UC HRA Upper Cumberland Human Resource Agency

Weatherization file checklist

☐ File Checklist

☐ Signed and dated application; received date recorded

☐ Applicant age/identity and citizenship/legal-alien documentation (unexpired government issued document)

☐ Complete household composition (SS card for everyone in the home)

☐ Proof of disability (if applicable)

☐ Income documents for all applicable sources or current categorical proof

☐ Calculation worksheet/annualization and current FPL selection

☐ Zero-income/support documentation and attempt history **when applicable**

☐ Energy Burden Worksheet and documentation of provider with names, allowable costs/history, hardship statement if annualized.

☐ Fuel Release Form

☐ Ownership evidence (Copy of Deed, Current Tax Receipt or Property Data Page Printout)

☐ Rental Agreement and Landlord agreement

☐ Homeowners Permission to Proceed

☐ Release of Info/Homeowner Certification

☐ Priority points Documentation Sheet verified

☐ Confidentially, Grievance & Equal Access Form

☐ Written approval/denial/closure notice

☐ Home Directions Sheet

☐ Case notes, contacts, outstanding items, and escalation decisions

Client Name:_____ Date:_____

Tennessee Housing Development Agency
WEATHERIZATION ASSISTANCE PROGRAM

APPLICATION FORM

Priority Points	
Eligibility Certification Date	

Agency: Intake Initials: Intake Date:

First name	Middle Initial	Last Name	Date of Birth MM/DD/YYYY

SERVICE ADDRESS - Address where you live (this cannot be a P.O. Box)

Service Address			Unit Number
Service City	Service County	Service State	Service Zip Code

Have you lived at this residence during each of the past 12 months? ☐ Yes ☐ No

Is your service address the same as mailing address? ☐ Yes ☐ No

Mailing Address/P.O. Box			Unit Number
Mailing City	Mailing County	Mailing State	Mailing Zip Code

Social Security Number (SSN): | | | | | | | | | | | | Primary Phone ( )

E-mail Address:

DWELLING INFORMATION

Do you own or rent your home? ☐ Own ☐ Rent **Renters Only, provide Landlord Information below:**

Square Footage: _____

Year Home Built: _____

Landlord Information:
Name: _____
Phone: _____ Email: _____
Address: _____

Building Type:	**Building Exterior:**	**Foundation Type:**
❑ Site Built	❑ Brick Exterior	❑ Crawl Space
❑ Mobile/Manufactured Home	❑ Vinyl Siding Exterior	❑ Slab
❑ Multi-family Building	❑ Wood Exterior	❑ Basement
Total number of units in building: _____	❑ Concrete Exterior	❑ Mobile Home Skirting
	❑ Other (describe below) _____	❑ Other (describe below) _____

HOUSEHOLD INFORMATION

Are you or someone in your household CURRENTLY receiving SNAP benefits? ☐ Yes ☐ No

Do you or any household members have any known or suspected health concerns that would be negatively impacted by weatherization work? ☐ Yes ☐ No

Enter the number of people in the household who are:		*Enter the total **gross** annual income for **all** people living in the household:*	
Ages 0 – 5 Years		TANF	$
Ages 6 – 17 Years		SSI	$
Ages 18 - 59 Years		SSA / SSDI	$
Ages 60 – 74 Years		Paycheck(s)	$
Ages 75 and older		Pension / Retirement	$
Total Household Size		Other	$
		Total Annual Income	**$**

Page 1 of 3

HOUSEHOLD MEMBERS

Enter the information below for ALL household members. If you have more than 5 people in your household, please list the information on a separate piece of paper.

HOUSEHOLD MEMBER 1 (APPLICANT)

First Name	M.I.	Last Name	Relationship to Applicant *Self*
Date of Birth: Gender: ☐ Female ☐ Male	Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Amount of Gross Annual Income (before taxes):	Source of Income:		

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male	Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Amount of Gross Annual Income (before taxes):	Source of Income:		

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male	Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Amount of Gross Annual Income (before taxes):	Source of Income:		

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male	Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Amount of Gross Annual Income (before taxes):	Source of Income:		

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth: Gender: ☐ Female ☐ Male	Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other		Permanently Disabled: ☐ Yes ☐ No
Amount of Gross Annual Income (before taxes):	Source of Income:		

ENERGY INFORMATION	Indicate the types of energy used in your home (check all that apply): ☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Manufactured log ☐ Pellets ☐ Other Fuel
Are your utilities included in rent or submetered? ☐ Yes ☐ No	If no, please provide energy company information below:
Energy Company Information Company Name: _____ Account # _____ Account Holder Name: _____ Energy Type: _____	
Energy Company Information Company Name: _____ Account # _____ Account Holder Name: _____ Energy Type: _____	

Applicant Certification

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of $10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status. Pursuant to federal law (5 United States Code 552(b)(6) and 10 Code of Federal Regulations 600.153(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program.

I do _____ /do not _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

APPLICANT SIGNATURE _____ DATE: _____

NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECTED TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM.

TO BE COMPLETED BY AGENCY STAFF ONLY		
Application Status: ☐ APPROVED ☐ DENIED	**If denied, list reason:**	
Eligibility Type: ☐ Income ☐ Categorical	**Total Priority Points:**	**Site ID:**
SIGNATURE OF DETERMINING OFFICIAL:		**Date:**

Statement of Support
Weatherization Program

I certify that I provided the following support (check all that apply):

- ☐ Food
- ☐ Clothing
- ☐ Rent
- ☐ Gifts (Gifts are contributions of cash, goods, or services for basic necessities that are made without any commitment of repayment. Please specify gift): _____

To: (Applicant Name): _____

For the period of: _____

Relationship to applicant: _____

_____

Signature of Support Person Date

_____

Signature of Applicant Date

Notarized Self-Certification of Income Statement
Weatherization Program

Address: _____

A: I certify that during the period of _____ that I had the following income or employment:

_____

Source Amount Frequency

B: I certify that during the period of _____ I earned *zero* income.

C: I certify that the following household members 18 years or older have *zero* income:

Name: _____ has zero income as of ____/____/_____

Name: _____ has zero income as of ____/____/_____

Name: _____ has zero income as of ____/____/_____

I further certify that I cannot obtain proof of this employment and the amount of money I received, and this is a true and complete statement to the best of my knowledge. I further understand that knowingly giving false information for the receipt of Weatherization Program benefits is liable upon conviction to a fine of $10,000 or imprisonment for not more than five (5) years, or both.

_____ _____

Signature **Date**

Date subscribed and sworn to before me: _____

NOTARY PUBLIC: My commission expires: _____

[Notary Seal:]

_____ _____

Signature of Notary *Printed/Typed Name of Notary*

Energy Bill Release
Weatherization Program

Address: _____

I authorize the release of information pertaining to my energy bills, both past and future, to my local weatherization agency or its designee for the purpose of obtaining data for the evaluation of energy conservation effectiveness. I understand that this information will be used only to provide data for the Program and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Energy Provider Name #1: _____

Account Number: _____

Name on Account: _____

Energy Provider Name #2: _____

Account Number: _____

Name on Account: _____

Applicant Signature: _____ _____

Sign **Date**

If the Account is not in the Applicant's name, the Account holder must sign below:

I certify that the energy bill at the above address is in my name but the Applicant listed above is responsible for payment of the entire bill. I understand that by signing this statement I am verifying the above named person's responsibility and acknowledge my acceptance of the agencies policies and procedures regarding the payment of this account.

_____ _____ _____

Name Signature Date

Landlord Agreement (Single Family) Weatherization Program

Address:

_____

This Agreement is for the provision of work under the Weatherization Program for the property located at the address above. The Owner/Authorized Agent agrees to the following conditions:

1. The benefits of the weatherization assistance provided shall accrue primarily to the lessee;
2. The rent for the property shall not be raised for a period of one year from the completion date of the weatherization work, unless the increase is demonstrably related to matters other than the weatherization work performed. This rent freeze remains in place for a period of one year from date of completion of the weatherization work, even if the applicant no longer resides in the property;
3. The lessee will not be evicted without legal cause (non-payment of rent, etc.) for a period of one year from the date of the completion of the weatherization work;
4. If a complaint regarding a rent increase or eviction action is received by the Agency, the Owner/Authorized Agent agrees to immediately provide the Agency, upon request, written information that the terms of this Agreement have not been violated;
5. No undue or excessive enhancement shall occur to the value of the property identified above;
6. There is no known plan for government acquisition or clearance of the property within 12 months of receiving weatherization work;
7. Permission is granted for the Agency to conduct or to make arrangements for weatherization work to take place, including, the inspection of the interior and exterior of the home, the installation of weatherization materials as authorized by the weatherization agency, access to the home for the inspection of completed work;
8. In the event the property is sold, the new owner shall be bound by the terms of this agreement;
9. The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns;
10. If this Agreement is not adhered to the cost of the weatherization improvements shall be reimbursed by the Owner/Authorized Agent to the Agency.

Owner/Authorized Agent:

_____ _____

Signature Date

_____

Owner Mailing Address

Renter Permission
Weatherization Program

Address: _____

By signing below, I authorize:

1. The Local Weatherization Agency to make arrangements for weatherization activities, including:
   - The inspection of the interior and exterior of my home;
   - Photographs to document work;
   - The installation of weatherization materials as determined appropriate;
   - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
   - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
2. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency,
   Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
3. The Local Weatherization Agency to share information contained in my Weatherization Program application with agencies and/or programs for which I may qualify for additional services.

Applicant/Tenant:

_____ _____

Signature Date

Homeowner Permission
Weatherization Program

Address: _____

By signing below, I authorize:

1. I am the owner of the property listed above,
2. This residence is not currently for sale, nor is it designated for acquisition or foreclosure by federal, state or local programs.
3. The Local Weatherization Agency to make arrangements for weatherization activities, including:
   - The inspection of the interior and exterior of my home;
   - Photographs to document work;
   - The installation of weatherization materials as determined appropriate;
   - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
   - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
4. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
5. The Local Weatherization Agency to share information contained in my Weatherization Program application with agencies and/or programs for which I may qualify for additional services.

Homeowner/Applicant:

_____ _____

Signature Date

UC HRA Upper Cumberland Human Resource Agency

WEATHERIZATION PROGRAM

DIRECTION DETAIL FORM

Client's Name: _____ Date: _____

Address: _____ Job#: _____

_____ Phone: _____

_____

Please write clear directions to your home in the space provided below. You may also use the back of this sheet for additional space to draw a map if necessary. **Please use a numbered highway as a starting point for your directions and include important landmarks.**

Directions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

UC HRA Upper Cumberland Human Resource Agency

CLIENT CERTIFICATION

PLEASE READ THE STATEMENTS BELOW:

NON-DISCRIMINATION

No person on the basis of handicap, race, color, religion, sex, age, sexual orientation or national origin will be excluded from participation in, or denied benefits of, or otherwise subjected to discrimination in the operation of the TEAM Project.

GRIEVANCE STATEMENT

Please be aware that if an application is denied for any reason, other than lack of funding, applicant has the right to appeal the decision. If you wish to file an appeal please contact: LaNelle Godsey, Community Services Director by calling 931-528-1127, by mail at 580 South Jefferson Avenue, Suite B, Cookeville, TN 38501 or by email to lgodsey@uchra.com

CONFIDENTIALITY STATEMENT

Please be aware that your information will not be shared with other organizations or persons without your consent. Please check on the application when ask if you do or do not agree to the sharing of your information.

NOTIFICATION OF CHANGE TO HOUSEHOLD

I understand that I must inform my program manager of any change to household information concerning income, address, household size and or any other changes that may determine my eligibility for agency services.

I attest under penalty of perjury that the applicant and all members listed on this application for assistance are either a united states citizen or a qualified alien as defined by U.S. c. 1641 (b).

I acknowledge by my signature below that I have been provided information about UCHRA policies as described above. By signing below, I certify that I read the above policies and fully understand the agencies responsibilities and my own.

Client Signature: _____ Date:_____

WP Staff Member: _____ Date:_____

UC HRA Upper Cumberland Human Resource Agency

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I acknowledge by my signature below that I have been provided information about UCHRA policies as described above. By signing below, I certify that I read the above policies and fully understand the agencies responsibilities and my own.

Client Signature: _____ Date:_____

WP Staff Member: _____ Date:_____

UC HRA Upper Cumberland Human Resource Agency

WEATHERIZATION PROGRAM

RELEASE OF INFORMATION

Job Number: _____

I, _____, hereby authorize the release of information to the Upper Cumberland Human Resource Agency (UCHRA) for the purpose of determining eligibility for the Weatherization Program and their services.

_____ _____ _____

Applicant Name Applicant Signature Date

_____

Client Address

I, _____, authorize UCHRA to share information contained within my Weatherization Program application or case file with other agencies and/or programs from which I seek additional services.

_____ _____ _____

Applicant Name Applicant Signature Date

TENNESSEE HOUSING DEVELOPMENT ASSOCIATION
PRIOROTY POINT SYSTEM
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

APPLICANT NAME_____ DATE OF PRIORITIZATION_____

Vulnerable Household Members (50 Points Max)

Household Includes a Member with Following Characteristic *	**Points**	
Elderly (age 75+)	20	
Elderly (age 60-74)	15	
Disabled (as defined in Section 1.6.6)	15	
Child under 6 years of age	15	_____

Energy Burden (15 Points Max)

% of Income Used for Home Energy Costs	**Points**	
19.01% or higher	15	
15.01%-19%	10	
8.01%-15%	5	
8% or less	0	_____

High Residental Energy User (10 Points Max)

Household Annual Energy Costs	**Points**	
$3,000 or more	10	
$1,900 to $2,999	5	
$1,899 or less	0	_____

* Points for elderly can only be applied for the eldest member of the household. Example: If two persons age 61 and 89 reside in a home, the home will receive 20 points, as it applies to the 89 year old resident.

** Priority points are only permitted for these catagories and cannot exceed 75 points per household.

Grand Total _____

Revised 11-27-2024

CALCULATION OF ENERGY BURDEN
FOR WEATHERIZATION ASSISTANCE PROGRAM

_____ _____

Name of Applicant Account Number

_____

Address

_____

City, State, Zip

DOCUMENTED COSTS FOR ENERGY SOURCES

COAL	Total for last 12 Months	$_____
FUEL OIL/KEROSENE	Total for last 12 Months	$_____
L.P. GAS	Total for last 12 Months	$_____
WOOD	Total for last 12 Months	$_____
ELECTRICITY	12 Month Printout	$_____

(If a full 12 month printout is not available, average the available months and multiply X 12)

NATURAL GAS	12 Month Printout	$ _____

(If a full 12 month printout is not available, average the available months and multiply X 12)

Total Yearly Energy Cost $ _____

FORMULA TO CALCULATE ENERGY BURDEN:

_____ (TOTAL DOCUMENTED ENERGY COST) DIVIDED BY THE

_____ (TOTAL DOCUMENTED ANNUAL INCOME FOR THE HOUSEHOLD)

_____ % (ENERGY BURDEN PERCENTAGE*)

**THE PRODUCT OF THE ABOVE FORMULA IS TO BE ROUNDED TO THE NEXT WHOLE NUMBER. FOR EXAMPLE, IF THE PRODUCT IS 9.49%, ROUND THE NUMBER TO 9%. IF THE PRODUCT IS 9.50%, ROUND THE NUMBER TO 10%.

				TOTAL PTS.
8% or LESS	0 PTS	16 - 19%	10 PTS	
9 – 15%	5 PTS	20% or HIGHER	15 PTS	_____

UC HRA Upper Cumberland Human Resource Agency

WEATHERIZATION PROGRAM

INCOME WORKSHEET

APPLICANT: _____ NUMBER IN HOUSEHOLD: _____

	TOTAL OF 3 MONTHS X 4	=YEAR	VERIFICATION
SOURCE OF INCOME:			
Employment (Wages & Salaries)	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Social Security Medicare	_____	_____	_____
Supplemental Security Income	_____	_____	_____
AFDC	_____	_____	_____
Pensions/Other Retirement	_____	_____	_____
Black Lung (Minus First $20)	_____	_____	_____
Disability	_____	_____	_____
Other: (_____)	_____	_____	_____
Total	_____	_____	_____

I, _____ certify to the best of my knowledge that all information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of recertification and assistance.

_____ _____
Applicant Signature Date

_____ _____
Intake Worker Signature Date