

Governor's Energy Office Weatherization Application

APPLICANT INFORMATION (please print)

Last Name:	First Name:	Middle Initial:
Street Address: (location of home)	Unit # or Mobile Lot #	
City:	County:	Zip:
Home Phone:	Work Phone:	Cell Phone or Message #:
Mailing Address (PO Box)	City:	Zip:

UTILITY INFORMATION:

Natural Gas or Propane provider: _____ Account #: _____

Electric Company provider: _____ Account #: _____

QUALIFICATION INFORMATION:

To AUTOMATICALLY QUALIFY through PUBLIC ASSISTANCE, check all that apply. You must provide proof for one of the following by submitting a copy of a recent approval letter with this application.

TANF AND OAP SSI (Supplemental Security Income)

MEDICAID Social Security # _____

LEAP LEAP Household Number: _____

To Income Qualify:

You must send income proof if you are not on one of the programs listed above. Send in pay stubs for the past 3 months of each employed household member.

Household income is received from: Job income Social Security Retirement Disability Alimony Workers Comp
 Unemployment Self-employed

If employed, what date did you start your current job? _____ **Gross monthly income: \$** _____

HOUSEHOLD INFORMATION:

Name (List yourself and all household members. Please attach separate sheet if more than six people.)	AGE	Do you have an income?		Are you disabled?		Are you Native American?		Are you a single parent?	
		YES	NO	YES	NO	YES	NO	YES	NO

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DESCRIPTION OF HOME:

Do you own or rent your home? OWN or RENT

If you are renting your landlord will need to fill out the Weatherization Permission Form

If this home is currently for sale weatherization services cannot be provided

*Has this address been weatherized before? Yes No If yes, name of Agency: _____ (year) _____

*The home I live in is: Ranch style (one level) Bi-Level Tri-level House divided into 2 units
 Mobile Home Singlewide Doublewide House Townhouse Apartment Condo Duplex
 Multiplex Cabin Modular Other: _____

*What is the approximate age of your home: _____

*The home I live in has: Finished basement Unfinished basement Crawlspace Pitched roof Flat roof

*The exterior siding of my home is: Brick Wood Stucco Vinyl Aluminum
 Other: _____

*Location of Furnace: Basement Crawl space Wall Floor Closet Other: _____

*Type of Heating System (check all that apply): Forced Air Furnace Electric Baseboard Heat Boiler
 Gravity Space Heater Wood burner / Wood Stove Coal Heater No Furnace Propane
 Other: _____

*Type of hot water heater: gas propane electric

*Type of cooking stove: gas propane electric

*Who is the owner of the home's refrigerator? Owner Landlord

*Are you currently remodeling or doing construction on any part of your home? No Yes

***Please describe** _____

*Is anyone in the household on oxygen Yes No

Please list allergies in the household including dust, fiberglass, cellulose, mold, chemical sensitivity and latex.

HOME ACCESS AUTHORIZATION:

Before weatherization work can begin, all homes must meet minimum standards of housekeeping.

- I agree
 Disability present (please describe in comments below)

Do you agree to and understand that areas are to be free of debris, clutter, pets and be reasonably hygienic where work is to be completed? (Where these conditions exist because of a disability, reasonable accommodations may apply.)

Access to your home:

- I agree

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?

Permission to photograph home:

- I agree

Do you agree to allow the Governor's Energy Office (GEO) Weatherization Program and its designees to photograph the unit for pre- and post-work documentation?

Comments: _____

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LEGAL RESIDENCY 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.

Signature

Date

Applicant **MUST** send with application a copy of current picture identification. 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 passport

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PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes Colorado weatherization Staff and Crew to enter my home as needed to perform weatherization and furnace work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand the warranty is one (1) year of workmanship with materials being covered by manufacturers' warranties only. My signature below authorizes the Governor's Energy Office (GEO) Weatherization Program and its designees to inspect heating, fuel usage and utility billing records for up to 5 years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I agree, on behalf and for all who stand in my stead, that the GEO, its sub grantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the GEO Weatherization Program to document my eligibility.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature _____ Date _____

CLIENT APPEALS PROCESS:

Once you have completed the application for services, you have the right for your application to be processed within 30 days. If your application is not processed within 30 days or if you are denied services, you may appeal the decision using the following appeals procedure: You may appeal to the Program Manager or Executive Director of the local weatherization agency. The Program Manager or Executive Director will issue a decision in a written letter within 30 days receipt of the notice of appeal. If the Program Manager or Executive Director denies services and you still are in disagreement, you have 15 days after receiving the written notification by the Program Manager or Executive Director to appeal to the Governors Energy Office Weatherization Program. Appeals to the GEO should be in writing and addressed to: Governors Energy Office Weatherization Program, 1580 Logan St. #100, Denver, CO 80203. The GEO will have 30 days to respond in writing to all appeals and the decision will be considered final.

(Do Not Write Below This Line---For Office Use Only)

I certify that this client is eligible under the appropriate funding guidelines JOB # _____ <input type="checkbox"/> unit has not been previously Wx'ed				
_____	_____	_____	_____	_____
Authorized WX Agent Signature	Date Approved	Income Verification	POV Level %	HHN or Program

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Governor's Energy Office Weatherization Permission Form

To the **LANDLORD** or **PROPERTY MANAGER** of the rental property listed below:

Your tenant is applying for free weatherization services provided by the Governor's Energy Office Weatherization Program. Please complete this permission form for our records. Our files are confidential; your name will not be given out. An energy audit will be done and there is no cost to you for the approved energy conservation materials or installation. If an unsafe condition is found with the heating system or water heater by our technicians, options for repairs or replacements will be discussed prior to any further work on the residence. If significant safety problems are found, the owner will be asked to participate in the cost of repairs or replacements. The Colorado weatherization program has a one year guarantee on all parts and materials installed.

If the walls and/or ceiling cavities are found to be in need of insulation, with your permission, the insulator may drill holes in the interior or exterior surfaces in order to fill these cavities with insulation. While all holes will be plugged, patched and prepared for finish similar to the existing finish, it may not be practical to match textures or materials. Painting, texturing and/or wallpapering part or all of the surfaces will not be the responsibility of the Governor's Energy Office or its sub-grantees. There are several different methods that can be used to install insulation in enclosed cavities and it is sometimes necessary to use more than one method. The method(s) used will depend on what type of interior or exterior finish of your home. Methods can be explained to you and portfolios are available for your viewing, request more information below.

- Use any method(s) necessary to install insulation in wall and/or ceiling cavities.
- Call me with more information at _____ Best days & times _____
- Various methods have been presented to me and I decline all methods for wall insulation.
- Various methods have been presented to me and I decline all methods for enclosed ceiling insulation.
- Use the following method(s) to insulate: _____

My signature below verifies that I agree to let Colorado weatherization workers and their designees enter the following address(es) as needed to perform and inspect weatherization work and have access to utility bills, that no residence below is currently for sale, nor is it designated for acquisition or clearance (foreclosure) by a federal, state, or local program and that rents shall not be raised due to the dwelling's increased value due solely to weatherization. If this is a rental property or multiplex, please provide tenant names & addresses.

Tenant Name (s)	Street Address	Apt/Space #	City
_____	_____	# _____	_____
_____	_____	# _____	_____
_____	_____	# _____	_____
_____	_____	# _____	_____

What year was this structure built? _____

Signature of Landlord or Property Manager Phone Date

Printed Name Address

I decline all weatherization work for the address(es) listed above:

Signature of Landlord or Property Manager Phone Date

Printed Name Address

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To the HOMEOWNER:

If the walls and/or ceiling cavities are found to be in need of insulation, with your permission, the insulator may drill holes in the interior or exterior surfaces in order to fill these cavities with insulation. While all holes will be plugged, patched and prepared for finish similar to the existing finish, it may not be practical to match textures or materials. Painting, texturing and/or wallpapering part or all of the surfaces will not be the responsibility of the Governor's Energy Office or its sub-grantees. There are several different methods that can be used to install insulation in enclosed cavities and it is sometimes necessary to use more than one method. The method(s) used will depend on what type of interior or exterior finish of your home. Methods can be explained to you and portfolios are available for your viewing, request more information below.

- Use any method(s) necessary to install insulation in wall and/or ceiling cavities.
- Call me with more information at _____ Best days & times _____
- Various methods have been presented to me and I decline all methods for wall insulation.
- Various methods have been presented to me and I decline all methods for enclosed ceiling insulation.
- Use the following method(s) to insulate: _____

Signature of Homeowner **Phone** **Date**

Printed Name **Address**

Agency Contact Information:

Housing Resources of Western Colorado

524 30 Road #3

Grand Junction CO 81504

Phone: 970-241-2871

Fax: 970-245-4853

www.housingresourceswc.org/weatherization_esp.html