

INFORMATION TO BE PROVIDED BY THE APPLICANT WHEN THE APPLICATION IS TAKEN

1. Proof of Income (Copies of Check or Pay Statements)
2. Heating Bill
3. Deed to House- Book # & Page # (If they own house)
OR
4. Deed to Trailer- Title & Serial # (If they own Trailer)
5. Name of Landlord (if house is rented) and Deed- Book # and Page #
6. Name of Landlord (If trailer is rented) and Title & Serial # of trailer
Landlord needs to come in with client to sign rental release forms.
7. THERE IS A MINIMUM OF 3 YEARS WAITING PERIOD (WITH THE
EXCEPTION OF ELDERLY (60 or older)

PLEASE SIGN WHERE APPLICABLE. FAILURE TO COMPLY WILL SLOW THE APPLICATION PROCESS.

IF YOU RENT, YOUR LANDLORD MUST SIGN THE RENTAL FORMS

PLEASE REMEMBER TO INCLUDE DIRECTIONS TO YOUR HOME

If you have any questions feel free to contact (304) 682-8271.

Please remit the application to:
MountainHeart Community Services, Inc.
PO Box 1509
Oceana, WV 24870

**WEATHERIZATION ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE**

JOB NO. _____

Name _____ S.S. _____

Address _____

Telephone _____ My residence is () Owned () Rented

HOUSEHOLD MEMBERS AND INCOME

<u>Name</u>	<u>Date of Birth</u>	<u>Income</u>	<u>Income Source</u>

TOTAL ANNUAL INCOME _____

Number of Elderly	Number of People w' Disabilities	Number of Children	Number of Native Americans	Total In Household

Has the dwelling previously been weatherized by DOE Funds? _____ When? _____
If yes, has the dwelling subsequently been damaged by fire, flood, wind, or any other natural Act of God? _____

Primary Fuel Type _____ Vendor _____ Account No. _____
Secondary Fuel Type _____ Vendor _____ Account No. _____

**On the reverse side please give detailed directions to your home.*

General Disclaimer

I understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. I hereby authorize _____ to obtain information regarding past, present, and future fuel bills. I further authorize work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations. I understand that I cannot hold the agency liable for unidentified health and safety conditions arising out of or in connection with the services performed under this agreement. I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency Weatherization Program. **I also understand that I cannot hold the agency responsible for existing conditions prior to weatherization work or for conditions that may arise from weatherization work after one year from the date of completion.** I further understand that the weatherization crew may need to use my electricity to perform weatherization measures. I certify that to the best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

Signature of Applicant _____ Date _____

FOR AGENCY USE ONLY

This application has been () Approved () Rejected

Signature of Policy Advisory Committee Chairperson or Designee _____ Date _____

Mobile Home

Job No. _____

Name _____ **Phone** _____

Address _____

Directions _____

Date Started _____ **Fuel Type** _____

Date Completed _____ **Supplier** _____

Total Hours _____ **Billing Number** _____

Total Cost _____ **Oil Furnace** _____

INCOME VERIFICATION FORM

Job No. _____

(Must be completed by each member of the household who has income)
(Use additional forms if necessary)

I, _____, state that the source(s) and amount
of my income are as follows:

Amount _____ Sources _____

I give my permission for (agency) Mountain Heart Community Services Inc.
to contact these sources for the purpose of verifying the amount of income.

Date _____ Signed _____

I, _____, state that the source(s) and amount of my
income are as follows:

Amount _____ Sources _____

I give my permission for (agency) Mountain Heart Community Services Inc.
to contact these sources for the purpose of verifying the amount of income.

Date _____ Signed _____

FOR AGENCY USE ONLY

Source(s) Contacted _____

Date _____

Verified _____ Not Verified _____

Person Checking _____

Re-Verification (Applications over 6 months)

Source(s) contacted _____

Verified _____ Not Verified _____

Person Checking _____ Date _____

Job No. _____

WEST VIRGINIA WEATHERIZATION ASSISTANCE PROGRAM
OWNER AGREEMENT

I, _____, owner/agent of the dwelling unit located at _____ and presently occupied by _____ hereby give my consent to having said dwelling unit weatherized by _____.

I further agree that for a period of two years, the rent shall not be raised because of the increased value of the dwelling unit due solely to the weatherization work. In cases where the cost of heating or cooling the dwelling unit is included in the rent, I further agree that any significant reduction in such costs will be passed on to the occupant in the form of reduced rents.

It is understood that West Virginia's Weatherization Assistance Program (WAP) policy requires this agency to obtain investments from the owner to supplement the weatherization energy conservation services to be performed on the building. The policy states that: _____

1. If an owner of the dwelling unit qualifies for WAP, no landlord contribution is expected.
2. If an owner pays heating costs for a rental unit, a mandatory landlord contribution of 15% of the total cost of weatherization is expected.
3. On units where health and safety abatement work needs to be done to a heating system or any combustion appliance, the landlord will be notified and required to contribute a mandatory 50% of the cost of health and safety work, or the work will not be done. (The landlord is also still expected to contribute 15% of the cost of the remaining weatherization work.)

It is further understood that the work to be done shall consist of weatherization activities only, as defined by WAP priorities and standards, and that no undue enhancement shall accrue to the value of the dwelling.

A Program Description has been given to me explaining measures typically performed by the Weatherization Assistance Program. Included in this informational packet is a sample Owner Investment Form illustrating a typical synopsis of the audit/estimate and the owner's projected investment. Also included is a sample invoice based on actual work performed.

An energy audit/cost estimate of needed weatherization work will be made and supplied to me on the Owner Investment Form. I will review this form, and upon agreement, will sign so that work can begin. Upon completion of the agreed work, an invoice will be sent to me reflecting the work completed and by costs based on the above mentioned policy.

Signature of Owner _____ Date _____

Address _____

Phone Number _____

ALTERNATIVE SUPPLEMENTAL AGREEMENT
OF OWNER/QUALIFIED APPLICANT

I, _____, being the owner and qualified applicant occupying the dwelling located _____, do hereby execute this agreement supplementing the weatherization agreement dated _____, and attached hereto.

I hereby further understand and expressly agree that in the event that I become disqualified for weatherization services during the period in which weatherization services are being performed that such services, and materials supplied therefore, will be abated, and no further services, supplies, or repairs will be made unless I again become qualified, or unless or until the new occupant of the dwelling herein described becomes qualified for such services.

IN WITNESS THEREOF, I affix my signature hereto.

DATE

OWNER/APPLICANT

WITNESS

RENTAL RELEASE FORM

AGENCY
WEATHERIZATION PROGRAM FOR LOW INCOME PERSONS
OWNER AGREEMENT GRANTING PERMISSION FOR WEATHERIZATION
OF RENTAL HOME

I, _____, owner/agent of the dwelling
unit located at _____ and presently
occupied by _____ hereby give my
consent to having said dwelling unit weatherized by
_____.

I further agree that for a period of two years, the rent shall not be raised because
of the increased value of the dwelling unit due solely to the weatherization. Instances
where the cost of heating or cooling the dwelling unit is included in the rent, I further
agree that any significant reduction in such costs will be passed on to the occupant in the
form of reduced rents.

It is further understood that the work to be done shall consist of weatherization
activities only, and that no undue enhancement shall accrue to the value of the dwelling.

Signature of Dwelling Owner _____

Date _____

Witnessed by _____

Date _____

SUPPLEMENTAL WEATHERIZATION AGREEMENT

I, _____, owner of the dwelling unit located at _____, and presently occupied by _____, do hereby execute this supplemental agreement, supplementing the owner agreement dated _____, as attached hereto.

I hereby further understand and expressly agree that if the qualified applicant, whose name appears above, ceases to occupy the dwelling herein described while weatherization is being performed, but before such weatherization is completed, the weatherization services being performed and the materials being supplied will be abated, and such services and supplies will not thereafter be forthcoming unless or until the new occupant of the described dwelling also becomes a qualified occupant under the weatherization program. I further understand and agree that in the event that the qualified applicant becomes disqualified before completion of weatherization, said weatherization will be immediately abated and no further improvement will thereafter take place.

IN WITNESS WHEREOF, I affix my signature hereto.

DATE

OWNER

WITNESS