



Dear Applicant:

Thank you for your interest in the Weatherization Assistance Program with the Washtenaw County Office of Community & Economic Development. The Weatherization Program's goal is to make your home more energy efficient, comfortable and safe. To be eligible to participate in this program, the following items are required:

- COMPLETE THE ATTACHED APPLICATION FORM:** Fill out **all pages** of this application completely. Please list birthdates and Social Security numbers for **ALL** members of your household, including yourself.
- PROOF OF ALL HOUSEHOLD INCOME FOR THE LAST THREE (3) MONTHS:**
  - a. If you receive **Social Security benefits or Supplemental Security Income (SSI)**, include a copy of your award letter summary from the **current year** (2022). If you can't find your award letter summary, you can request one from Social Security Administration over the phone or online.
  - b. **If you are employed, include all paystubs for the last three months** leading up to the date you sign the application. We do not accept bank statements alone as they do not show gross income.
  - c. **If you are self-employed, fill out a "Self-Declaration of Income" form** (attached) and have it notarized. Please also include accounting and other business records, and/or other documentation showing business income, business expenses, and net income.
  - d. **If you have irregular sources of income, fill out the "Self-Declaration of Income" form** (attached) and have it notarized. If you have bank statements that show how you have been meeting your living needs, you must submit them for the three months preceding the application date.
  - e. **If anyone in the household (over age 18) has had \$0 (zero) income** during all or some of the last three months, please fill out a "Zero Income Self-Declaration" form (attached) and have it notarized.
  - f. **Provide proof of any other household income**, including: retirement/pension income, veteran's benefits, MDHHS benefits, rental property income, child support payments, etc.
    - i. **If you or anyone in your household is receiving Food Assistance**, please include a copy of the benefit letter from MDHHS for each person receiving Food Assistance (FAP) benefits.
- PROOF OF HOME OWNERSHIP:** Property tax receipt, deed or mortgage agreement, or mobile home title are all acceptable forms documentation.
  - a. **If you are a renter**, landlord approval is required. Please include the "Landlord/Tenant Agreement" (completed by the homeowner/landlord), which can be provided by our office or found on our website at [www.ewashtenaw.org/weatherization](http://www.ewashtenaw.org/weatherization).
- COPIES OF THE LAST 12 MONTHS OF DTE GAS/ELECTRIC BILLS OR OTHER HOME FUEL BILL.**
- COPIES OF PHOTO ID AND SOCIAL SECURITY CARD FOR ALL ADULTS IN HOUSEHOLD.**
- Call our office at 734-544-3008 before submitting the application to verify that the application is complete and all required documents are included.

The items listed above are required for approval to the program. Forms can be found online at [www.ewashtenaw.org/weatherization](http://www.ewashtenaw.org/weatherization). Please turn in your completed application with the above required documentation, either by mail or in person, to:

**Washtenaw County OCED Weatherization Program, 415 W. Michigan Ave. Suite 2200, Ypsilanti, MI 48197**

We will contact you by mail and/or phone to let you know if you are eligible for the program or if we need further documentation.

Thank You,



Washtenaw County Weatherization  
 Program Application  
 415 W. Michigan Ave Suite 2200  
 Ypsilanti MI 48197  
 Phone: 734-622-9036

For Office Use Only	
JOB NUMBER:	
APPLICATION DATE:	
ELIGIBILITY DETERMINATION DATE:	

The Local Weatherization Operator, partners, and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, or marital status. If you, the applicant, feel you were treated unfairly or denied service(s), please notify the agency in your county of residence and request a fair hearing. If you need help with reading, writing, hearing, etc. under the American Disabilities Act, you are invited to make your needs known.

**APPLICATION FOR WEATHERIZATION ASSISTANCE**

**INSTRUCTIONS:** THIS APPLICATION MUST BE COMPLETED IN INK. THE APPLICANT SHALL COMPLETE PART I AND II. DOCUMENTATION OF ALL SOURCES OF INCOME MUST BE INCLUDED WITH THIS APPLICATION. THE APPLICANT WILL RECEIVE WRITTEN NOTIFICATION OF ELIGIBILITY DETERMINATION.

**PART I - GENERAL INFORMATION**

(1) NAME (Last, First and Middle)				(2) APPLICANT ADDRESS (Street Number and Name)					
(3) CITY	MI	(4) ZIP CODE	(5) COUNTY	(6) DIRECTIONS TO THE DWELLING/SPECIAL PROBLEMS & CONSIDERATIONS					
(7) HOME PHONE NUMBER		(8) MESSAGE PHONE NUMBER		(9) NAME OF CONTACT PERSON			(10) TOTAL # OF PERSONS IN HOUSEHOLD		
(11) NUMBER OF PERSONS IN THE HOUSEHOLD WHO ARE OR RECEIVE:	ELDERLY (60+)	DISABLED	NATIVE AMERICAN	PREGNANT	FIP*	SSI*	SDA	FOOD ASSISTANCE PROGRAM(FAP)	
(12) HAS THE APPLICANT OR OTHER HOUSEHOLD MEMBER(S) RECEIVED ASSISTANCE UNDER TITLE IV-A (FAMILY INDEPENDENCE PROGRAM), TITLE XVI (SUPPLEMENTAL SECURITY INCOME) OF THE SOCIAL SECURITY ACT IN THE LAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>*NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBLE</b>									
(13) TYPE OF DWELLING SINGLE FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> TOTAL NUMBER OF UNITS FOR MULTI-FAMILY BUILDING:		(14) DWELLING OWNERSHIP: OWN <input type="checkbox"/> RENT <input type="checkbox"/> LAND CONTRACT <input type="checkbox"/>			(15) RENTAL INFORMATION: LANDLORD NAME ADDRESS: PHONE:				
(16) IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>									
(17) Complete the information below regarding your main heating source. <b>Please include copies of your LAST 12 months fuel or HEATING bill with this application.</b>					(18) Complete the information below regarding your electric company. <b>Please include a copy of your LAST 12 months electric bills with this application</b>				
Company:		Account Number:			Company:		Account Number:		
Are your heating costs included in your rent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the name on your heating bill different from the Applicant's name? If yes, give that name:			Is your electricity included in your rent? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is the name on your electric bill different from the Applicant's name? If yes, give that name:		
Do you share a main heat source meter with another household? Yes <input type="checkbox"/> No <input type="checkbox"/>		ANNUAL USAGE:			Do you share an electric meter with another household? Yes <input type="checkbox"/> No <input type="checkbox"/>		ANNUAL USAGE (kwh):		
Yearly Heating Cost:					Yearly Electric Cost:				

**APPLICATION FOR WEATHERIZATION ASSISTANCE**

**PART I (Continued)**

(19) IDENTIFY SOURCE(S) AND AMOUNT OF INCOME FOR EACH MEMBER OF THE HOUSEHOLD (AS OF THE DATE OF APPLICATION) FOR THE PREVIOUS 3 MONTHS. THIS INCOME IS THEN MULTIPLIED BY 4 TO ANNUALIZE. ALL HOUSEHOLD MEMBERS MUST BE LISTED, INCLUDING THOSE WITH NO INCOME.

HOUSEHOLD MEMBER - List all including children	DATE OF BIRTH		Source #1 Of Income	Source #2 Of Income

**PART II - APPLICANT'S SIGNATURE SECTION**

I HEREBY UNDERSTAND THAT I AM ENTITLED TO A FAIR HEARING REGARDING THE DECISION MADE CONCERNING THIS APPLICATION FOR WEATHERIZATION ASSISTANCE. I HEREBY AUTHORIZE THE AGENCY INDICATED ABOVE TO OBTAIN INFORMATION REGARDING MY PAST, PRESENT, AND FUTURE UTILITY BILLS. I FURTHER AUTHORIZE WORK TO BE PERFORMED ON THE DWELLING LISTED ABOVE IN ACCORDANCE WITH FEDERAL AND STATE WEATHERIZATION PRIORITIES AND WITHIN EXISTING AND FUTURE FUNDING LIMITATIONS. I AGREE THAT I CANNOT HOLD THE AGENCY LIABLE FOR EXISTING PROGRAM - IDENTIFIED HEALTH AND SAFETY VIOLATIONS THAT ARE NOT CORRECTED BY THE AGENCY WEATHERIZATION PROGRAM. I ALSO UNDERSTAND THAT I CANNOT HOLD THE AGENCY RESPONSIBLE FOR EXISTING CONDITIONS PRIOR TO WEATHERIZATION WORK OR WEATHERIZATION WORK AFTER 18 MONTHS FROM THE DATE OF COMPLETION. I FURTHER UNDERSTAND THAT THE WEATHERIZATION CREW MAY NEED TO USE MY ELECTRICITY TO PERFORM WEATHERIZATION MEASURES. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION FURNISHED BY ME IS TRUE AND I ACKNOWLEDGE THAT FALSIFICATION OF INFORMATION IS SUBJECT TO PROSECUTION. I HEREBY AUTHORIZE ALL UTILITY COMPANIES TO PROVIDE COPIES OF BILLS OR OTHER INFORMATION ON PRIMARY HEATING FUEL CONSUMPTION FOR A MINIMUM OF 12 MONTHS PRIOR TO WEATHERIZATION AND 12 MONTHS AFTER WEATHERIZATION OF MY HOUSEHOLD. I HEREBY GIVE THE AGENCY CONSENT TO RELEASE, OBTAIN, AND SHARE ALL PERTINENT IDENTIFYING AND NON CONFIDENTIAL SOCIAL, MEDICAL, AND OTHER INFORMATION ABOUT MYSELF AND INFORMATION THAT I HAVE PROVIDED ABOUT FAMILY MEMBERS THAT WILL ALLOW ME AND MY FAMILY TO BENEFIT FROM SERVICES OFFERED. IN GRANTING SUCH PERMISSION, I UNDERSTAND THAT SUCH INFORMATION WILL REMAIN CONFIDENTIAL AND THAT SUCH INFORMATION WILL ONLY BE USED TO BENEFIT ME OR MY FAMILY. ONLY AUTHORIZED PERSONNEL WILL SHARE CLIENT INFORMATION NEEDED FOR SERVICE DELIVERY, TO TRACK DEMOGRAPHIC TRENDS, SERVICE PATTERNS, AND THE CLIENT OUTCOMES ACHIEVED. I RELEASE THE AGENCY AND ITS STAFF FROM ANY LEGAL LIABILITY FOR DISCLOSING OR ACQUIRING INFORMATION THAT I HAVE PERMITTED BY SIGNING THIS FORM. UNLESS I MAKE A FORMAL REQUEST TO THE AGENCY THAT I NO LONGER WANT TO PARTICIPATE IN THE SERVICES OFFERED, THIS RELEASE WILL REMAIN IN FORCE FOR THREE YEARS FROM TODAY. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION FURNISHED BY ME IS TRUE AND I ACKNOWLEDGE THAT FALSIFICATION OF THE INFORMATION IS SUBJECT TO PROSECUTION.

APPLICANT'S SIGNATURE:	DATE	INTAKE WORKER'S SIGNATURE:	DATE

**FOR OFFICE USE ONLY**

(A) HOME OWNERSHIP SELF-CERTIFIED <input type="checkbox"/>	DOCUMENT REVIEWED <input type="checkbox"/>	(B) WAS HOME OWNERSHIP DOCUMENTATION OBTAINED FOR THE CLIENT/JOB FILE YES <input type="checkbox"/> NO <input type="checkbox"/>
		IF NO, DESCRIBE: _____

(C) NUMBER IN household: _____	(D) Number in household Under age 18 _____ Pregnant _____	HOUSEHOLD INCLUDES CHILDREN: (E) AGES 3-5 YES <input type="checkbox"/> NO <input type="checkbox"/>	(F) AGE 2 OR YOUNGER YES <input type="checkbox"/> NO <input type="checkbox"/>
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(G) INCOME POVERTY GUIDELINE: _____	(H) AMOUNT OF INCOME: _____	(I) APPLICANT ELIGIBLE YES <input type="checkbox"/> NO <input type="checkbox"/>	(J) TOTAL PRIORITY POINTS: _____
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(K) CHECK HOUSEHOLD INCOME LEVEL

LESS THAN 75%  76-100%  101-125%  126-150%  151-200%  OVER 200%

(L) WRITTEN ELIGIBILITY NOTIFICATION SENT? YES <input type="checkbox"/> IF YES, DATE: _____ NO <input type="checkbox"/>	(M) APPLICANT PROVIDED WITH THE APPEAL PROCEDURE? YES <input type="checkbox"/> NO <input type="checkbox"/>
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(N) DWELLING PREVIOUSLY WEATHERIZED? YES <input type="checkbox"/> IF YES, DATE: _____ NO <input type="checkbox"/>	(O) REFERRED TO MDHHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	(P) REFERRED TO UTILITY COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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(Q) IS THIS DWELLING A HIGH RESIDENTIAL ENERGY USER? YES <input type="checkbox"/> NO <input type="checkbox"/>	(R) IS THIS A HOUSEHOLD WITH A HIGH ENERGY BURDEN? YES <input type="checkbox"/> NO <input type="checkbox"/>
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(S) LOCAL WEATHERIZATION REPRESENTATIVE _____	(T) DATE DETERMINED ELIGIBLE: _____
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(U) MULTI-FAMILY BUILDING ONLY - IDENTIFY JOB/CLIENT NUMBER(S) OF THE OTHER UNITS BEING WEATHERIZED IN THE BUILDING



**OFFICE COPY**

This document certifies that I have received a copy of the Weatherization Appeal Procedure disseminated by the Weatherization Assistance Program of the Washtenaw County Office of Community & Economic Development (OCED).

I have been informed by agency staff of my right to request a formal review of the eligibility determination made in response to my application for Weatherization services.

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Applicant Signature Date

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**APPLICANT'S COPY**

**WEATHERIZATION APPEAL PROCEDURE**

This document is to notify you that you have a right to appeal the decision made by the Weatherization Assistance Program of the Washtenaw County Office of Community & Economic Development (OCED) concerning the approval/denial of your Weatherization Application.

If you feel that our decision was incorrect, you must contact the person listed below in writing, by telephone, or in person within ten (10) business days from receipt of the decision notice to schedule an appointment for an appeals conference.

Aaron Kraft  
Weatherization Program  
Washtenaw County  
Office of Community & Economic Development (OCED)  
415 W. Michigan Ave., Suite 2200  
Ypsilanti, MI 48197  
(734) 544-3019

## Zero Income Self-Declaration

**Complete form if you've had zero income at any time during the last three months.**

**Please fill out and have notarized. Free notary services available in our office.**

I, \_\_\_\_\_, declare that I have received **\$0** in income between the following dates (use 3 month period prior to application date; for example, if application is signed on Oct. 3, then 3 month period is July 4 through Oct. 3): \_\_\_\_\_ - \_\_\_\_\_.

The reason I have had no income for the months listed above is as follows:

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I have been meeting my basic living needs (food, shelter, utilities) in the following way:

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**IMPORTANT: Please complete this section in the presence of a Notary Public. (If you cannot afford or access notary services you may come into our office at 415 W. Michigan Ave, Suite 2200 in Ypsilanti.)**

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Signed or attested to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ by \_\_\_\_\_.  
(name of applicant)

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
\_\_\_\_\_ County, Michigan  
Acting in County of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

## Self-Declaration of Income

Complete this form only if you cannot provide documentation of your income. Please explain why you are unable to document your income and all the efforts you have made to document it.(examples are: you are not employed, you are waiting to be approved for benefits, you did not file taxes last year, you do not have W-2s )

I, \_\_\_\_\_ , am unable to provide documentation of my income. I cannot provide documentation of my income because

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I have no other means to prove my income.

I, \_\_\_\_\_ , declare that my total gross income, during the 3 months prior to this application ( \_\_\_\_\_ - \_\_\_\_\_ ) is \$ \_\_\_\_\_ .  
(Preceding 3 months) (application date)

I have been meeting my basic living needs (food, shelter, utilities) in the following way:

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**IMPORTANT: Please complete this section in the presence of a Notary Public. (If you cannot afford or access notary services you may come into our office at 415 W. Michigan Ave, suite 2200 in Ypsilanti.)**

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Signed or attested to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2022 by \_\_\_\_\_.  
(name of applicant)

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
\_\_\_\_\_ County, Michigan  
Acting in County of \_\_\_\_\_  
My commission expires: \_\_\_\_\_