicant Name:** \_\_\_\_\_

**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:	
Account Number:	
Name on Account:	
Energy Provider Name:	
Account Number:	
Name on Account:	

**Applicant Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If the account is not in the applicant's name, the account holder must sign below:**

By signing 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 payment on this account.

**Account Holder Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Weatherization Assistance Program | Service Agreement for Owners

**Applicant Name:** \_\_\_\_\_

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

**By signing below, I authorize:**

1. I am the owner of the property listed above.
2. This property 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:
  - a. The inspection of the interior and exterior of my home;
  - b. Photographs of the home related to the energy audit, work orders and subsequent inspections;
  - c. The installation of weatherization materials as determined appropriate;
  - d. Inspection of the work upon completion by the contractor, sub-contractor staff, local, state, and federal officials;
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.

**I understand and agree to the following conditions:**

1. No undue or excessive enhancement shall occur to the value of the property identified above;
2. If this Agreement is not adhered to, the cost of the weatherization improvements shall be reimbursed by the Owner to the Agency.

**Homeowner/Applicant Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Weatherization Assistance Program | Service Agreement for Renters

**Applicant Name:** \_\_\_\_\_

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

**By signing below, I authorize:**

1. The local Weatherization Agency to make arrangements for weatherization activities, including:
  - a. The inspection of the interior and exterior of my home;
  - b. Photographs of the home related to the energy audit, work orders and subsequent inspections;
  - c. The installation of weatherization materials as determined appropriate;
  - d. Inspection of the work upon completion by the contractor, sub-contractor staff, local, state, and federal officials;
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.

**Tenant/Applicant Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Weatherization Assistance Program | Landlord Agreement

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 actions 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, collecting necessary photographs to support the weatherization work, 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

# Weatherization Assistance Program | Statement of Support

I, \_\_\_\_\_, certify that I am providing or have provided the following

(PRINT NAME)

support to \_\_\_\_\_:

(APPLICANT NAME)

Check all that apply:	Expense Type	Amount	Period of time provided to applicant:
<input type="checkbox"/>	Mortgage/Rent	\$	
<input type="checkbox"/>	Utility Bills	\$	
<input type="checkbox"/>	Food	\$	
<input type="checkbox"/>	Transportation	\$	
<input type="checkbox"/>	Phone	\$	
<input type="checkbox"/>	Cash	\$	
<input type="checkbox"/>	Other: _____	\$	
<input type="checkbox"/>	Other: _____	\$	

\_\_\_\_\_  
Signature of Individual Providing Support

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Weatherization Assistance Program | Self-Certification of Zero Income

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

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

You are being asked to complete this form because you or members of your household have reported zero income for the period requested.

I certify that during the period of \_\_\_\_\_ I earned *zero* income.

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please explain briefly how basic needs have been met during this period:

Expense Type	Amount	How has this expense been paid/covered?
Mortgage/Rent	\$	
Utility Bills	\$	
Food	\$	
Transportation	\$	
Phone	\$	

I 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

**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**