Weatherization Application

Notice: Homes that received Weatherization services after September 30, 1994 are not eligible to apply.

Applicant Information (Please Print)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address: (location of home)</th>
<th>Unit # or Manufactured Lot #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>County:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Phone:</th>
<th>Secondary Phone:</th>
<th>Other Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-Mail:</th>
</tr>
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<table>
<thead>
<tr>
<th>Mailing Address - If different from street address</th>
<th>City:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

Utility Information

<table>
<thead>
<tr>
<th>Natural Gas or Propane Provider:</th>
<th>Account #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Electric Provider:</th>
<th>Account #:</th>
</tr>
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Qualification Information

Option 1: Qualify through Public Assistance:
If you, or any member of your household, currently receive any of the following forms of public assistance, you pre-qualify and verification of income is not necessary. However, you must submit a valid approval letter with this application. Check all that apply:

- [ ] Low-income Energy Assistance Program (LEAP)
- [ ] Temporary Assistance to Needy Families (TANF)
- [ ] Aid to the Needy Disabled (AND)
- [ ] Old Age Pension (OAP)
- [ ] Supplemental Security Income (SSI)
- [ ] Social Security Disability Insurance (SSDI)
- [ ] Supplemental Nutrition Assistance Program (SNAP)

OR

Option 2: Qualify through Household Income Verification:
List all household income below and submit pay stubs or other verification for each income source for the past 3 months. Income documentation must be included for each household member with an income. Income is defined as money received from the following sources (check all that apply):

- [ ] Job income
- [ ] Social Security
- [ ] Retirement
- [ ] Disability
- [ ] Spousal Support (alimony)
- [ ] Workers’ Compensation
- [ ] Unemployment
- [ ] Self-employment
- [ ] Other

Household Information (please list all people living in your household, including yourself; attach additional sheet if necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Has a Disability?</th>
<th>Native American?</th>
<th>Gross Monthly Income*</th>
<th>Income Source(s)*</th>
</tr>
</thead>
</table>

Date Approved: July 2018

Please return application to:
Northwest Colorado Council of Governments
PO Box 2308
Silverthorne, CO 80498
Fax: 970-468-1208
Lawful Presence Affidavit

I, _____________________________________, swear or affirm under penalty of perjury under the laws of the State of Colorado that: (check one)

___ I am a United States citizen, or

___ I am a Permanent Resident of the United States, or

___ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Applicant Signature___________________________________________________Date____________________

Applicant must send a copy of current picture identification with application. Acceptable forms of identification include:

- A valid Colorado driver’s license or a valid Colorado identification card
- A valid United States military card/Common Access Card
- A valid United States Coast Guard Merchant Mariner card
- A Native American tribal document
- A valid United States passport
- If you do not possess any of the above documents, your local Weatherization agency can provide you with a list of additional documents which are accepted for verifying lawful presence.
Weatherization Application

Description of Home

Do you own or rent your home? ☐ Own ☐ Rent*
*If you rent your home, your landlord must complete the permission form on page 4.

Type of home:
- House (select one type): ☐ Ranch style (one level) ☐ Bi-Level ☐ Tri-level ☐ House divided into 2 units ☐ Duplex
- Manufactured Home (select one type): ☐ Singlewide ☐ Doublewide
- Other (select one type): ☐ Townhouse ☐ Apartment ☐ Condo ☐ Multiplex ☐ Cabin ☐ Modular

Home features:
- ☐ Finished basement
- ☐ Unfinished basement
- ☐ Crawlspace
- ☐ Pitched roof
- ☐ Flat roof
- ☐ Has an Addition
- ☐ In a Manufactured Home Park

What year was the home built? _______________
How long have you lived in the home? _______________

Heating System: (check all that apply)
- Type: ☐ Forced Air ☐ Boiler ☐ Electric Baseboard ☐ Fireplace/Stove
  - Wall Furnace
  - Space Heater
  - Floor/Gravity
  - No furnace
  - Other: _______________
- Fuel: ☐ Natural Gas ☐ Propane ☐ Electricity ☐ Wood ☐ Other: _______________
- Location: ☐ Basement ☐ Attic ☐ Crawlspace ☐ Wall ☐ Floor ☐ Other: _______________

Cooling System: (check all that apply)
- ☐ Central Air ☐ Window A/C ☐ Swamp Cooler ☐ None

Exterior: (check all that apply)
- ☐ Brick ☐ Wood ☐ Stucco ☐ Vinyl ☐ Aluminum ☐ Other: _______________

Appliances:
- Hot Water Heater Type: ☐ Natural Gas ☐ Propane ☐ Electric ☐ Solar
- Cooking Appliance Type: ☐ Natural Gas ☐ Propane ☐ Electric ☐ Solar

Additional Home Details:
- Is the home for sale or likely to be put up for sale in the near future? ☐ Yes ☐ No
- Are you currently remodeling or doing construction on any part of your home? ☐ Yes ☐ No
  (If yes, please list: _______________
- Does your home have broadband internet? ☐ Yes ☐ No
- Is anyone in the household on oxygen? ☐ Yes ☐ No
- Does anyone in the household have allergies or hyper-sensitivities to dust, fiberglass, cellulose, mold, latex, or common building materials? ☐ Yes ☐ No
  (If yes, please list: _______________

Home Access Authorization

Access to your home: Do you agree to and understand that Colorado weatherization technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed? Please note that a State Quality Assurance Inspector may also return within one year of work completion to inspect the work, including all safety and diagnostic testing. ☐ I agree

Permission to photograph home: Do you agree to allow Colorado weatherization technicians and contractors and its designees to photograph the unit for pre and post-work documentation? Photographs and any identifying information will be kept private. ☐ I agree

Before weatherization work can begin, the home must meet a minimum standard of housekeeping. Do you agree to and understand that work areas (specifically areas around heating systems, attic and crawlspace accesses and exterior doors and windows) are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed? ☐ I agree ☐ All of the members of my household have a disability that prevents agreement.*
*Reasonable accommodations may be made for households with disabilities.

Applicant Signature___________________________________________________Date_____________________

Date Approved: July 2018                               Colorado Energy Office Weatherization Application
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To the LANDLORD or PROPERTY MANAGER:

Your tenant is applying for weatherization services provided by the Colorado Energy Office Weatherization Assistance Program (CEO WAP). If the application is approved, they will be eligible to receive free energy efficiency services that will help them save money on their energy bills and make their unit more comfortable and safe. Weatherization services includes an energy audit and safety diagnostics of the home. The energy audit will determine what energy savings measures can be provided to the tenant at no charge. These free measures may include additional attic insulation, wall insulation, crawlspace/floor insulation, air sealing, storm windows, ventilation, and furnace or hot water heater repairs. In multifamily housing (between 2-4 units), if the energy audit reveals the need for heating system replacement or identifies a highly inefficient refrigerator, the program will seek matching funds from you, the landlord. Because this program is federally-funded and focused on serving low-income households, the typical cost to the landlord for replacement of heating systems or refrigerators is significantly less than 50% of market rate. In these cases you will be presented with all options before moving forward.

Additionally, in order to provide the maximum improvement in comfort, energy savings, and safety, the CEO WAP assesses all areas of the home that could be improved. In some cases, making these improvements to the home can be moderately invasive. For instance, if the walls of the home lack adequate insulation, the weatherization crew may be able to retrofit the walls with insulation, which would require drilling holes through the interior or exterior wall surface. Once insulation is installed, the holes are plugged and patched with spackle or drywall compound as close to the original texture as possible. In some cases the patch may remain somewhat visible. While every effort will be made to blend the patches, extensive drywall repair, wallpapering, or custom texturing cannot be provided. Examples of other measures that may be moderately invasive include ceiling insulation, furnace replacement, and air sealing. Similar to wall insulation, these measures may involve cutting into interior or exterior wall surfaces and may leave behind visual evidence of such.

The goal of the CEO WAP is to provide maximum improvements to comfort, energy savings, and safety. All measures that are deemed cost-effective for your home are strongly encouraged, however, you do have the right to decline certain measures for aesthetic or other reasons. Please be aware that due to the design of the program and federal requirements, if you decline some measures, other measures may no longer be available to you.

If you have concerns about how these measures might impact your property, please indicate below:

- [ ] I give my consent and I have no concerns about the CEO WAP serving my property.
- [ ] I have concerns about heating system or refrigerator repair or replacement.
- [ ] I give my consent, but have concerns about: __________________________
- [ ] I do not give my consent for the CEO WAP to serve my property.

The refrigerator in the property is owned by the: [ ] Tenant [ ] Landlord

I have read and understand the terms and conditions presented herein, and except for the conditions above, grant permission to perform such weatherization measures as may be suited to this property under the CEO WAP standards. I also certify that the property is not presently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program. In addition, I agree that rent shall not be raised due solely to the increased value weatherization provides to the dwelling unit. I hereby release and pledge to defend and indemnify CEO WAP, its employees, agents, and independent contractors involved from any liability or loss in connection with the performance of weatherization assistance or any act or eventuality arising from this work.

Landlord Name and Landlord Mailing Address

<table>
<thead>
<tr>
<th>Landlord Primary Phone #</th>
<th>Landlord Other Phone #</th>
<th>Landlord Email Address</th>
</tr>
</thead>
</table>

Landlord Signature and Date

Date Approved: July 2018

Colorado Energy Office Weatherization Application
To the HOMEOWNER / TENANT:

In order to provide the maximum improvement in comfort, energy savings, and safety, the Colorado Energy Office Weatherization Program (CEO WAP) assesses all areas of your home that could be improved. In some cases, making these improvements to your home can be moderately invasive. For instance, if the walls of your home lack adequate insulation, the weatherization crew may be able to retrofit the walls with insulation, which would require drilling holes through the interior or exterior wall surface. Once insulation is installed, the holes are plugged and patched with spackle or drywall compound as close to the original texture as possible. In some cases the patch may remain somewhat visible. While every effort will be made to blend the patches, extensive drywall repair, wallpapering, or custom texturing cannot be provided.

Other comfort, energy-saving, and safety measures that may be moderately invasive include ceiling insulation, furnace replacement, and air sealing. Similar to wall insulation, these measures may involve cutting into interior or exterior wall surfaces and may leave behind visual evidence of such.

The goal of the CEO WAP is to provide maximum improvements to comfort, energy savings, and safety. All measures that are deemed cost-effective for your home are strongly encouraged, however, you do have the right to decline certain measures for aesthetic or other reasons. Please be aware that due to the design of the program and federal requirements, if you decline some measures, other measures may no longer be available to you.

If you have concerns about how these measures might impact your home, please indicate below and discuss these concerns with the energy auditor*:

☐ I have no concerns about the Weatherization Program serving my home.

☐ I have concerns about wall insulation.

☐ I have concerns about ceiling or attic insulation.

☐ I have concerns about: ____________________________________________________________

I have read and understand the terms and conditions presented herein, and except for the conditions above, grant permission to perform such weatherization measures as may be suited to this property under the CEO WAP standards. I also certify that the home to be weatherized is not presently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program. I hereby release and pledge to defend and indemnify CEO WAP, its employees, agents, and independent contractors involved from any liability or loss in connection with the performance of weatherization assistance or any act or eventuality arising from this work.

Applicant Signature_________________________________________________Date_____________________

*For Tenants: Permission granted by the Landlord represents final decision related to weatherization concerns.

Client complaints regarding the rent being raised solely due to the increased value of weatherization upgrades to the dwelling unit, should be directed to 303-866-2100.
How did you hear about the weatherization program? (check all that apply)

<table>
<thead>
<tr>
<th>LEAP</th>
<th>Utility Company</th>
<th>Newspaper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services Office</td>
<td>Brochure</td>
<td>Television</td>
</tr>
<tr>
<td>Heat Help Line</td>
<td>Friend / Family Member</td>
<td>Radio</td>
</tr>
<tr>
<td>2-1-1</td>
<td>Bus ad/Billboard</td>
<td>Other:</td>
</tr>
</tbody>
</table>

[Do Not Write Below - For Office Use Only]

I certify that this client is eligible under the appropriate funding guidelines.

☐ Unit WAS weatherized in ______________________ ☐ Unit has NOT been previously Weatherized

Authorized CEO WAP Agent ______________________ Date Approved __________ Income Verification ______________________ POV Level% ______________________ HHN or Qualifying Program ______________________

Date Eligibility Expires ______________________   Job #____________________