

ATTENTION: You must submit the following items with your Weatherization Application in order to be considered for the program.

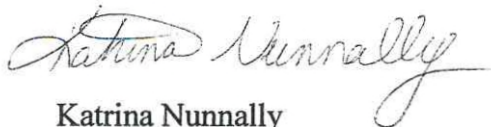
The following checklist is to assist you in submitting proper documentation with your application. If any documentation is missing we CAN NOT process your application.

- _____ Completed Application (ALL Pages filled out completely)
- _____ Copy of Birth Certificate, Voter Registration Card, Permanent Visa, or Naturalization Papers/Certification of Citizenship for **ALL** members of the household.
- _____ Copy of your Deed, Mobile Home Title, Rental Agreement (if you rent), and/or a Copy of your **Recorded** Land contract.
- _____ A copy of your gas and electric bills.
- _____ Verification of Income for **ALL** members of the household for the past twelve months.

If you have any questions when completing the application or about the information you will need please feel free to contact our office Monday-Friday from 7:30-4:00. We can be reached by calling, 740-753-3062.

Your completed application should be mailed to: HAPCAP
50 Saint Charles St.
Nelsonville, OH. 45764
Attn: Katrina

Sincerely,



Katrina Nunnally
Senior Housing Clerk
Hocking Athens Perry Community Action

**Hocking Athens Perry
Community Action Agency
Weatherization
50 St. Charles Street
Nelsonville, OH 45764**

Dear Applicant,

Thank you for your patience during this process. We understand how important this service is to you and your family. Unfortunately, due to the large number of applications we receive for weatherization, your completed application must be placed on a waiting list. In order for us to process your application in a timely manner, you must submit one of each of the following with your application:

- 1. Copy of Proof of Ownership (send only ONE of the following)**
 - Landlord/tenant agreement (if you rent)
 - Mobile Home Title
 - Copy of your Deed
 - Land Contract (**MUST** be recorded by your counties Recorder Office)
 - Property tax document
- 2. Copy of Proof of Income (send only ONE of the following)**
 - Copy of **three** months recent pay stubs.
 - Copy of **current** Social Security Award Letter
 - Verification of any other income coming into the household
- 3. Completed Application (make sure to fill out the ENTIRE application)**
 - **ALL** questions must be answered, even if repeated information
 - **ALL** blanks must be filled in (Complete address, utility company(s) name, account numbers, household members names, social security numbers, everything.
 - **ALL** signatures must be present
- 4. Copies of your most recent electric and heating utility bills**
- 5. Copy of Birth Certificate, Voter Registration Card, Permanent Visa, or Naturalization Papers/Certification of Citizenship for ALL members of the household.**

Once your **completed** application is received we will send you a letter to let you know that you have been approved and you will be added to the waiting list. If at anytime while filling out this application you need assistance please feel free to call our office Monday through Friday 7:30am to 4:00 pm at (740)753-3062 or 1-866-992-8858.

PROOF OF INCOME

You must provide proof of income for everyone living in your household. Examples of documents, which provide proof of income, are: Payroll stubs, statements from employers, public assistance payment histories, or benefit letters from Social Security, Workers' Compensation, Unemployment Compensation. Please provide income documentation to support your response to question # 3. If you are missing documentation for any income source or you list "0" income, please explain. If your response to question #5 is "No Income", a written, signed statement which provides an explanation as to how you are maintaining your household must be submitted. Failure to provide the required documents will delay the processing of your application. Please try to include copies, since originals will not be returned.

2025 Income Guidelines

Size of Household	Total Gross Household Income
1	up to \$ 31,300
2	up to \$ 42,300
3	up to \$ 53,300
4	up to \$ 64,300
5	up to \$ 75,300
6	up to \$ 86,300
7	up to \$ 97,300
8	up to \$ 108,300

For households with more than 8 members, add \$ 11,000 per member

PROOF OF DISABILITY

If you answered yes to question #12, you must submit proof of disability, but need not disclose the nature of the disability. Proof includes a doctor's statement, benefits letter for Supplemental Security Income, Social Security Disability, Workers Compensation, etc. Permanently and totally disabled means a person who has, on the first day of July of the year an application is made, some impairment in body or mind that makes the person unfit to work at any substantial employment that they person would otherwise be reasonably able to perform and that will, with reasonable probability, continue for an indefinite period of at least twelve months without any present indication of recovery therefrom, or who has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons.

PROOF OF HEAT TYPE

Attach a copy of your fuel bill or any other document showing your main heating fuel and main fuel supplier. Also attach a copy of your electric bill even if electricity is not your main heating fuel.

**PLEASE SIGN AND MAIL APPLICATION TO:
WEATHERIZATION
50 ST CHARLES ST.
NELSONVILLE, OH 45764**

HOME WEATHERIZATION ASSISTANCE PROGRAM (HWAP)

HWAP is a federally funded, low income residential energy efficiency program that reduces the energy use of qualified households throughout the state. HWAP services include attic, wall, and basement insulation; blower door guided air leakage reduction; heating system repairs or replacements; electric baseload measures that address lighting and appliance efficiency; and Health and safety inspections and testing. Services are based on the structure and energy use of the home.

HWAP is administered locally by community action, social service, and local government agencies.

WEATHERIZATION

Can not service anyone if they have been serviced in the last 17 years.

Mobile Homes and Recorded Land Contracts are eligible.

MUST meet income guidelines.

- 1. Furnace repair/replacement**
- 2. Hot water tank repair/replacement**
- 3. Duct system work**
- 4. Blow in insulation in the floors, walls, attics**
- 5. Air sealing around doors and windows**

2025 Income Guidelines

Family Size

1	31,300
2	42,300
3	53,300
4	64,300
5	75,300
6	86,300
7	97,300
8	108,300
each additional add	11,000

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD

Please complete all items and questions and attach required proof.

(An incomplete application will delay assistance.)

Office Use Only

PERSONAL INFORMATION SECTION

Enter the information completely. PLEASE USE DARK BLUE OR BLACK INK

Client Number

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

PRIMARY APPLICANT/HEAD OF HOUSEHOLD (Please Print or Type)

Social Security Number		First Name		M.I.	Last Name
<div></div>		<div></div>		<div></div>	<div></div>
Date of Birth		Disabled?	U.S. Citizen/Legal Resident (Qualified Alien)		Ohio Job and Family Services Case Number
Mo. Day Yr.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Check the box that most closely describes the type of building in which you live. (Check only one)					
<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family Low Rise (3 stories or less) <input type="checkbox"/> Multi-Family High Rise (4 stories or more)					
Current Service Address (no. and street, including route)					Apt/Lot/Unit/Floor
City		State	Zip Code	Ohio County	
Current Mailing Address (if different above)					Apt/Lot/Unit/Floor
City		State	Zip Code	Ohio County	
Daytime Telephone including Area Code		<input type="checkbox"/> Home <input type="checkbox"/> Work		Email Address	
()		<input type="checkbox"/> Cell <input type="checkbox"/> Other			

If you are currently enrolled in PIPP Plus, we will automatically reverify you with this application, if eligible.

- 1) Are you enrolling or re-verifying for PIPP Plus? ☐ Yes ☐ No
- 2) If yes, which utility would you like to enroll or re-verify? ☐ Natural Gas ☐ Electric ☐ Both
- 3) How would your household prefer to be contacted? ☐ Postal Mail ☐ Email

NEXT PAGE ►

HOUSEHOLD & INCOME SECTION

PLEASE READ THESE INSTRUCTIONS CAREFULLY. Enter the information completely. Including yourself, list the names, relationships, Social Security number(s), date (s) of birth, and gross income of everyone living in your household. **(Attach proof of income, disability and citizenship/legal resident status – see citizenship section on page 2.)** Use a separate sheet if necessary. **Failure to provide the required income documents for the previous 90 days from the application date (12 months is encouraged), will delay the processing of your application. PLEASE DO NOT SEND ORIGINALS.** Individuals 18 or older claiming zero income must provide an explanation on a separate sheet.

Number in Household

Total gross household income for 12 months

Household Member	Relationship to you (i.e. son, daughter, etc.) Self	Social Security Number	Date of Birth	Income Source
Current Month \$	Last 90 days \$	Last 12 Months \$	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen/ Legal Resident (Qualified Alien)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member	Relationship to you (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source
Current Month \$	Last 90 days \$	Last 12 Months \$	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen/ Legal Resident (Qualified Alien)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member	Relationship to you (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source
Current Month \$	Last 90 days \$	Last 12 Months \$	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen/ Legal Resident (Qualified Alien)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member	Relationship to you (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source
Current Month \$	Last 90 days \$	Last 12 Months \$	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen/ Legal Resident (Qualified Alien)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member	Relationship to you (i.e. son, daughter, etc.)	Social Security Number	Date of Birth	Income Source
Current Month \$	Last 90 days \$	Last 12 Months \$	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen/ Legal Resident (Qualified Alien)? <input type="checkbox"/> Yes <input type="checkbox"/> No

4) Income Source (Check the income source(s) for your household) DOCUMENTATION MUST BE PROVIDED.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Utility Allowance | <input type="checkbox"/> Total Household consists of Zero/No Income, Odd Jobs or Other Income (If yes, the household must apply for assistance at your Local Delegate Agency. Mailed-in applications will not be accepted.) |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> SSDI | <input type="checkbox"/> VA Disability | |
| <input type="checkbox"/> DA (Disability Assistance) | <input type="checkbox"/> SSI | <input type="checkbox"/> VA Pension | |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Social Security | <input type="checkbox"/> Wages | |
| <input type="checkbox"/> Interest | <input type="checkbox"/> TANF/ADC | <input type="checkbox"/> Workers' Compensation | |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Unemployment | | |

For a list of LDA providers, visit www.energyhelp.ohio.gov.

UTILITY ACCOUNT INFORMATION

Fill out this section completely, answering every question. Tell us your utility information including the name of your utility company and your utility account number. Include a copy of your most recent utility bill.

5) What is your **MAIN** source of heat? (Check only one)

- ☐ Natural Gas ☐ Propane or Bottle Gas (L.P. Gas) ☐ Fuel oil or Kerosene ☐ Coal, Wood or Pellets ☐ Electric (Includes baseboard) ☐ Other _____

Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. **A copy of your most recent fuel or heating bill from your current address must be included and should be in the name of the primary applicant.**

If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application, if eligible. Mailing in a HEAP/PIPP Plus application can take 12 to 16 weeks to process.

If you would like to be removed from PIPP Plus, please call 1-800-282-0880.

Company/Vendor

Account #

6) ☐ Yes ☐ No Are your heating costs included in your rent?

7) ☐ Yes ☐ No Is the name on your heating bill different from the Applicant's name? If yes, what name is on the bill?

First: Last:

8) ☐ Yes ☐ No Do you share a main heating source meter with another household?

Complete this section with your electric company name and account number. **A copy of your most recent electric bill from your current address must be included and should be in the name of the primary applicant.**

If you are currently enrolled for PIPP Plus, we will automatically reverify you with this application, if eligible. Mailing in a HEAP/PIPP Plus application can take 12 to 16 weeks to process.

If you would like to be removed from PIPP Plus, please call 1-800-282-0880.

Company/Vendor

Account #

9) ☐ Yes ☐ No Are your electric costs included in your rent?

10) ☐ Yes ☐ No Is the name on your heating bill different from the Applicant's name? If yes, what name is on the bill?

First: Last:

11) ☐ Yes ☐ No Do you share a main electric meter with another household?

ADDITIONAL INFORMATION ABOUT YOUR HOME

Provide us with information about your home. Fill in every box completely.

12) Do you rent or own your home? ☐ Rent ☐ Own (if own, skip to question 16).

13) Landlord's Name

First and Last Name:

Organization:

Address, City, State and Zip Code:

Phone Number:

14) ☐ Yes ☐ No Do you rent a room in someone else's home? If yes, please list all household members' information in HOUSEHOLD & INCOME SECTION.

15) ☐ Yes ☐ No Do you receive rental assistance from the government (i.e. Section 8, HUD, and Metropolitan Housing)?

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

NEXT PAGE ►

You must read the terms of agreement and sign the application for HEAP and/or PIPP Plus

ENERGY ASSISTANCE PROGRAMS APPLICATION 2017-2018

Terms of Agreement

- I agree** To pay my Percentage of Income Payment Plan amount for my electric and/or natural gas service every month.
- To go to my Local Delegate Agency or update my application at least once a year to provide updated household information, and income documentation.
- To contact my Local Delegate Agency or the Ohio Development Services Agency (ODSA) to report any changes to my total household income or number of household members.
- To accept any energy efficiency programs offered by ODSA or its designated providers, if eligible.
- To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to ODSA and agencies that perform weatherization services and/or provide other energy related services.
- To allow ODSA to release my name, address, telephone number, household member information, and current status to the utility companies, HEAP, and other energy assistance providers. And to allow ODSA to share my usage and demographic data with organizations contracted by ODSA that evaluate the programs administered by ODSA.
- I understand** That I will not be re-verified if I owe any PIPP Plus payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
- That if I do not re-verify my income at least once every 12 months, I will be dropped from PIPP Plus.
- That if I do not make up missed PIPP Plus payments by my stated Anniversary Date, I will be dropped from PIPP Plus.
- That if I make my PIPP Plus payments in-full and on-time every month, I will receive a credit for 1/24th of my total past due amount, and I will not need to pay the difference between my PIPP Payment and my actual billing amount.
- If I reapply for PIPP Plus and I am not eligible, or if I choose to be removed from PIPP Plus, I can enroll in Graduate PIPP Plus for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.
- That if I move out of the service area for my gas/electric company I can enroll in the Post PIPP Plus program to make payments on my closed account and receive credits toward the past due amounts.
- That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP Plus, the past due amounts will become due. If these past due amounts are not paid in-full, the utility companies may use any standard means of collection for the past due amounts on my accounts.**

GENERAL AUTHORIZATION

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP Plus and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Development Services Agency or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Development Services Agency, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Development Services Agency, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Development Services Agency, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Development Services Agency, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP Plus customer I understand that I may be included in a group for which electric service is purchased in common. 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 60 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 laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury that the information submitted in this application is true and correct.

PLEASE SIGN AND MAIL APPLICATION TO:
Office of Community Assistance, Home Energy Assistance Program
P.O. Box 1240, Columbus, Ohio 43216

X Sign Here _____ Application Date _____

CSBG INTAKE

SS#: _____ Last Name: _____ First Name: _____
 DOB: _____ Address: _____
 City: _____ Zip: _____ County: _____
 Phone #: _____ Message Phone #: _____ Whose Phone: _____

Gender:
☐ Female ☐ Male

Disabled:
☐ Yes ☐ No

Ethnicity:
☐ Black or African American ☐ Asian ☐ Native Hawaiian/Pacific Islander
☐ Native American/Native Alaskan ☐ Hispanic or Latin
☐ White ☐ Other ☐ Multi-Race (any 2 or more above)

Agency Site:

Client E-mail:

Education:
☐ A. 0-8 ☐ B. 9-12 (Non-Grad)
☐ C. HS Grad/GED ☐ D. 12+
☐ E. 2-4 yr. Grad College

Food Stamps:
☐ Yes
☐ No

Health Insurance:
☐ A. Medicaid ☐ D. Self-Ins.
☐ B. Medicare ☐ E. None
☐ C. Private ☐ F. Unknown

Farmer:
☐ A. Farmer
☐ B. Migrant
☐ C. Seasonal

Veteran:
☐ Yes
☐ No

In HH

Family Type:
☐ F. Single Par/Female ☐ Single
☐ M. Single Par/Male ☐ Couple
☐ Two Parent ☐ Other

Housing:
☐ Own
☐ Rent
☐ Homeless
☐ Other

Income Eligibility Period:
☐ A. Weekly ☐ D. Annually
☐ B. Bi-Weekly ☐ E. 13 Weeks
☐ C. Monthly ☐ F. 3 Months
☐ G. 6 Months

Source of Income:

☐ A. Employment ☐ C. Social Security ☐ E. GA ☐ G. Pension ☐ I. Other
☐ B. Unemployment ☐ D. TANF ☐ F. SSI/SSD ☐ H. No Income ☐ J. Zero Income
☐ K. Refused – Only used for programs that do NOT require income verification

Income Amount:

Other Household Members

Use codes from above ONLY for information listed below

SS#					
Last Name					
First Name					
Date of Birth					
Male/Female (M, F)					
Disabled (Y, N)					
Ethnicity (B, A, NHPI, NA, HL, W, O, MR)					
Education (A, B, C, D, E)					
Veteran (Y, N)					
Health Insurance (A, B, C, D, E, F)					
Income Period: (A, B, C, D, E, F, G)					
Source (A, B, C, D, E, F, G, H, I, J, K)					
Income Amount					

Is client single parent? ☐ Yes ☐ No

If Yes, did you refer to JFS for child support? ☐ Yes ☐ No

If no, why not? _____

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____

Date: _____

Comments: _____

RENTAL AGREEMENT

The parties to this agreement are the following:

_____ hereinafter Tenant

_____ hereinafter Landlord/Owner

NAPCAP hereinafter Agency

The landlord consents and agrees that the following weatherization work _____

_____ shall be done by the Agency to the property at _____

And present leased to the Tenant: _____

Weatherization work to be completed by the Agency:

Hocking Athens Perry Comm. Action

80 St Charles St.

Nelsonville OH 45764

In Consideration for the weatherization work to be performed the parties agree:


That the present rent for the above described premises is \$ _____ per _____

That the rent shall not be raised at any time unless the increase is demonstrably related to matters other than weatherization work performed. In instances of complaints regarding rent increases brought by the Agency's attention by the tenant, the landlord agrees to document the basis of the increase to the agency's satisfaction and to accept the Agency's decision regarding the applicability of the increase under the terms of this agreement.

The parties acknowledge this Agreement is under seal.

Landlord _____ Date _____

Tenant _____ Date _____

Agency  Date _____



Home Weatherization Assistance Program Homeowner/Authorized Agent Certification

I, _____ (Name of Homeowner/Authorized Agent) certify that I am the
homeowner/authorized agent for the property located at the following address:

I further certify that I have given my permission to allow work on the property listed above which may include the following:

- | | | | |
|--|-----------|----------|-----------|
| 1. Drill sidewalls and replace exterior covering | YES _____ | NO _____ | N/A _____ |
| 2. Drill and plug interior walls | YES _____ | NO _____ | N/A _____ |
| 3. Lower the thermostat on the water heater | YES _____ | NO _____ | N/A _____ |
| 4. _____ | _____ | | |
| 5. _____ | _____ | | |
| 6. _____ | _____ | | |
| 7. _____ | _____ | | |
| 8. _____ | _____ | | |
| 10. _____ | _____ | | |
| 11. _____ | _____ | | |

12. Other work that must be done in accordance with the State of Ohio Weatherization Field Guide for Home Energy Updates.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

I grant the Ohio Department of Development (Development) and its designees permission to use information associated with this job for the purpose of conducting weatherization studies or statistical analyses. I understand that no information obtained shall be made public in such manner that the dwelling or its occupant(s) may be identified, except with written consent by the occupant.

Signed _____
(Owner/Authorized Agent)

Date _____

Signed _____
(Energy Auditor)

Date _____