

WEATHERIZATION

1320 S. Ash • PO Box 40 • Ottawa, KS 66067-0040
(785) 242-6413 • FAX (785) 242-1081 • Toll Free 1-888-833-0832

Kansas Weatherization Assistance Program

Household Information:

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone #: _____ Alternate #: _____

Type of Home: Single Family Duplex/Fourplex Mobile Home Apartment

If Site Built Home: 1 story 2 story 3 story split level

Own Rent Year home was built: _____ # of people living in the household: _____

Landlord Information (required if renting this home):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Heating System (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Central Gas Furnace | <input type="checkbox"/> Floor or Wall Furnace | <input type="checkbox"/> Room Heaters |
| <input type="checkbox"/> Central Electric Furnace | <input type="checkbox"/> Wood Stove or Fireplace | <input type="checkbox"/> Unvented or Vent Free Space Heater |
| <input type="checkbox"/> Vented Freestanding Stove | <input type="checkbox"/> Steam or Hot Water Radiator | |
| <input type="checkbox"/> Solar Heating System | <input type="checkbox"/> Unknown / None | |

Please provide the location of the furnace _____

Fuel Type (check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Natural Gas or Propane | <input type="checkbox"/> Electricity | <input type="checkbox"/> Kerosene or Fuel Oil |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Coal | <input type="checkbox"/> Other (specify) |

Household Composition (list everyone living in the home):

Last Name	First Name	MI	Social Security #	Date of Birth MM/DD/YYYY	Handicapped Y or N	Sex M or F	Race *	Relations ship to Applicant *
								HOH

***This data is for statistical purposes. ECKAN and the Kansas Weatherization Assistance Program does not discriminate based on gender, race, ethnicity, or origin.**

*** Codes:**

- | | | |
|----------------------------------|----------------------------------|---------------------|
| <u>Race:</u> | <u>Relationship to Applicant</u> | |
| C-Caucasian | HOH-Self/Head of Household | 5-Parent |
| B-Black | 1-Spouse | 6-Grandparent |
| I-American Indian/Alaskan Native | 2-Child | 7-Related Otherwise |
| A-Asian or Pacific Islander | 3-Foster Child | 8-Non-Related |
| H-Hispanic | 4-Grandchild | |
| M-Mixed | | |

Source of Income and Assistance for Everyone in the Household Received During Any Point During the Past 12 Months?

Please check all that apply and list everyone’s source of income below.

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Salary or Wages | <input type="checkbox"/> LIEAP | <input type="checkbox"/> Retirement or Pension | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Maintenance or Alimony | <input type="checkbox"/> TANF | <input type="checkbox"/> Dividends or Interest | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other | <input type="checkbox"/> Medical Aid |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> No Income | <input type="checkbox"/> VA Benefits |

Household Member List everyone	Income Source List all received during the past 12 months. Please note if no Income.	Amount per pay period	Pay schedule Monthly/weekly/bi-weekly

Name and Complete Mailing Address of Employer(s):

(required if anyone worked in the past 12 months)

List all Employers for the past 12 months:

Authorization for Release of Information:

I / We hereby authorize anyone possessing financial information to furnish such information to the East Central Kansas Opportunity Corporation (ECKAN) to determine eligibility for assistance. I hereby release anyone so authorized, and ECKAN, from liability for any damages whatsoever in furnishing and obtaining said information.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Applicant Certification (all Adult Applicants must sign):

If my/our application is approved, I/we authorize weatherization to be done by this project and will provide access to my/our property, as required by Weatherization personnel. I/We also certify that all information given by me/us in this application is true and correct to the best of my/our knowledge. By signing this application, I/we understand that I/we may be civilly and/or criminally liable under federal and state laws for any knowingly false or fraudulent statements.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

You have the right to appeal the decision, if you do not agree with ECKAN's determination of your application. You may submit your appeal in form of a letter explaining your disagreement. Address and mail this letter to: Director of Weatherization, Box 40, Ottawa, KS 66067.



FUEL INFORMATION RELEASE FORM

(FOR AGENCY USE ONLY)

Applicant's Name: _____ WX Job #: _____

Address: _____ WX Completion: _____

City, State, Zip: _____ County: _____

Telephone Number: _____

(TO BE COMPLETED BY APPLICANT)

Applicant must fill out the rest of this page for application to be processed:

HEATING FUEL SUPPLIER:

ELECTRIC SUPPLIER:

Name of Company: _____

Name of Company: _____

Company Address: _____

Company Address: _____

Bill to: _____

Bill to: _____

Account #: _____

Account #: _____

This release shall apply to the above energy providers and any subsequent energy provider(s) formed through merger or acquisition therewith.

Do you use the same supplier for both heating and electric? Yes No

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies: **Kansas Weatherization Assistance Program, Low Income Home Energy Assistance Program, and ECKAN Weatherization.**

I understand that this information will be used only to provide data for the above named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

This Release shall apply for 3 years following the date of its execution.

Client Signature

Date

Heating/Electricity Supplier, please return this form attached to the requested data to:
Kansas Housing Resources Corporation – 611 S. Kansas Avenue, Suite 300 – Topeka, KS 66603-3803

Client Questionnaire

Name: _____

Address: _____

Does your home have broken glass in windows and doors? Yes No

If Yes, please explain: _____

Does your home have foundation problems? Yes No

If Yes, please explain: _____

Is the outside of your home free of debris so that a contractor could work on you home? Yes No

If No, please explain: _____

Is the access to windows, doors, attic etc free on the inside of your home? Yes No

If No, please explain: _____

Are you in the process of remodeling or plan to remodel any portion of your home in the near future? Yes No

If Yes, which portion and when: _____

Are any part of your ceilings, walls or floors incomplete or in need of repair? Yes No

If Yes, please explain: _____

Are some rooms colder than others? Yes No

If Yes, which ones: _____

What temperature do you set your thermostat at in the winter? _____

Are there any drafty areas in the house? Yes No

If Yes, please explain: _____

Do you have any roof leaks? Yes No

If Yes, where at: _____

Do you have any broken or leaking water or sewer line? Yes No

If Yes, where at: _____

Does water leak/stand in the basement/crawlspace? Yes No

If Yes, please explain: _____

If mobile home – is the underbelly free of debris and/or standing water? Yes No

If No, please explain: _____

Does ice form on your windows in the winter? Yes No

If Yes which ones?

Have you noticed mold/mildew growing on windows, walls or in corners? Yes No

If Yes, please explain:

Do you use your attic for storage? Yes No

If Yes, what is being stored:

Are any utilities turned off by the utility companies? Yes No

If Yes, which ones and why?

Do you close off any room of the house? Yes No

If Yes, which ones and why?

How many smokers live in the house? _____

How many pets live in the house? _____

Do you use your cook stove for heat? Yes No

Do you have any gas-fired unvented heaters? Yes No

Do you have a fireplace? Yes No

If yes, do you use it?

Does your furnace work? Yes No

Does your furnace produce any unusual noises or smells? Yes No

If yes, please explain:

How often do you change the furnace filter? _____

Do all registers deliver heat? Yes No

Do you have any disconnected ductwork? Yes No

Do you have any registers intentionally closed off? Yes No

If yes, why:

Signature of Head of Household

Date

Weatherization Program Agreement and Consent Form

The Weatherization Assistance Program (WAP) is funded to provide a 'Whole-House' application of energy-conservation measures. Our energy audit considers all aspects of the home, appliances and occupants to determine the most cost-effective measures to be installed. We are not allowed to select individual measures based upon our desire to install them or the applicant's desire to have them installed. Although, sometimes a home may have factors present that prevent the applications of some measures. When you apply for, and consent to receiving weatherization, you are agreeing to allow access to your home and to allow installation of the full-scope of energy-conservation measures as determined by the energy audit.

Our energy audit selects measures based upon the Savings to Investment Ratio (SIR) - in order to qualify, a measure must save at least as much energy-cost as the measure costs to purchase and install. If a measure will not save enough energy-cost over its lifetime to pay for itself, it will not qualify for installation. This calculation insures that the most cost-effective measures are installed, and prevents some measures from being considered. Storm doors, for instance, do not save as much in energy-cost as the cost to purchase and install them- so they cannot be provided by the weatherization program.

Some applicants feel that they should be able to accept only those items that they think are needed and do not want to allow the full-scope of weatherization measures as indicated by the energy audit. **Our program cannot allow recipients to accept some measures (that may have a lower priority due to less energy-savings) and then to refuse measures that may have a higher priority.** Sometimes, due to scheduling, availability or need our program may have to install a lower-priority measure first or early in the process (for instance, a replacement furnace may have to be installed first to insure the health and safety of the occupants, or a refrigerator may be delivered because of the suppliers scheduling, etc.) before higher-priority measures such as insulation and air-sealing can be provided. **It is important for you to understand that once the weatherization process has been started, that you must allow the full list of audit-approved measures to be completed.** Our program's ability to provide weatherization at no-cost to eligible homes depends on our ability to complete all specified measures. **If you stop the weatherization process and do not allow the full list of approved measures to be installed, you may be held liable for the cost of any measures installed.** For example, if our program has replaced your furnace, refrigerator, or done any other measure and you decide that you do not want to allow the rest of the work to be done, you are violating the agreement and consent form that you are obligating yourself to with your signature below.

Your signature below attests to your full understanding of the conditions set forth in this Agreement and Consent Form. You will provide cooperation with scheduling to allow the installation of the measures prescribed as well as a final inspection. You understand that your prevention of the completion of the full-scope of measures could result in a financial liability for measures installed.

Printed name: _____

Date: _____

Signature: _____