



OFFICE OF COMMUNITY &  
ECONOMIC DEVELOPMENT

*Collaborative solutions for a promising future*

415 W. Michigan Ave, Suite 2200

P.O. Box 915

Ypsilanti· MI 48197

Phone|734.544.6748 Fax|734.544.6749

Website|www.ewashtenaw.org/oced

Dear Weatherization and Test & Tune Program Applicant:

Thank you for your interest in the Furnace Test & Tune Program and/or Weatherization Assistance Program. The Weatherization Program's goal is to make your home safer, more energy efficient and more comfortable. To be eligible to participate in either program, the following items are required to be submitted:

- 1) **COMPLETE THE ATTACHED APPLICATION FORM:** Complete **all pages** of this application. Please list birthdates and Social Security Numbers for all household members. If you have questions on any part of this application, please call our office at 734-544-3008, and we will be glad to assist you.
- 2) **PROOF OF INCOME:** (required for all sources and all household members) Please include documentation of all income from the previous **3 Months**, including pay check stubs (**include all pay stubs from the full 3 month period prior to the date the application is signed**), Dept of Human Services benefit letter, Supplemental Security Income Benefit letter, recent Social Security Award letter or proof of income from an employer using company letterhead.
- 3) **PROOF OF HOME OWNERSHIP:** Property tax receipt, deed or mortgage agreement for site built home or a copy of the title if it is a mobile home. **IF YOU ARE A RENTER:** Completion of a Landlord/Tenant Agreement (provided by our agency) by the owner of your home.
- 4) **COPY OF A CURRENT DTE GAS/ELECTRIC OR OTHER HOME FUEL BILL.**
- 5) For members of the household over 18 years old who do not receive any income please complete the enclosed self-declaration of income form.
- 6) 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 deliver the above items, either by mail or in person to the 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 or if we need further documentation.

Thank You,

Caitlin Nagler  
naglerc@ewashtenaw.org  
734-544-3008



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

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  NO  **\*NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBLE**

(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:
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(16) IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS?  
YES  NO

(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



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OCED Weatherization
415 W. Michigan Ave Suite 2200
Ypsilanti, MI 48197
Phone|734.622.9025 Fax|734.544.6749
Website|www.ewashtenaw.org/oced

Household Information (please complete all sections)

Citizenship Status Statement: Applicant Name: \_\_\_\_\_

I certify to the Washtenaw County Weatherization Program that: I am a United States Citizen or a Qualified Alien (CIRCLE ONE)

Demographics:

Marital Status: [ ] Married [ ] Legally Separated [ ] Divorced
[ ] Partner [ ] Single [ ] Widowed

Tribe: \_\_\_\_\_

APPLICANT-Employment Information [ ] N/A-Unemployed

Employment Status: [ ] Full Time w/benefits [ ] Full Time w/o benefits
[ ] Part Time w/benefits [ ] Part Time w/o benefits

Employer: \_\_\_\_\_

Employed Since: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Type:

[ ] Foster Parent (w/foster children) [ ] Grandparent
[ ] Married (living w/children) [ ] Married (living w/children)
[ ] Multiple Adults (living w/ children) [ ] Multiple Adults (no children)
[ ] Single parent-female (living w/children) [ ] Single parent-male (living w/children)
[ ] Single person (living alone)

OTHER ADULT-Employment Information [ ] N/A-Unemployed

Employment Status: [ ] Full Time w/benefits [ ] Full Time w/o benefits
[ ] Part Time w/benefits [ ] Part Time w/o benefits

Employer: \_\_\_\_\_

Employed Since: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_(name) give Washtenaw County OCED consent to release, obtain and share all pertinent identifying and nonconfidential social, medical and other information about myself and information I have provided about additional 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 for my benefit or to benefit other members of 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 Washtenaw County OCED 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 Washtenaw County OCED that I no longer want to participate in the services offered, this release will remain in force for 3 years from today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge.

OCED, its agent, partners and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, disability, 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 to appeal and request a fair hearing. Your application will be properly reviewed to determine eligibility based on the required documents provided.

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

I, \_\_\_\_\_(name) 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 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 for 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

Applicant Signature

Date of Application

Signature of CAA staff member

Date of Application



## Weatherization Assistance Program Self-Declaration of Income

I, \_\_\_\_\_ am not currently employed. I have not been employed  
*Household member*

for the previous \_\_\_\_\_(months /years) . I also attest to the fact that I have not earned an income from other sources during this period of time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Next Household member (if necessary)

I, \_\_\_\_\_ am not currently employed. I have not been employed  
*Household member*

for the previous \_\_\_\_\_(months /years) . I also attest to the fact that I have not earned an income from other sources during this period of time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use the space below to describe if there are other details which describe your personal or household income:

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Use additional copies for other household members.