



Bridgeport Place
7201 Kinsman Rd., Ste. 104
Cleveland, Ohio 44104
216.341.1455 • Fax 216.341.2683
www.bbcdevelopment.org

Dear Ward 5 Resident,

Thank you for your interest in applying for the Home Weatherization Assistance Program.

As you may already know, the Home Weatherization Assistance Program helps community members be comfortable and safe in their homes, while decreasing energy usage and reducing monthly utility bills. In partnership with Fairfax Renaissance Development Corporation, eligible households may receive up to \$3,500 in free home improvements that include the insulation of attic and sidewalls, if possible; crawlspace insulation; appropriate venting; air leakage work; hot water tank wrap; and, furnace check/repair (if necessary).

Households must be within the following income limits to be eligible for participation in the Home Weatherization Assistance Program.

Number of Persons in the Household	Income Cannot Exceed...
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060

Please add \$7,480 for each additional household member beyond six.

With your completed application, we need the following supporting documents:

1- Proof of Income: Include proof of income of **all** household members. Examples of proof of income may include last two check stubs, benefit letter for Social Security, previous year's W-2, or checking account statement with retirement funds deposits indicated. All proof of income must be for the last twelve months.

2- Copy of Utility Bills: Provide copies of your most recent gas **and** electricity bills.

3- For Homeowners Only: Proof of homeownership is required. Examples include copy of deed, a coupon from a mortgage payment booklet, most recent tax bill, or most recent water or sewer bills.

4- For Renters/Tenants Only: Name, address, and phone number of the owner of the property is necessary, along with a signature in the application allowing work to be performed.

Applicants should submit **copies** of supporting documents only, not originals. Please note that incomplete applications cannot and will not be processed.

Please return your signed and completed application either in person or via mail to:

Burten, Bell, Carr Development, Inc.
c/o Home Weatherization Assistance Program
7201 Kinsman Road, Suite 104
Cleveland, Ohio 44104

For more information, please contact Jeffrey Sugalski, Real Estate Development Manager, at Burten, Bell, Carr Development, Inc. at (216) 341-1455 or at jsugalski@bbcdevelopment.org.

A Beacon for a Brighter Community

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD

**Please complete all items and questions and attach required proof
An incomplete application will delay assistance**

For Office Use Only

For Office Use Only (Date)

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Client Number

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PRIMARY APPLICANT

Please Print or Type	First Name	M. I.	Last Name		Your Social Security Number			
	Current Mailing Address (no. and street, including route)				Apartment / Lot / Unit / Floor			
	City		State	Zip code		Ohio County		
	Daytime Telephone including Area Code ()		Date of Birth Mo. Day Yr.		E-mail Address			
	Current Service Address (if different from above)				Apartment / Lot / Unit / Floor			
	City		State	Zip code		Ohio County		

- Check the box that most closely describes the type of building you live in. (Check only one)
 Mobile Home Single Family Multi-family Low-rise (3 stories or less) Multi-family High-rise (4 stories or more)
- Including yourself, how many people live in your household?
(Include all persons listed on question number 3.)
- Including yourself, please list the names, relationships, social security number(s), date(s) of birth and gross incomes of everyone living in your household. If a household member is pregnant, disabled, or not a U.S. citizen, please check the appropriate box. Include all income of all persons living in your household except for wage or salary income earned by dependent minors under 18. (Attach proof of income, disability and citizenship/alien status- see "Instructions".) Use a separate sheet if necessary.

Household Members	Relationship to You (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source	Current Mo.	Last 3 Mo.	Last 12 Mo.	Pregnant?	Disabled?	Not U.S. Citizen?
	Self									

- What was your total gross household income for the last 12 months?
- yes no Do you receive Public Assistance? Case Number
- INCOME SOURCE (Check the Income Source(s) for Your Household)** **DOCUMENTATION MUST BE PROVIDED!**
 Wages Pension Social Security Child Support Employment Disability
 Self Employment VA Pension SSDI Workers' Comp Interest
 Unemployment VA Disability SSI TANF Other _____
 Active Military Pay Disability Assistance No Income (Explain how you pay bills on a separate sheet.)
- Is there anyone in the home who is 18 years old or older and a full-time student in a high school or the equivalent level of vocational or technical training? yes no If yes, who? _____
- If there are no children under the age of 18 in the household, do any adults have children under age 18 who live in another household? yes no If yes, please list the children's name(s) _____

OVER →

9) Do you rent or own your home? Rent Own (Buying) skip to question 13.

10) Landlord's Name

Address

Telephone Number

11) yes no Do you rent a room in someone else's home?

12) yes no Do you receive **Rental** assistance from the government i.e. Section 8, HUD, Metropolitan Housing?

13) yes no Has your household received weatherization services from any other program; for example, a utility program?
If yes, which program?

14) yes no Would you like to apply for weatherization services?

15) yes no I consent to the release of my name, phone number and social security number to the local telephone company so that I may receive a possible reduced telephone rate through the Lifeline Program.

16) Number of Native Americans (as defined by the U.S. Bureau of Indian Affairs) in the household.

17) Number of migrant farm workers in the household.

18) What is your **Main** source of heat? (Check only one)

Natural Gas Bottle Gas or Propane (L.P. Gas) Fuel oil or Kerosene Coal or Wood or Pellets Electric Other

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. **Please include a copy of your LAST fuel or HEATING bill.**

Complete the section below with your electric company name and account number. **Please include a copy of your LAST electric bill.**

Main Heating Source (Same source as Question 18.)

yes no Do you want to enroll in PIPP? (Please see front page for PIPP description)

Company/Vendor

Account #

19) yes no Are your heating costs included in your rent?

20) yes no Is the name on your heating bill different from the Applicant's name? If yes, give that name.

First: Last:

21) yes no Do you share a main heating source meter with another household?

Electric

yes no Do you want to enroll in PIPP? (Please see front page for PIPP description)

Company/Vendor

Account #

22) yes no Is your electricity included in your rent?

23) yes no Is the name on your electric bill different from the Applicant's name? If yes, give that name.

First: Last:

24) yes no Do you share an electric meter with another household?

I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State Law for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45nCFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here _____ Application Date _____