



Weatherization Assistance Program Application

If your home is currently under construction, has been weatherized within 15 years, or is for sale, you are not eligible for weatherization services.

Applicant Information: (Please write in print)

First, Middle, & Last Name: _____

Street Address with unit: _____

City, County, & Zip: _____

Primary phone number(s): _____

Email address: _____

Mailing Address, if different from street address: _____

Utility Information:

Heating Fuel Type (e.x. Electric, natural gas, propane, oil, wood/pellets, coal): _____

Heating Fuel Provider and Heating Utility Account Number

(Account number can be found on your utility bill): _____

Electric Utility Provider: _____

Electric Utility Account Number (Account number can be found on your utility bill): _____

Premise Number (Xcel customers only): _____

Over a 12 month period, what is your average monthly utility cost*: \$ _____

*Please add your combined monthly costs for gas, electric, propane or other heating fuel costs for the past 12 months

*Then divide by 12.

Average household monthly income for the past 3 months: _____

Home Information:

****If you rent your home, your landlord must complete the permission/consent form on page 7.**

- Manufactured/ Mobile home
- Single Family Detached House/ Single Site Built
- 2/3/4-plex Site Built
- Other: _____
- Home Year Built: _____
- Own or Rent**? _____

Additional Questions:

- Check this box if you are currently remodeling any part of your home
- Check this box if anyone in the household is on oxygen
- Check this box if anyone in the household has allergies or hyper-sensitivities to dust, fiberglass, cellulose, mold, latex, or common building materials?
- Check this box if anyone in the household has any visual, auditory, or any other disability that will require reasonable accommodation.

Please choose Option 1 **OR** Option 2



Option 1:

Qualify through a public assistance program. If you, or any member of your household, currently receive any of the following forms of public assistance, you may pre-qualify and verification of income may not be necessary.

Do you currently receive any of the below benefits? Check all that apply:

- AND (Aid to the Needy and Disabled)
- SSI (Supplemental Security Income)
- SNAP (Supplemental Nutrition Assistance Program)
- LEAP (Low-income Home Energy Assistance Program)
- TANF (Temporary Assistance for Needy Families)

Please note, under Option 1, you must provide a Public Assistance benefit letter.

Option 2:

Qualify through household income documentation. Applicant must submit income information for all household earners. If there is no household income, a notarized affidavit is required; please call your agency for more information.

Check all that apply:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Most recent income (3 months of pay stubs) 18+ only) <input type="checkbox"/> Social Security Assistance (SSA) Income <input type="checkbox"/> Self Employment Income (fill out self-employment form and provide relevant documentation) <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> Alimony <input type="checkbox"/> Worker's Comp benefits <input type="checkbox"/> Retirement benefits | <ul style="list-style-type: none"> <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Most recent IRS Tax Return Form <input type="checkbox"/> The entire household has no income or no proof of income. This requires the Affidavit of Income/No Income form notarized <input type="checkbox"/> 3rd Party Certification of Income (may include a letter on letterhead, the third-party certification form, or other official verification of income from income source) <input type="checkbox"/> Other (please describe):
_____ |
|---|--|

Household Information

Please list all people living in your household, including yourself (attach an additional sheet if necessary)

Full Name	Age	Has a disability	Indigenous American	Race/Ethnicity	Gross Monthly Income	Source of Income

Applicant Consent

Information Sharing Consent Form

For other community services programs:

There are other programs outside of the Weatherization Assistance Program and Colorado Energy Office that may help you lower your utility bill (for example, community solar programs). If you would like CEO WAP to share your name and contact information (address, phone number, email) with your utility for the purposes of receiving additional information about these programs, please agree below:

- I consent
- I do not consent

For the Electric and Gas Service Affordability Programs

- There are programs designed to ensure income-qualified consumer's payments are based upon their income and ability to pay for their utilities. Consumers may qualify for Electric and Gas Service Affordability Programs after they have worked with the Colorado Low-income Home Energy Assistance Program (LEAP) or CEO WAP program to determine eligibility.
- For some utility companies, there are Electric and Gas Service Affordability Programs that ensure income-qualified consumers are only paying a specified or set percentage of their monthly income on electric and natural gas bills. Consumers may qualify for these programs after they have worked with the LEAP or WAP program to determine eligibility. If you receive utility service from Xcel Energy, Black Hills Energy, Atmos Energy, or Colorado Natural Gas, and would like CEO WAP to share your name, contact information (address, phone number, email), and income with your utility for the purposes of learning more about affordability programs, please agree below:

- I consent
- I do not consent

Home Access Authorization

Access to your home: Colorado weatherization technicians and contractors must be given access to all rooms and spaces in your home. **Technicians and contractors must have clear access to heating systems, attic, crawlspace and exterior doors and windows. These areas must be reasonably hygienic and clear of debris and clutter.** Work will occur during business hours and on a reasonable schedule. A State Quality Assurance Inspector may also return within one year of work completion to inspect the work, including conducting safety and diagnostic testing.

- I Agree

Permission to photograph home: Colorado weatherization technicians, contractors, and other staff may photograph the unit for pre and post-work documentation. *Photographs and any identifying information will be kept private.

- I Agree
- I do not Agree



Applicant Signature Page

Applicant must sign this page. For applicants who are renters, the LANDLORD or PROPERTY MANAGER must also sign the landlord section on the following page.

You (the applicant, homeowner or the tenant) are applying to the Colorado Energy Office Weatherization Assistance Program (CEO WAP). If the application is approved, the applicant will be eligible to receive free energy efficiency services that will help the household save money on energy bills and live in a space that is comfortable and safe. The goal of CEO WAP is to provide maximum improvements to comfort, energy savings, and safety.

WAP services include an energy audit and safety diagnostics of the home. The energy audit will determine what energy savings measures can be provided at no charge. These free measures may include additional attic, wall, and floor insulation, air sealing, ventilation, replacing a highly inefficient refrigerator, and/or furnace or hot water heater repairs.

In order to provide the maximum improvement in comfort, energy savings, and safety, CEO WAP assesses all areas of the home. In some cases, making these improvements to the home can be moderately invasive. If you want more information on what may occur, please contact the service provider.

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 CEO WAP serving my property.
- I give my consent, but have concerns about: _____

Please Read This Section Carefully:

By my signature below I authorize Colorado weatherization staff and crew to enter the home (as identified in my application) as needed to perform weatherization work as suited to this property under CEO WAP standards. Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I hereby release the State of Colorado and its agencies, officers and employees, including but not limited to CEO WAP from any liability.

In addition, I hereby waive any right of action from any and all causes and claims that I may have. I further agree not to sue on any such cause or claim. To the extent I have consented for CEO WAP to release my information to a utility, or have my home photographed, I agree to defend and indemnify and hold the State/CEO WAP harmless for any losses, judgments, or damages that I may incur due to the release of my personal information or photographs.

In addition, I agree to defend and indemnify and hold the State/CEO WAP, harmless for any losses, judgments or damages that may be incurred, including but not limited to attorneys' fees, arising out of any lawsuit related to to this application and in connection with the performance of weatherization assistance or any act or eventuality arising from this work.

I attest that the information on this form/application is correct and complete. I acknowledge that providing false, inaccurate, or incomplete information may result in termination of participation in the program and possible criminal liability.



Applicant Signature Page Cont.

I authorize the release of income and benefits information to CEO WAP to document my eligibility.

Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the CEO WAP is required to keep confidential any specifically identifying information related to an individual's eligibility application for weatherization services, or the individual's participation in weatherization services, such as name, address, or income information. The State of Colorado in conjunction with CEO may, however, release information about recipients, in the aggregate, in a manner which does not identify specific individuals. Any personal identifiable information released is only done so with a signed consent from the client.

I further attest that the property is not presently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program.

- For Tenants: Permission can only be granted by the Landlord/owner of the home. This represents the final decision related to weatherization concerns.
- Client complaints regarding rent being raised due to the increased value of WAP upgrades to the dwelling unit should be directed to the agency weatherizing their home.
- Pursuant to Colorado Senate Bill 21-199, as of July 1st 2022, undocumented individuals may receive assistance without providing lawful presence documentation or completing a lawful presence affidavit AND with the assurance that all personal and identifying information is protected by Colorado Energy Office Weatherization Assistance Program Policy 303, Client Confidentiality.

Applicant Signature: _____ Date: _____

Weatherization staff to fill out:

Application Completion Date:	Application Approval Date:	Application Expiration Date:	
Unit Previously Weatherized <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously Weatherized Date (if applicable):	Qualifier:	SMI/FPL/AMI %:
Year Built:	Compass Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Historic Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job #	Staff Signature:		Date:



Important: If you are not a lawfully present resident you DO NOT need to fill out the Lawful Presence Affidavit. You may still be eligible to receive assistance regardless of your lawful presence status.

Lawful Presence Affidavit

If you are a United States citizen, or a Permanent Resident of the United States, or lawfully present in the United States pursuant to Federal law you are required to complete the following Lawful Presence Affidavit form.

Pursuant to Colorado Senate Bill 21-199, as of July 1st 2022, undocumented individuals may receive assistance without providing lawful presence documentation or completing a lawful presence affidavit AND with the assurance that all personal and identifying information is protected by Colorado Energy Office Weatherization Assistance Program Policy 303, Client Confidentiality.

Federal Lawful Presence Affidavit

I, (fill in your name) _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(please check only one)**:

- I am a United States citizen
- I am a Permanent Resident of the United States
- 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 federal public benefit. I understand that federal 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: _____



Landlord or Property Manager Signature Page



For landlords or property managers: In addition to agreeing to the below, you also agree rent shall not be raised due solely to the increased value weatherization provides to the dwelling unit.

Your tenant is applying to the Colorado Energy Office Weatherization Assistance Program (“CEO WAP”). If the application is approved, the applicant will be eligible to receive free energy efficiency services that will help the household save money on energy bills and live in a space that is comfortable and safe. The goal of CEO WAP is to provide maximum improvements to comfort, energy savings, and safety.

WAP services include an energy audit and safety diagnostics of the home. The energy audit will determine what energy savings measures can be provided at no charge. These free measures may include additional attic, wall, and floor insulation, air sealing, ventilation, replacing a highly inefficient refrigerator, and/or furnace or hot water heater repairs.

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- I give my consent and I have no concerns about CEO WAP serving my property.
- I give my consent, but have concerns about: _____

By my signature below I authorize Colorado weatherization staff and crew to enter the home (as identified in my application) as needed to perform weatherization work as suited to this property under CEO WAP standards. Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I hereby release the State of Colorado and its agencies, officers and employees, including but not limited to CEO WAP from any liability. In addition, I hereby waive any right of action from any and all causes and claims that I may have. I further agree not to sue on any such cause or claim. To the extent my tenant has consented to have my home photographed, I agree to defend and indemnify and hold the State/CEO WAP harmless for any losses, judgments, or damages that I may incur due to the release of photographs. In addition, I agree to defend and indemnify and hold the State/CEO WAP, harmless for any losses, judgments or damages that may be incurred, including but not limited to attorneys’ fees, arising out of any lawsuit related to to this application and in connection with the performance of weatherization assistance or any act or eventuality arising from this work.

I attest that the information on this form/application is correct and complete. I acknowledge that providing false, inaccurate, or incomplete information may result in termination of participation in the program and possible criminal liability.

I further attest that the property is not presently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program.

Landlord Name: _____

Mailing address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Landlord Signature: _____ Date: _____