

**WEATHERIZATION PROGRAM
INTERNAL USE
WEATHERIZATION ASSISTANCE PROGRAM APPLICATION**

APPLICANT INFORMATION: APPLICATION DATE: _____
Name: _____ Social Security No.: _____
Address: _____ Date of Birth: _____
City: _____ Telephone No.: _____
Directions: _____

What year was your home built: _____
Do you own your own home? Yes ___ No ___ Section 8 Yes ___ No ___
Do you rent? Yes ___ No ___
If so, from whom?
Name: _____ Address: _____ Phone: _____
Do you pay for heating and cooling of your home? Yes ___ No ___
Have you received assistance from the Oklahoma Department of Human Services LIHEAP Program?
Yes ___ No ___
Has your home been previously weatherized by a Community Action Agency?
Yes ___ No ___ If yes, when? _____

SOURCE OF INCOME

Employment ___ Unemployment ___ Disability ___ Social Security ___
SSI ___ AFDC ___ Other ___
Amount of household income for the last twelve (12) months. \$ _____
If employed, give employer's name, address, and telephone number:

HOUSEHOLD MEMBERSHIP (INCLUDE APPLICANT):

NAME	OCCUPATION	AGE*	RACE*
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***This is voluntary information.**

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973; (2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction Act; or (3) who is receiving benefits under Chapter 11 or 15 of Title 38, U.S. Code?

Yes ___ No ___ If yes, please describe: _____

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FUEL USAGE INFORMATION:

What is the approximate annual cost of heating your house?

Electric \$ _____ Propane \$ _____ Natural Gas \$ _____ Wood \$ _____

HOUSING CONDITION:

1. How many windows are there on your house? _____
How many storm windows do you have? _____
How many windows have cracked or broken panes? _____
2. How many outside doors in your house? _____
Do they need to be replaced or repaired? Yes ___ No ___
Do they need weather strips? Yes ___ No ___
Do they need door sweeps or thresholds? Yes ___ No ___
3. What kind of heating system do you have? _____
Is it vented? Yes ___ No ___
4. Is your ceiling insulated? Yes ___ No ___
Can your ceiling be insulated? Yes ___ No ___
(If not, explain) _____

5. Are your walls insulated? Yes ___ No ___
6. What kind of foundation does your house have? Post & Pillar ___ Solid ___
Do you have large cracks or holes in your solid foundation? Yes ___ No ___
7. What is the exterior of your home (wood, stucco, brick, etc.)? _____
8. What is the year _____ make _____ and model _____ of your refrigerator?
9. Describe any other conditions at your home which could be improved with weatherproofing.

RELEASE OF ENERGY CONSUMPTION INFORMATION:

I hereby grant permission to the _____ to inspect utility and billing records at the _____ for the address of _____. The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

Date

Signature of Applicant

Date

Witness

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

RELEASE OF PERSONAL INCOME INFORMATION:

In order to determine my eligibility for the Weatherization Program, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department of Commerce (ODOC) or its designee to have access to my financial records in my possession or in the possession of any other entity prior to the starting date of the work to be done. I waive my right to privacy or confidentiality.

Date Signature of Applicant

Date Witness

INCOME CERTIFICATION (TO BE COMPLETED BY CAA STAFF):

Source: _____

Comments: _____

Verified By: _____
Signature Date

NOTE:

In accordance with the policies at ODOC, you are hereby informed that you have the right of appeal of the decision made on this application and you have the right to expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of this Agency, who will furnish you with a copy of the Appeals Procedures established under the guidelines of 74 O.S. 5023 (1991).

NOTIFICATION

WATCH OUT FOR LEAD-BASED PAINT POISONING

To: Owners, Tenants & Purchasers of Housing Constructed before 1978

This property was constructed before 1978. There is a possibility it contains lead-based paint. Please read the following information concerning lead-based paint poisoning.

Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, doors and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead when there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous—especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Does your child have stomachaches and vomiting? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the Community Development or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead Based Paint Poisoning

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at the walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

- (a) Cover all furniture and appliances.
- (b) Dust containing lead can be a health hazard. DO NOT vacuum loose paint. Sweep and damp mop.
- (c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. DO NOT BURN THEM.
- (d) Do not leave paint chips on the floor or in window wells. Damp mop floors and window sills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important, and;
- (e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowners Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint does not eliminate the hazard. Remember that you as an adult play a major role in the prevention of lead poisoning. Your actions and awareness about lead problems can make a big difference.

Tenants and Home Buyers Responsibilities

You should immediately notify the management office or the agency through which you are your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing, or a defective roof. You should cooperate with that office's efforts to repair the unit.

I have received a copy of the Notice entitled "Watch Out for Lead-Based Paint Poisoning."

Date Received _____ Print Full Name _____

Address _____ Signature _____

DEEP FORK COMMUNITY ACTION
223 W. 6TH STREET - P.O. BOX 670
OKMULGEE, OKLAHOMA 74447

OCCUPANT AGREEMENT TO CARBON MONOXIDE TESTING

I hereby grant permission to Deep Fork Community Action to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered that Deep Fork Community Action can/or will contact the local gas utility and it could result in my gas being shut off, until the problem is corrected. I also understand that Deep Fork Community Action is under no obligation to make these repairs for me.

Applicant

Date

I refuse to let Deep Fork Community Action check for possible carbon monoxide problems within my home. I understand that by refusing to give my permission for this testing, Deep Fork Community Action cannot satisfy its program requirements, as set by the Oklahoma Department of Commerce and that my application will no longer be considered for weatherization services.

Applicant

Date

OCCUPANT AGREEMENT

The Weatherization Assistance Program shall be defined as an U.S. Department of Energy funded program that increases the energy efficiency of dwellings owned or occupied by low-income persons. The programs serve to reduce the total residential energy expenditures, and improve the health and safety of the home.

I, _____, certify that I am the occupant of the property located at _____ in _____ County in the State of Oklahoma.

I further certify that I give my permission to _____
Community Action Agency

and their subcontractors to perform any and all work related to the Weatherization Assistance Program activities at the property listed above.

I certify that there are no pre-existing medical conditions that will be exacerbated by the performance of weatherization activities. I also certify that the activities to be performed were fully described to me, including moisture and hazardous material problems, and I am fully aware of the measures to be installed, the labor involved to install those measures, and the anticipated results.

I release and hold harmless the State of Oklahoma, its agents, officers and employees, and the **Community Action Agency**, named above, from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

Signature of Occupant

Witness

**2014 POVERTY INCOME GUIDELINES
CONTIGUOUS STATES U.S. GRANTEES
EFFECTIVE JANUARY 24, 2014**

Size of Family Unit	<u>INCOME LEVELS</u>	
	Threshold	200%
1	\$11,670	23,340
2	15,730	31,460
3	19,790	39,580
4	23,850	47,700
5	27,910	55,820
6	31,970	63,940
7	36,030	72,060
8	40,090	80,180

For families with more than 8 persons, 100% of poverty level increases \$4,060 for each additional person. Therefore, for weatherization at 200% of poverty level, add \$8,120 for each additional person.

2014 POVERTY GUIDELINES FOR ALASKA

Size of Family Unit	Threshold	200%
1	\$14,580	29,160
2	19,660	39,320
3	24,740	49,480
4	29,820	59,640
5	34,900	69,800
6	39,980	79,960
7	45,060	90,120
8	50,140	100,280

For families with more than 8 persons, 100% of poverty level increases \$5,080 for each additional person. Therefore, for weatherization at 200% of poverty level, add \$10,160 for each additional person.

2014 POVERTY GUIDELINES FOR HAWAII

Size of Family Unit	Threshold	200%
1	\$13,420	26,840
2	18,090	36,180
3	22,760	45,520
4	27,430	54,860
5	32,100	64,200
6	36,770	73,540
7	41,440	82,880
8	46,110	92,220