

APPLICATION INSTRUCTIONS – PLEASE READ THIS PAGE CAREFULLY BEFORE COMPLETING APPLICATION

Please complete and sign the application as instructed below.

Automatic Financial Eligibility: This applies to 4 situations (verification on agency letterhead required):

1. If any member of the household receives or has received **TANF / LIHEAP/ HUD/ SSI** (supplemental security income) from DHS at any time within the past 12 months.
2. If any member of the household receives or has received **SSI** (supplemental security income) at any time within the past 12 months. Please send verification of the benefit that you or a family member receives along with your application. You can also obtain documentation of your **TANF/LIHEAP** benefits by calling DHS Customer Service on 1-800-692-7462. For SSI benefits please call 1-800-772-1213.

INCOME: Please provide proof of income for all household members for the **previous** (12) months.

- The employer, agency, or organization that provides your income must submit a letter on company letterhead that is **dated** and covers the gross amount of income for the full 12 months period prior to your application date. W-2s are acceptable.
- Verification of Social Security benefits may be obtained by calling Social Security at 1-800-772-1213 (benefit verification letter or form SSA-3288, proof of income letter, or notice of benefit amount). 1099 Forms are acceptable.
- If anyone has received unemployment compensation during the past 12 months, a letter from the Unemployment Office is necessary. You must also submit a Benefit Payment History printout from the Unemployment Office or from the Unemployment website. You may also call 1-888-313-7284 to request this information.
- CHILD SUPPORT and FOSTER CARE PAYMENTS **do not count** as income under this State & Federal funded program.
- An **Affidavit of No Income** is required for **anyone age 18 & over who had no income at any period of time within the past (12) months** of the application date. This affidavit must be **Notarized** unless photo ID is verified in person with a member of the Weatherization Intake staff.

PHOTO ID: A copy of your driver's license or other government-issued photo ID must be submitted. It must include your name and photograph.

OWNERSHIP: If you own your home, we require proof of ownership. Please send a copy of your deed or your real estate tax bill. **PERMISSION FORM AND WEATHERIZATION AGREEMENT FORM:** Please sign.

RENTERS: If you rent, you must submit a copy of the rental lease or rent receipts showing the amount of rent paid per month.

- **PERMISSION FORM AND WEATHERIZATION AGREEMENT FORM:** The owner and renter must sign.
- **LANDLORD / TENANT AGREEMENT:** The owner/landlord and tenant must sign the form. This form must be **Notarized** unless the photo ID is verified in person with a member of the Weatherization Intake staff. **Additional information will be required for applicants who reside in buildings with more than one unit/apartment; See Permission and Landlord Tenant Agreement.**

CLIENT SIGN-OFF PROXY LIST: Please read, complete, sign, and return to the office.

HEATING AND HOME ENERGY USAGE: In order to process your application, we need to determine your heating and home energy usage. Please sign the **Release for Energy Usage Verification.**

- You must include a copy of your most recent energy bill statement from (PECO, MET-ED, PP&L or UGI). Please be sure to include all pages of your energy bill statement including the **Usage Profile** graph.
- If you use oil, propane, kerosene for heat, please contact the provider and request an official printout of the number of gallons used over the previous 12 months.

IDENTIFICATION OF OCCUPANT HEALTH CONDITIONS: Please complete up to and including the portion of this page stating "Sign and Date at time of Application" sign, and return to the office.

POTENTIAL DEFERRAL OF WEATHERIZATION SERVICES, CLIENT APPEALS AND CLIENT COMPLAINT FORMS: Please read, sign and return to the office.

THE FINAL THREE PAGES ARE DOCUMENTS THAT YOU SHOULD KEEP FOR YOUR RECORDS

** PLEASE CALL THE OFFICE AT 610-521-8770 WITH ANY QUESTIONS REGARDING THE APPLICATION AND REQUIRED DOCUMENTATION.*



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

1414 Meetinghouse Rd. Boothwyn, PA 19061 Phone: 610-521-8770 Fax: 610-874-0396

**Application
HOUSEHOLD INFORMATION**

NAME: _____
 ADDRESS: _____
 TELEPHONE #: _____
 ALTERNATE _____
 WORK _____
 Email Address: _____

PROPERTY DATA: Unit Status _____ Owner _____ Renter _____
 (IF IT APPLIES) Name of Apartment Complex or Trailer Park: _____

IF YOU RENT YOUR HOME:
 LANDLORD'S NAME: _____
 TELEPHONE #S: _____
 ADDRESS: _____

HOUSEHOLD MEMBERS AND GROSS HOUSEHOLD INCOME INFORMATION:

Please list all income from all household members for the past 12 months (Include name and address from all jobs, Social Security, SSI, Welfare, Workman's Compensation, Unemployment Compensation, Interest and Rental Income, Retirement/Pensions, and any other source of income.)

Names of ALL Persons in Household		Relation to client	Sex	Age	Date of Birth	Disabled Yes/No	Veteran Yes/No	U.S. Citizen or Qualified Alien Yes/No	Income Source Name, Phone#, and Amount
LAST	FIRST								
		SELF							

IS ANY HOUSEHOLD MEMBER PREGNANT OR EXPECTING? Yes _____ No _____

In an effort to better serve our future clients, please check how you came to learn of our program.

Family Member _____, Friend/Neighbor _____, Church/Place of Worship _____, CAADC'S Website _____, CAADC Letter _____, Poster/Flyer _____ - Location: _____, Newspaper _____ - Which one: _____, Community Event _____ - Which one: _____, Agency Referral _____ - Which one: _____, Elected Official: _____, Other: _____



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

1414 Meetinghouse Rd. Boothwyn, PA 19061 Phone: 610-521-8770 Fax: 610-874-0396

If you own your home, please complete this page

1. Type of Home: Single _____ Double/Twin _____ Row/Townhouse _____ Mobile Home _____ Condo _____ **How many units in your building?** _____

ATTENTION: If you live in a duplex (2-unit building), at least one unit must apply and be eligible for services. If you live in a (3) three or (4) four-unit building, at least two units must apply and be eligible for services. Weatherization is not responsible for contacting other tenants in your building. If you live in a building that has 5 or more condos, please do not complete this application.

2. Does the roof leak? Yes _____ No _____ Is the leak a minor or major problem? _____

ATTENTION – Weatherization cannot address roof repairs; you may contact our office for other resources that may be able to assist you in repairs.

3. Primary Heating System: Oil _____ Gas _____ Electric _____ Kerosene _____ Propane _____ Wood _____ Age of heating system _____ years
Date of last cleaning _____ Fuel Dealer _____ Does the heater work? Yes _____ No _____

4. Secondary Heating System: Oil _____ Gas _____ Electric _____ Kerosene _____ Propane _____ Wood _____ Age of heating system _____ years
Date of last cleaning _____ Fuel Dealer _____ Does the heater work? Yes _____ No _____

ATTENTION: You will need at least ¼ tank of oil for the Heater Test on the day of the Inspection.

5. Has work been done by PA State Weatherization? Yes _____ No _____ If yes, what year? _____ **As of July 1, 2021, A residence weatherized by PA WAP cannot receive services again until 15 years after the weatherization completion date.**

6. Has work been done by your Utility Provider’s Weatherization Program? Yes _____ No _____ If yes, what year? _____

7. Any unfinished rooms (not including basement)? Yes _____ No _____ Any renovations underway? Yes _____ No _____

8. Is this house up for sale? Yes _____ No _____ (homes for sale cannot be weatherized)

9. Have you received LIHEAP? Yes _____ No _____ If yes, what year? _____

WARNING

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OF MISREPRESENTATION TO A DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I/WE UNDERSTAND THAT ANY DELIBERATELY FALSE STATEMENTS MADE IN THIS APPLICATION WILL MAKE ME/US INELIGIBLE FOR WEATHERIZATION SERVICES.

I/WE GIVE OUR CONSENT TO HAVE THIS INFORMATION INCLUDED (AS APPROPRIATE) IN THE MASTER FILE RECORDS OF CAADC, INC. ACCESS TO THIS INFORMATION TO ANY OTHER PERSONS MAY BE PROVIDED ONLY BY MY/OUR WRITTEN CONSENT.

ALL PARTIES AGREE TO INDEMNIFY AND HOLD HARMLESS CAADC, INC. FROM ANY LIABILITY RESULTING FROM THE WORK PERFORMED UNDER THIS AGREEMENT.

I/WE ARE AWARE THAT THIS IS AN APPLICATION ONLY, AND THAT OUR ELIGIBILITY FOR SERVICES PROVIDED THROUGH THIS PROGRAM HAS NOT YET BEEN DETERMINED.

All information provided to this Agency is covered by Federal Privacy Act of 1974, SU.S.C. 532A. This information is only for use by this Agency and the State’s Federal Agencies. No information about you may be released to the public without your permission.

APPLICANT’S NAME (PRINTED): _____

APPLICANT’S SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW

Re-weatherization: The intake representative listed below has reviewed program records and has determined that the property listed on the application _____ was not/ _____ was weatherized prior to the date of this application. The property was weatherized, according to program records on _____.

Application: _____ Approved _____ Denied _____ Withdrawn

INTAKE NAME (PRINTED): _____

INTAKE SIGNATURE: _____ **DATE:** _____

SUPERVISOR REVIEW: INITIALS: _____ **DATE:** _____



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

1414 Meetinghouse Rd. Boothwyn, PA 19061 Phone: 610-521-8770 Fax: 610-874-0396

If you rent your home, please complete this page

1. Type of Home: Single _____ Double/Twin _____ Row/Townhouse _____ Mobile Home _____ Condo _____ **How many units in your building?** _____ **ATTENTION: If you live in a duplex (2 unit building), at least one unit must apply and be eligible for services. If you live in a (3) three or (4) four unit building, at least two units must apply and be eligible for services. Weatherization is not responsible for contacting other tenants in your building. If you live in a building that has 5 or more condos, please do not complete this application. There is a different application process, which includes landlord financial contribution. Contact our office for more information.**

2. Does the roof leak? Yes _____ No _____ Is the leak a minor or major problem? _____

ATTENTION – Weatherization cannot address roof repairs; you may contact our office for other resources that may be able to assist you in repairs

3. Primary Heating System: Oil _____ Gas _____ Electric _____ Kerosene _____ Propane _____ Wood _____ Age of heating system _____ years
Date of last cleaning _____ Fuel Dealer _____ Does the heater work? Yes _____ No _____
Is the heat included in your rent? Yes _____ No _____

4. Secondary Heating System: Oil _____ Gas _____ Electric _____ Kerosene _____ Propane _____ Wood _____ Age of heating system _____ years
Date of last cleaning _____ Fuel Dealer _____ Does the heater work? Yes _____ No _____

ATTENTION: You will need at least ¼ tank of oil for the Heater Test on the day of the Inspection.

5. Has work been done by PA State Weatherization? Yes _____ No _____ If yes, what year? _____ **As of July 1, 2021, A residence weatherized by PA WAP cannot receive services again until 15 years after the weatherization completion date.**

6. Has work been done by your Utility Provider’s Weatherization Program? Yes _____ No _____ If yes, what year? _____.

7. Any unfinished rooms (not including basement)? Yes _____ No _____ Any renovations underway? Yes _____ No _____

8. Is this house up for sale? Yes _____ No _____ (homes for sale cannot be weatherized)

9. Have you received LIHEAP? Yes _____ No _____ If yes, what year? _____

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I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I/WE UNDERSTAND THAT ANY DELIBERATELY FALSE STATEMENTS MADE IN THIS APPLICATION WILL MAKE ME/US INELIGIBLE FOR WEATHERIZATION SERVICES.

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All information provided to this Agency is covered by Federal Privacy Act of 1974, SU.S.C. 532A. This information is only for use by this Agency and the State’s Federal Agencies. No information about you may be released to the public without your permission.

APPLICANT’S NAME (PRINTED): _____

APPLICANT’S SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW

Re-weatherization: The intake representative listed below has reviewed program records and has determined that the property listed on the application _____ was not/ _____ was weatherized prior to the date of this application. The property was weatherized, according to program records on _____.

Application: _____ Approved _____ Denied _____ Withdrawn

INTAKE NAME (PRINTED): _____

INTAKE SIGNATURE: _____ **DATE:** _____

SUPERVISOR REVIEW: INITIALS: _____ **DATE:** _____



PERMISSION AND WEATHERIZATION AGREEMENT FORM

The Owner/Tenant of the dwelling located at _____ hereby permits representatives of CAADC, Inc. to enter the property listed above, for all aspects of the Weatherization Process as outlined below. If the client is a renter, a Landlord / Tenant Agreement must also be completed.

1. Home Energy Audit – Assessment of the home for potential weatherization services. The client must be present for this visit. Auditor visually inspects the building shell and mechanical systems; conduct diagnostic, health and safety tests; records the location, condition, and dimensions of walls, ceilings, floors, windows, doors, and mechanical systems. Auditors will review Energy Saving Methods and provide education. Home Energy Audits typically takes two (2) to four (4) hours.
2. Weatherization Work – Installation of measures by the weatherization crew based on the Home Energy Audit. The work may take one (1) to three (3) days or more, with each visit lasting two (2) to seven (7) hours long. When complete, the Crew Chief will conduct a walk-through of the home with the client to explain the measures installed. The house may also need work from a sub-contractor specializing in heater or mechanical work which will be scheduled by the specific sub-contractor.
3. Post Inspection – Internal follow-up inspection conducted to ensure quality of work that is based on the Home Energy Audit. The Inspector will also perform diagnostic, and health and safety testing. A Post Inspection may take two (2) to four (4) hours. If the Contractor is called back, then another Post Inspection will take place.
4. Quality Control Inspection – A final inspection, called a QCI, is conducted by a State Certified Quality Control Inspector. A Quality Control Inspector is a residential energy efficiency professional who ensures the completion, appropriateness, and quality of energy upgrade work by conducting a methodological audit/inspection of the building, performing safety and diagnostic tests, and observing the work. A QCI Inspection may take two (2) to four (4) hours.
5. Local, State and/or Federal Officials for the purpose of inspecting above work.

IT IS A FEDERAL REGULATION THAT ALL WEATHERIZATION PROGRAM WORK IS QUALITY CONTROL INSPECTED. PARTICIPANTS ARE REQUIRED TO ALLOW ALL INSPECTIONS TO TAKE PLACE.

If you do not comply with all inspections, you will lose your eligibility in the program and may become responsible for all payments due to the Contractors and the Agency.

By signing below, I am agreeing that I have read and understand the above information pertaining to the Weatherization Program and the required inspections. I agree that I will allow all required work and inspections be completed in a timely manner at my home. I understand that if I do not comply with all inspections that I may be held responsible for payments due to the Contractors and the Agency. The Owner understands that neither the agency, nor its representatives shall be liable for any personal injury or damage to the property that is not caused by the negligence of our employees or subcontractors. Once approved for Weatherization, all clients must make themselves or their designated proxy available for all steps in the Weatherization process.

Owner Printed Name

Owner Signature

Date

Tenant Printed Name

Tenant Signature

Date

Staff Printed Name

Staff Signature

Date



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

1414 Meetinghouse Rd. Boothwyn, PA 19061 Phone: 610-521-8770 Fax: 610-874-0396

LANDLORD / TENANT AGREEMENT

Tenant _____ Owner _____

Address _____ Address _____

A Landlord / Tenant Agreement is required for all clients living in Rental Units. The Weatherization Assistance Program, funded through the Department of Community and Economic Development, the Department of Energy and the Low-Income Energy Assistance Program may provide caulking, weather stripping, insulation of the attic, ventilation, replacing panes of glass, and pipe wrap are available. A test will also be performed on the home's Gas or Oil heater to make sure it is operating efficiently. No undue or excessive enhancement shall occur to the value of your dwelling unit and the measures installed must primarily benefit tenants who can qualify as eligible clients.

In signing this agreement, the owner acknowledges their tenant client is current with all rent due. The client is responsible for providing proof of the monthly rent due in the form of: canceled rent checks or a lease indicating monthly rent.

The owner understands, there is absolutely no charge for Single-Family homes (mobile, single, duplexes and row homes). The owner may have two single-family homes weatherized before CAADC, Inc. requests a financial contribution. However, CAADC, Inc. cannot not deny your tenant should you refuse to provide a contribution. **If the client lives in a building that contains more than one unit (2 to 4 units), we will request all other tenants to apply. If other tenants choose not to apply, we will require their cooperation through-out the weatherization process (see permission and weatherization agreement form).**

An agreement is signed by both the owner and the tenant to insure that the rent shall not be raised for a period of eighteen (18) months following the completion of the work unless it can be demonstrated that such rent increases or eviction is related to matters other than the weatherization work performed. Example: increase in taxes may cause the rent to increase, not to exceed the cost of the tax increase or the tenant does not comply with obligations and responsibilities owed to the property owner. All parties understand that this agreement is a legally binding contract.

Owner Printed Name _____ Owner Signature _____ Date _____

Tenant Printed Name _____ Tenant Signature _____ Date _____

This below portion is for Notary Public to complete. Form must be notarized (unless photo ID is verified in person with a member of the Weatherization staff).

DO NOT WRITE BELOW THIS LINE _____

State of _____

County of _____

Sworn to and subscribed before me this

_____ day of _____ 20____.

Notary Public

Weatherization Staff Printed Name _____ Weatherization Staff Signature _____ Date _____



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION
1414 Meetinghouse Road Boothwyn, PA 19061 Phone: 610-521-8770 Fax: 610-874-0396

TENANT'S AFFIDAVIT

To: Community Action Agency of Delaware County, Inc.

From: _____
Your Name

Address

City State Zip

As a tenant you may be eligible to receive the benefit of a Federal Program to help save and conserve energy. The Delaware County Weatherization Program, a government funded organization and the Low-Income Energy Assistance Program will provide improvements to the premises. Caulking, weather stripping, insulation of the attic, venting, replacing panes of glass, hot water heater wrap and pipe wrap are available. A test will also be performed on the home's Gas or Oil heater to make sure it is operating efficiently.

*The tenant understands there is absolutely no charge for this service now or in the future. The tenant further understands that neither the Agency nor its representatives shall be liable for any personal injury or for any damage to personal or real property that is not caused by the negligence of our employees or subcontractors. **If the tenant lives in a building that contains more than one unit (2 to 4 units), we will request all other tenants to apply. If other tenants choose not to apply, we will require their cooperation through-out the weatherization process (see permission and weatherization agreement form).***

An agreement is signed by both the owner and the tenant to insure that the rent shall not be raised for a period of eighteen (18) months following the completion of the work because of the installation of energy conservation materials provided by the Weatherization Assistance Program. (Exception: increase in taxes may cause the rent to increase, not to exceed the cost of the tax increase). Also, to prohibit the eviction of the client for a period of eighteen months due to improvements, and as long as the client complies with all ongoing obligations and responsibilities owed to the property owner.

Please sign and return this form along with a current rental lease as soon as possible. In doing so, the tenant acknowledges they are current with rent. If you have any questions, please call us.

Signature

DO NOT WRITE BELOW THIS LINE

State of _____

County of _____

Sworn to and subscribed before me this

_____ day of _____ 20____.

Notary Public



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

1414 Meetinghouse Rd. Boothwyn, PA 19061 Phone: 610-521-8770 Fax: 610-874-0396

Client Sign-off Proxy List

Please indicate below any individual that you give permission to sign off on any weatherization forms on your behalf and to be present during scheduled appointments for installation of weatherization measures, post inspection and Quality Control Inspections of the work completed. Please note that the applicant must be present during the Home Energy Audit. All other appointment, only the applicant, the applicant’s spouse (if applicable), or the applicant’s legally appointed representative (if applicable) are the only people authorized to sign any weatherization documents. If for any reason you may need another household member, family member, or caretaker etc. to sign off on any weatherization documents please list that person’s name and relationship below.

Name:

Relationship to client:

If at any point, you would like to add someone to this list, a written, signed, and dated request must be sent to the weatherization office.

Applicant Name (Printed)

Applicant Signature

Date

Weatherization Representative Name (Printed)

Weatherization Representative Signature

Date



RELEASE FOR INCOME VERIFICATION FORM

I, _____ the undersigned, hereby authorize
(Applicant's Name)

_____ to release without liability to the **CAADC, INC.**
(Employer, Public Assistance, Social Security, etc.)

WEATHERIZATION DEPARTMENT any and all information they may request concerning my gross income, wages, salaries, benefits including LIHEAP approvals, pensions, and dividends in connection with my application for weatherization to determine my eligibility for the program.

For employment verification only: please verify on company letterhead all gross income for the period beginning _____ and ending _____. You may also provide paystubs or a payment history printout. Please have your employer fax the information to Attention: Intake Department at (610) 874-0396.

Printed Name:

Signature:

Date:

RELEASE FOR LIHEAP VERIFICATION (IF APPLICABLE)

I, _____ the undersigned, hereby authorize Community Action
(Applicant's Name)

Agency's Weatherization Department to obtain verification of my LIHEAP, SSI or TANF approval by utilizing the LIHEAP e-Cis program and the information provided within this application.

Printed Name:

Signature:

Date:



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

1414 Meetinghouse Rd. Boothwyn, PA 19061 Phone: 610-521-8770 Fax: 610-874-0396

AFFIDAVIT OF NO INCOME

To: Community Action Agency of Delaware County, Inc.

From: _____
Your Name

Address

City State Zip

I, _____, did not have any income from
Your Name

_____ to _____
MONTH/YEAR MONTH/YEAR

Signature

DO NOT WRITE BELOW THIS LINE _____

State of _____

County of _____

Sworn to and subscribed before me this

_____ day of _____ 20____.

Notary Public

Weatherization Staff Printed Name

Weatherization Staff Signature

Date



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

1414 Meetinghouse Rd. Boothwyn, PA 19061 Phone: 610-521-8770 Fax: 610-874-0396

RELEASE FOR ENERGY USAGE VERIFICATION FORM

I, _____ the undersigned, hereby authorize
(Name of Account Holder)

_____ to release without liability to the
(Utility Supplier - PECO, PPL, Met-Ed, UGI, Oil Company, Propane Company, etc.)

CAADC, INC. WEATHERIZATION DEPARTMENT AND CENTER FOR COMMUNITY SERVICE any and all information they may request concerning my **past, current, and future energy bills** in connection with my application for weatherization to determine estimated heating and home energy usage.

- **This form must be signed by the person noted above as the utility account holder.**
- **Please include your most recent Energy Bill statement. Please include all pages of your statement, including the Usage Profile Graph.**
- **If you use oil heat, please submit a statement from your oil company reporting on the number of gallons of oil you purchased over the previous 12 months.**

Account Number:

Printed Name of Account Holder:

Signature of Account Holder:

Date:

My Signature below indicates that the client’s energy usage has been verified with the primary heating source fuel vendor.

Weatherization Representative Name (Printed):

Weatherization Representative Signature:

Date:



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

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Identification of Occupant Health Conditions

Please list any known or suspected health conditions which could affect you or a member of your household during or as a result of the weatherization process (for example, respiratory issues or allergic reactions that could be affected by the weatherization process):

SIGN AND DATE AT TIME OF APPLICATION: *Please sign below to indicate that you have listed all known or suspected health conditions which could affect you or a member of your household during or as a result of the weatherization process.*

_____ Applicant's Name (please print)	_____ Applicant's Signature	_____ Date
_____ Staff Name (please print)	_____ Staff Signature	_____ Date

SIGN AND DATE AT TIME OF AUDIT: Please sign below to indicate the following:

- That the above list of health conditions is correct at the time of the weatherization audit (if necessary, update the list now);
- That you have received worker contact information allowing you to quickly inform workers of any medical issues caused by the weatherization process;
- That you promise to inform workers immediately if any medical issues arise;
- That you have received information on weatherization materials and installation techniques that could affect the medical conditions you have listed;
- That you have worked with your auditor to ensure that if necessary, the weatherization process is amended so that it does not affect any listed medical conditions;
- That you consent to the weatherization process continuing.

_____ Applicant's Name (please print)	_____ Applicant's Signature	_____ Date
_____ Staff Name (please print)	_____ Staff Signature	_____ Date

SIGN AND DATE AT FIRST DAY OF WORK: *Please sign below to indicate that you have listed all known or suspected health conditions which could affect you or a member of your household during or as a result of the weatherization process.*

_____ Applicant's Name (please print)	_____ Applicant's Signature	_____ Date
_____ Contractor's Name (please print)	_____ Contractor's Signature	_____ Date

NOTIFICATION OF POTENTIAL DEFERRAL OF WEATHERIZATION SERVICES FORM

PLEASE READ, SIGN AND DATE

The Pennsylvania Weatherization Assistance Program is providing you with this information in the event that your application is deferred. If an application is deferred, the applicant's home will not receive weatherization services until after the reason(s) for deferral have been corrected and a new application is submitted. Listed below are reasons why an application may be deferred:

- Reported household income may exceed federal poverty guidelines set for the program;
- The house has been condemned or has electrical, heating, plumbing, or other equipment issues which have caused the local or state building officials or utilities to prohibit work in the building;
- The property becomes owned by a bank or other financial entity or is in foreclosure proceedings;
- The property becomes for sale or rent or unoccupied or the client is moving or scheduled for sheriff sale;
- The building structure or its mechanical systems are in such a state of disrepair that the conditions cannot be resolved cost-effectively;
- The structure is not secured to a permanent foundation and connected to utilities;
- The structure is a camper, recreational vehicle, boat, railroad car, bus, or other structure which does not have a mailing address and is designed and constructed as temporary, non-stationary, living quarters.
- Dangerous conditions exist due to high carbon monoxide levels in combustion appliances that cannot be resolved under existing health and safety measures and with only minor repairs;
- The dwelling unit or surrounding property exhibits problems with pet containment;
- The extent of and condition of lead-based paint or friable asbestos in the house would create further health and safety hazards.
- Moisture problems are so severe that they cannot be resolved under existing health and safety measures and with only minor repairs;
- The client denies access to every room at unit;
- Criminal behavior is observed in the household;
- The client refuses critical weatherization measures;
- The client creates a health and safety issue and refuses to correct the problem, or the dwelling unit has sewage or sanitary problems which will further endanger the client and installers;
- The client refuses recommended health and safety measures;
- The client or a household member acts in an uncooperative, threatening or abusive manner;
- The client has known health problems which preclude insulation or other weatherization materials from being installed;



Community Action Agency of Delaware County, Inc.

Helping People. Changing Lives.

- If testing is done with other funding, test results must be included for lead paint, asbestos, and Radon. If Radon testing is known, defer home if over 4pCi/L.

- Other Must Specify: _____

Applicant's Name (please print)

Applicant's Signature

Date

Staff Name (please print)

Staff Signature

Date

Address of Property

Client Appeals Process

Appeals should be followed in numerical order as listed below, with the client only proceeding to the next level of appeal if the previous level did not adequately satisfy the client's concerns. This process is being provided to you at the time of application in the event you disagree with any decision made regarding your home.

1. Contact Mr. Tom Heckman, Weatherization Program Manager:
Phone: 610-521-8770, Address: 1414 Meetinghouse Road, Boothwyn, PA 19061, theckman@caadc.org
If you are still not satisfied with the outcome, you may:
2. Contact Mr. Edward Coleman, Chief Executive Officer of CAADC, Inc.:
Phone: 610-833-4442, 1414 Meetinghouse Road, Boothwyn, PA 19061, ecoleman@caadc.org
If you are still not satisfied with the outcome, you may:
3. Department of Community and Economic Development, Center for Community Services. The office should only be contacted regarding a formal appeal/complaint in writing and only in cases that have escalated beyond all other attempts at resolution. **Submission must include details regarding the subgrantee's involvement and responses to the client appeal/complaint.** Contact:
Center Director: Director of Community and Economic Development,
Center for Community Services, Commonwealth Keystone Building,
400 North Street, 4th Floor, Harrisburg, PA 17120-0225

Client Complaint Process

This process is being provided to you at the time of application in the event you are not happy with the quality of work, workmanship or CAADC, Inc.'s ability to service your home. Complaints received within 12 months of the completion date can be addressed. Should you have a complaint on the work and quality of workmanship, please follow this process:

1. Contact Mr. Tom Heckman, Weatherization Program Manager:
Phone: 610-521-8770, Address: 1414 Meetinghouse Road, Boothwyn, PA 19061, theckman@caadc.org
Your complaint will be tracked and documented in your client file.
2. You will receive a call from the Program Manager in a timely fashion. During this call, the issue will be reviewed with you and follow-up appointment will be scheduled with an Auditor if necessary.
3. If required, a work order will be written and corrections completed.
4. The resolution will be tracked internally and documented in your client file.

Client Guidance for Filing a Formal Complaint with DCED

When should you file a complaint/appeal with DCED?

If you have tried to resolve the issue yourself and you have exhausted all your efforts to resolve the issue without success.

Steps to follow when filing the formal complaint:

1. Identify the problem. What has been done to resolve the problem and what are your expectations to resolve the problem? What is a fair solution to the problem?



2. Gather the information regarding the problem and what has been done to resolve it. Who has been contacted? What was their response? Keep notes regarding who you talked to when you talked to that person, and what was said.
3. Writing the formal complaint/appeal must include:
 - a. Your name and complete address, best phone number to reach you and an email address (if possible)
 - b. The agency name and address
 - c. Name of the people at the agency with whom you spoke
 - d. Describe your complaint briefly, remember to include what happened, who was there, and when it happened.
 - e. Describe what has been done so far to resolve the issue, who has been contacted, when were they contacted, and what was their reply?
 - f. What are your expectations to resolve the issue? Are your expectations possible and reasonable?

Other tips for writing the letter:

1. Remember to include important facts about the services received.
2. Avoid angry, sarcastic or threatening language.
3. Type your letter, if possible. If handwritten, make sure the writing is clear.

Your signature below indicates you have read, received a copy and understand the Appeal and Complaint Processes above at the time application.

_____	_____	_____
Client Printed Name	Client Signature	Date
_____	_____	_____
Staff Printed Name	Staff Signature	Date



The following pages do not need to be mailed back to our office. Please keep this information for your records.

PERMISSION AND WEATHERIZATION AGREEMENT – CLIENT COPY

The Owner/Tenant hereby permits representatives of CAADC, Inc. to enter the property listed above, for all aspects of the Weatherization Process as outlined below. If the client is a renter, a Landlord / Tenant Agreement must also be completed.

1. Home Energy Audit – Assessment of the home for potential weatherization services. The client must be present for this visit. Auditor visually inspects the building shell and mechanical systems; conduct diagnostic, health and safety tests; records the location, condition, and dimensions of walls, ceilings, floors, windows, doors, and mechanical systems. Auditors will review Energy Saving Methods and provide education. Home Energy Audits typically takes two (2) to four (4) hours.
2. Weatherization Work – Installation of measures by the weatherization crew based on the Home Energy Audit. The work may take one (1) to three (3) days or more, with each visit lasting two (2) to seven (7) hours long. When complete, the Crew Chief will conduct a walk-through of the home with the client to explain the measures installed. The house may also need work from a sub-contractor specializing in heater or mechanical work which will be scheduled by the specific sub-contractor.
3. Post Inspection – Internal follow-up inspection conducted to ensure quality of work that is based on the Home Energy Audit. The Inspector will also perform diagnostic, and health and safety testing. A Post Inspection may take two (2) to four (4) hours. If the Contractor is called back, then another Post Inspection will take place.
4. Quality Control Inspection – A final inspection, called a QCI, is conducted by a State Certified Quality Control Inspector. A Quality Control Inspector is a residential energy efficiency professional who ensures the completion, appropriateness, and quality of energy upgrade work by conducting a methodological audit/inspection of the building, performing safety and diagnostic tests, and observing the work. A QCI Inspection may take two (2) to four (4) hours.
5. Local, State and/or Federal Officials for the purpose of inspecting above work.

IS A FEDERAL REGULATION THAT ALL WEATHERIZATION PROGRAM WORK IS QUALITY CONTROL INSPECTED. PARTICIPANTS ARE REQUIRED TO ALLOW ALL INSPECTIONS TO TAKE PLACE.

If you do not comply with all inspections, you will lose your eligibility in the program and may become responsible for all payments due to the Contractors and the Agency.

I am agreeing that I have read and understand the above information pertaining to the Weatherization Program and the required inspections. I agree that I will allow all required work and inspections be completed in a timely manner at my home. I understand that if I do not comply with all inspections that I may be held responsible for payments due to the Contractors and the Agency. The Owner understands that neither the agency, nor its representatives shall be liable for any personal injury or damage to the property that is not caused by the negligence of our employees or subcontractors. Once approved for Weatherization, all clients must make themselves or their designated proxy available for all steps in the Weatherization process.

Client Appeals Process

Appeals should be followed in numerical order as listed below, with the client only proceeding to the next level of appeal if the previous level did not adequately satisfy the client's concerns. This process is being provided to you at the time of application in the event you disagree with any decision made regarding your home.

- 1 Contact Mr. Tom Heckman, Weatherization Program Manager:
Phone: 610-521-8770, Address: 1414 Meetinghouse Road, Boothwyn, PA 19061, theckman@caadc.org
If you are still not satisfied with the outcome, you may:
- 2 Contact Mr. Edward Coleman, Chief Executive Officer of CAADC, Inc.:
Phone: 610-833-4442, 1414 Meetinghouse Road, Boothwyn, PA 19061, ecoleman@caadc.org
If you are still not satisfied with the outcome, you may:
- 3 Department of Community and Economic Development, Center for Community Services. The office should only be contacted regarding a formal appeal/complaint in writing and only in cases that have escalated beyond all other attempts at resolution. **Submission must include details regarding the subgrantee's involvement and responses to the client appeal/complaint.** Contact:
Center Director: Director of Community and Economic Development,
Center for Community Services, Commonwealth Keystone Building,
400 North Street, 4th Floor, Harrisburg, PA 17120-0225

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Community Action Agency of Delaware County, Inc.

Helping People. Changing Lives.

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- 3 Type your letter, if possible. If handwritten, make sure the writing is clear.

I have read, received a copy and understand the Appeal and Complaint Processes above at the time application.

NOTIFICATION OF POTENTIAL DEFERRAL OF WEATHERIZATION SERVICES FORM

PLEASE READ, SIGN AND DATE

The Pennsylvania Weatherization Assistance Program is providing you with this information in the event that your application is deferred. If an application is deferred, the applicant's home will not receive weatherization services until after the reason(s) for deferral have been corrected and a new application is submitted. Listed below are reasons why an application may be deferred:

- Reported household income may exceed federal poverty guidelines set for the program;
- The house has been condemned or has electrical, heating, plumbing, or other equipment issues which have caused the local or state building officials or utilities to prohibit work in the building;
- The property becomes owned by a bank or other financial entity or is in foreclosure proceedings;
- The property becomes for sale or rent or unoccupied or the client is moving or scheduled for sheriff sale;
- The building structure or its mechanical systems are in such a state of disrepair that the conditions cannot be resolved cost-effectively;
- The structure is not secured to a permanent foundation and connected to utilities;
- The structure is a camper, recreational vehicle, boat, railroad car, bus, or other structure which does not have a mailing address and is designed and constructed as temporary, non-stationary, living quarters.
- Dangerous conditions exist due to high carbon monoxide levels in combustion appliances that cannot be resolved under existing health and safety measures and with only minor repairs;
- The dwelling unit or surrounding property exhibits problems with pet containment;
- The extent of and condition of lead-based paint or friable asbestos in the house would create further health and safety hazards.
- Moisture problems are so severe that they cannot be resolved under existing health and safety measures and with only minor repairs;
- The client denies access to every room at unit;
- Criminal behavior is observed in the household;
- The client refuses critical weatherization measures;
- The client creates a health and safety issue and refuses to correct the problem, or the dwelling unit has sewage or sanitary problems which will further endanger the client and installers;
- The client refuses recommended health and safety measures;
- The client or a household member acts in an uncooperative, threatening or abusive manner;
- The client has known health problems which preclude insulation or other weatherization materials from being installed;

- If testing is done with other funding, test results must be included for lead paint, asbestos, and Radon. If Radon testing is known, defer home if over 4pCi/L.
- Other Must Specify: _____
