

Dear Client,

Included in this packet is an application for HWAP services through the Ohio Department of Development Energy Assistance Programs. Please complete all included paperwork, as well as the application, and return with required documents to the HWAP office by mail at:

SCCAA HWAP  
3013 Mahoning Rd. NE  
Canton, OH 44705

Please keep the documents explaining the HWAP program for future reference.

Thank you,

Stark County Community Action Agency  
Home Weatherization Assistance Program  
PH: (330) 452-9823

## Weatherization Facts

Home Weatherization Assistance Program (HWAP) is a federally funded, low-income residential energy assistance program that reduces the energy use of qualified households throughout the state. HWAP services may include the following:

- ❖ Attic, sidewall, and basement crawlspace insulation.
- ❖ Blower door guided primary air leakage reduction.
- ❖ Health and safety inspections along with testing.
- ❖ Primary heating systems inspection.
- ❖ Electric baseload measures.

Services are based on an inspection of the structure and energy use of the home, as well as the ability to achieve insulation priorities.

### **What HWAP IS NOT:**

- ✓ HWAP is not an emergency response program.
- ✓ HWAP is not a furnace or water heater replacement program.
- ✓ HWAP does not replace roofs, install storm windows/doors, prime windows/doors, paint houses, remove water or mold from houses, or install siding or spouting.

Your home must pass our inspection to receive HWAP services. If your home has any of the following existing conditions, SCCAA **will not** be able to provide service until these conditions have been corrected:

- A roof that is leaking and needs repaired or replaced.
- Weak or sagging ceilings that cannot support insulation/installation pressure.
- Home renovations/rehabilitation in process.
- Plumbing or sewer leaks.
- Electrical repairs.
- Existing mold and/or mildew problems.

## Cost

This program is available for homeowners and renters who meet the income eligibility guidelines. Renters will need the cooperation of their landlord to participate in the program.

**The program cost is free of charge for income eligible applicants.**

**Rental property owners may be subject to mandated program charges.**

## Income Eligibility

This will be determined at the time your application is taken. All individuals, age 18 years or older, residing in your home must provide income documentation for the past 12 months to determine your qualifying status for HWAP services. All items required to complete the application will be explained to you upon agency contact.

<b>Poverty Guidelines: 48 Contiguous States</b> (all states except Alaska and Hawaii)	
<b>Household Size</b>	<b>200% of Poverty</b> (Dollars Per Year )
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
For households with more than eight (8) members, add \$10,760 for each additional member.	

## Required Documents

- 1) Copy of most recent electric bill.
- 2) Copy of most recent gas bill.
- 3) Copy of social security card(s) for every member in the household.
- 4) Copy of birth certificate(s) for every member of the household.
- 5) Proof of home ownership (SCCAA will obtain the County Auditor's record, where applicable).
  - a. Renters – Landlord permission is **required**. Landlord must contact our office directly at (330) 452-9823 before consideration of Weatherization services.
- 6) Proof of past 12 months of income for each household member, 18 years of age and older.
- 7) If applicable, proof of Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or Home Energy Assistance Program (HEAP).

## Weatherization Timeline

Weatherization is a five-step process. Please review the steps listed below so you will be familiar with the process.

- 1) You will need to complete an application with the qualifying documentation for approval. You may either request an application by mail or complete the application from our website -<https://www.sccaa.org/wba/content/agency-programs/hwap/>
- 2) If your household is approved, you will be placed on our wait list. When your name comes up for an initial inspection, an HWAP representative will call you to schedule an appointment, this could take 2-12 months.
- 3) When the inspection is complete and all necessary details are in place, your job will be issued to a qualified, approved heating contractor. The Contractor will then contact you to schedule work.
- 4) When HWAP has received notification that all necessary HVAC repairs have been completed, your job will be issued to a qualified, approved weatherization contractor. The Contractor will then contact you to schedule work. This work may take several days, so please make arrangements for an adult to be present each day of work.
- 5) When HWAP receives notification that all weatherization measures have been completed, a final inspection of your home will be scheduled. The final Inspector will contact you to schedule the inspection. We report all completed jobs to our funding source for payment. If we are unable to do so, reimbursement may be required.

HWAP is funded through the Department of Energy and the State of Ohio. There may be a request for a follow-up inspection of your home from the State Monitors. Please attempt to accommodate their request should your home is selected.

If you feel you are unable to comply with any of these steps, please defer your application until you and your home will be available for the entire process.

Thank you in advance for your full cooperation. We look forward to working with you. Should you have any questions or concerns, please call our office at (330) 452-9823.

## **To All Prospective Home Weatherization Assistance Program Customers**

Due to conditions which can prohibit SCCAA from providing Weatherization services, all customers applying or inquiring about receiving our services must read this so that they might have a clear and better understanding of what to expect from SCCAA.

If your property is currently up for sale, your roof is in bad condition or leaking, water is leaking into your basement, or if you have a serious code violation, SCCAA cannot and will not provide services until the necessary corrections have been made. In addition, if your house is cluttered (i.e. attic and basement) we will not be able to provide a complete inspection. Therefore, we will not be able to provide Weatherization services.

To renters, your landlord must give permission to you and SCCAA that they agree to allow the Weatherization services to be solicited. SCCAA does not guarantee to provide any services until full inspection has taken place and your home qualifies to be serviced.

It is necessary for your landlord to contact our office to speak with a member of our staff regarding your Weatherization services. If your landlord is unaware of your request, services will be denied until approved by them.

Once an appointment has been set, please abide by it. If you miss your appointment without informing our office, your name will go to the bottom of the appointment waiting list.

Please note that at any time you apply, there is usually a waiting list of clients ahead of you. We ask that you be patient, and we will do our best to serve you as quickly as possible.

**NOTE:** Should you move or change your phone number, please call our office immediately and update your information.

## **Before Contractor Arrival**

If you are approved for weatherization of your home, the following steps need to be taken **before** our insulation contractor's arrival. These items are your responsibility:

- 1) A clean working area.
- 2) A responsible adult must be present at all times while the contractor is working.
- 3) Remove curtains, furniture, etc. from around windows where interior drilling is required for sidewall insulation.
- 4) Move all movable items away from basement walls.
- 5) Please confine animals to crates, outdoor area, etc. while work is being performed. This protects the animal, as well as the contractor.
- 6) Move large objects out of the attic if your attic is to be insulated.
- 7) For their safety, please keep children out of the area where work is being performed.
- 8) High weeds/grass close to the house must be cut.
- 9) Any known safety hazards must be made known to the inspector and/or contractor.

If you have any questions, you may ask the crew leader, but please do not detain the contractor with conversation. They are on a strict deadline to finish your home.

**Thank you for your cooperation!**

## **Application**

The following includes acceptable documentation and income guidance along with the application.

Please return application and all completed forms with the required documents to our HWAP office:

SCCAA HWAP  
3013 Mahoning Rd. NE  
Canton, OH 44705

If you are having any difficulty obtaining the required documents, please let us know as we may be able to assist.

Sincerely,

*HWAP Staff*

## Accepted Citizenship Documentation (DO NOT SEND ORIGINAL DOCUMENTS)

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
<ol style="list-style-type: none"> <li>1. Birth Certificate/Hospital Birth Records/Birth Registration Card</li> <li>2. Baptismal Records (Only when place and date of birth is shown)</li> <li>3. Indian Census Record</li> <li>4. Military Service Record</li> <li>5. U.S. Passport</li> <li>6. Verified Citizenship for Ohio Works First (OWF) Program</li> <li>7. Voter Registration Cards</li> <li>8. Social Security Cards (Social Security Cards administered by Social Security Administration that do not include notes regarding work authorization status will be accepted.)</li> </ol>	<ol style="list-style-type: none"> <li>1. Naturalization Papers/Certifications of Citizenship</li> <li>2. INS ID Card</li> <li>3. Alien Registration Cards/Re-entry permits</li> <li>4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993)</li> <li>5. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act: or b) One or a combination of the following terms: Refugee, Parolee, or Asylee</li> <li>6. Permanent Visa INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful admission for humanitarian reasons</li> <li>7. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act</li> <li>8. Court order stating deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act</li> <li>9. INS Form I-688</li> </ol>

## Accepted Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Award/Benefit letter <input type="checkbox"/> Payment printout/statement from issuing agency <input type="checkbox"/> Copy of check or bank statement including deposit <input type="checkbox"/> Most recent filed IRS Form 1040 or Tax Transcript <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received (including active military pay) <input type="checkbox"/> Completed and signed Employment Verification Form* <input type="checkbox"/> Payroll Printout <input type="checkbox"/> Most current pay statement (Leave and Earning Statement (LES))	<input type="checkbox"/> Copy of check/award amount letter <input type="checkbox"/> ODJFS documents/eligibility letter with amounts and dates <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Housing Authority Documentation <input type="checkbox"/> Pay stubs received within the previous 30 days from the date of the application <input type="checkbox"/> Payment printout/statement from issuing agency	<input type="checkbox"/> Statement from Financial Institution <input type="checkbox"/> Copy of check or bank statement showing deposit <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> Pay stubs indicating amount received within the previous 12 months from the date of the application <input type="checkbox"/> Self-Employment Income and Expense Form* for the previous 12 months <input type="checkbox"/> Most recent filed IRS Form 1040 and Schedules <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Seasonal Employment Verification Form*

\*All forms marked with an asterisk can be found at [energyhelp.ohio.gov](http://energyhelp.ohio.gov).

## Privacy Act Notice

DISCLOSURE: The disclosure of Social Security numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.



# Primary Household Member Personal Information Section\*

Enter the information completely. Do not send originals. PLEASE USE DARK BLUE OR BLACK INK. Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

For Office Use Only

Date Received
Client Number

First Name*	M.I.	Last Name*
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Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	Date of Birth (MM / DD / YYYY)*
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Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins
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Race	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Asian/White	<input type="checkbox"/> Other Multi-Race
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
	<input type="checkbox"/> Black/African American/White		

Non-Cash Benefits	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Women, Infants, and Children (WIC)	Number of Household Members
	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Other	
	<input type="checkbox"/> Child Care Voucher	<input type="checkbox"/> Permanent Supportive Housing		

Family Type	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Non-related Adults with Children	Housing Type	<input type="checkbox"/> Own	Residence Structure	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Multigenerational Household		<input type="checkbox"/> Rent		<input type="checkbox"/> Single-Family
	<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Other				<input type="checkbox"/> Multi-Family Low Rise (3 stories or less)
	<input type="checkbox"/> Single Person					<input type="checkbox"/> Multi-Family High Rise (4 stories or more)

Email Address	Phone Number (including area code) (      )
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Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Postal
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Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
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City*	State*	ZIP Code*	County*
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Is Utility Service Address the Same?* <input type="checkbox"/> Same as above <input type="checkbox"/> Different (list below)
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Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor
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City	State	ZIP Code	County
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Do You Receive Rental Assistance?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord Organization (if you rent)
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Landlord First Name*	Landlord Last Name*	Landlord Phone Number (including area code) (      )
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Landlord Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
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City*	State*	ZIP Code*	County*
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\* Indicates information required in order to process your application.

# Primary Household Member Income Section\*

**Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.**

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income <sup>†</sup>	Other Earned Income <sup>†</sup>
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)
Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$
Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$

**† These categories MUST provide 12 months of income documentation**

# Household Members and Income Section

If you have additional household members (anyone living in your household at the same address), please complete Household Members and Income Section of the application (this section), on pages 2-4. If you have more than five household members, print an additional household member section page from [energyhelp.ohio.gov](http://energyhelp.ohio.gov) or pick up another application at your energy assistance provider.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying		Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins			
Race		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income <sup>†</sup>	Other Earned Income <sup>†</sup>
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)
Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$
Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$

**† These categories MUST provide 12 months of income documentation**

# Household Members and Income Section - Continued

Fill out the table below for all household members. Use additional section (on page 4) as needed for other household members with income.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>†</sup>		Other Earned Income <sup>†</sup>	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>	
\$		\$		\$		\$		\$	
Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>	
\$		\$		\$		\$		\$	

**† These categories MUST provide 12 months of income documentation**

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>†</sup>		Other Earned Income <sup>†</sup>	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>		Gross Income for the <b>Past 30 Days</b>	
\$		\$		\$		\$		\$	
Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>		Gross Income for the <b>Past 12 Months</b>	
\$		\$		\$		\$		\$	

**† These categories MUST provide 12 months of income documentation**

# Household Members and Income Section - Continued

Fill out the table below for additional household members.  
Print additional pages, as needed, for other household members with income.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander				U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race									
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>†</sup>		Other Earned Income <sup>†</sup>	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$	
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$	

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander				U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race									
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>†</sup>		Other Earned Income <sup>†</sup>	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$	
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$	

## Household Deductions Section\*

Total Household Income Deductions (Choose all that apply)	<input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Health Care Spending Accounts	<input type="checkbox"/> Reimbursement for work expenses
	<input type="checkbox"/> Child Support paid-out	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Self-employment IRS allowable business expenses
	<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicare Premiums	<input type="checkbox"/> Short- and long-term disability
		<input type="checkbox"/> Prescription Plans	
Total Deductions for the past <b>30 Days</b>		Total Deductions for the past <b>12 Months</b>	
\$		\$	

**Please note:** Documentation of deduction(s) is required.

## Total Household Eligible Income Section\*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income (add amounts from Household Income Section on pages 3 & 4)	Past 30 Days \$	Past 12 Months \$
Total Household Deductions (from Household Deductions Section on page 5)	Past 30 Days - \$	Past 12 Months - \$
<b>Total Eligible Income</b>	Total Household Income minus Total Household Deductions above \$	Total Household Income minus Total Household Deductions above \$

If applicable, please explain the difference in the past 30 days income from the past 12 months income.

**Please note:** Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit [energyhelp.ohio.gov](http://energyhelp.ohio.gov). Documentation of excluded income may be required to complete your application.

## Utility Information Section\*

How do you heat your home?	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil or Kerosene	<input type="checkbox"/> Electric (Includes baseboards)
	<input type="checkbox"/> Propane or Bottle Gas (L.P. Gas)	<input type="checkbox"/> Coal, Wood, or Pellets	<input type="checkbox"/> Other
Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2023 – MAY 2024

## Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
  - To go to my local energy assistance provider or to [energyhelp.ohio.gov](http://energyhelp.ohio.gov) to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
  - To contact my local energy assistance provider or go online to [energyhelp.ohio.gov](http://energyhelp.ohio.gov) to report any changes to my total household income or number of household members, within 30 days of the change.
  - To accept any energy efficiency programs offered by Development 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 Development and agencies performing weatherization services and/or provide other energy related services.
  - To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.
  - To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.
- I understand**
- I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
  - If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.
  - If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
  - If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).
  - If I make my PIPP 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 bill amount.
  - If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP 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.
  - If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.
  - 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, 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.
  - I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

## General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP 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 Department of Development or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development 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 Department of Development, 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 Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

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. I further grant Ohio Department of Development, 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 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. 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 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** \_\_\_\_\_

Date Printed – June 2023

Page 6 of 6 ■

**Complete this Form ONLY if you have No Income**

Client's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

If home being weatherized is under a different name, please list that name:

\_\_\_\_\_

<i>Source of Income</i>	<i>Monthly Amount</i>	<i>3-Month Amount</i>	<i>Yearly Amount</i>

*I believe that the above information is complete, accurate, and true as of the date signed below and will be held confidentially by SCCAA.*

*I also understand that falsification of the self-declared information on this form may result in denial of service, reimbursement of services provided, and/or lawful prosecution.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

State of Ohio, County of \_\_\_\_\_

*I, as a Notary Public, do hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, personally appeared before me \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he/she executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct.*

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public – State of Ohio

My commission expires: \_\_\_\_\_

## Alternate Contact

Stark County Community Action Agency (SCCAA) Home Weatherization Assistance Program (HWAP) will make every effort to provide services in a timely manner. In the event we are unable to reach you, please provide an alternate contact whom we may speak with.

**Primary Applicant Name:** \_\_\_\_\_

### Alternate Contact Information

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_



## Applicant Disclosure

Dear HWAP Applicant,

In accordance with Federal Regulations, the attached forms must be signed before any work may be done on a client's residence. However, the signing of these forms **does not guarantee** that SCCAA HWAP will provide service for your home. This can only be determined after our Inspector has completed their inspection and collected all the required information concerning the present structure and condition of your home.

SCCAA HWAP will notify you of our decision. In the circumstance where Weatherization services cannot be provided, we will notify you in writing.

Thank you for your cooperation.

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

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

## Home Weatherization Assistance Program - Utility Information Release Forms

<i>Utility Company Information Release Authorization</i>		
<p>I hereby authorize _____ to release information on my utility bills, past, present, and future to the service provider Stark County Community Action Agency HWAP.</p> <p>I understand that this information will be used only to provide data for the above-named agency and/or its designees.</p>		
<b>Signature of Applicant</b>		<b>Date</b>
<b>Street Address</b>		<b>Phone Number</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Account Number</b>		

<i>Utility Company Information Release Authorization</i>		
<p>I hereby authorize _____ to release information on my utility bills, past, present, and future to the service provider Stark County Community Action Agency HWAP.</p> <p>I understand that this information will be used only to provide data for the above-named agency and/or its designees.</p>		
<b>Signature of Applicant</b>		<b>Date</b>
<b>Street Address</b>		<b>Phone Number</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Account Number</b>		

## Stark County Community Action Homeowner's Agreement

**Job #:** \_\_\_\_\_  
(completed by HWAP)

I/we (hereinafter referred to as I), the undersigned, as such owner(s), do hereby grant my/our (hereinafter referred to as my) permission for my home to be weatherized in accordance with the Weatherization Assistance Program (WAP) established under the Department of Energy.

I further grant the Stark County Community Action Agency (SCCAA) and its representatives access to any and all information contained in my weatherization application.

I as a condition of this agreement, understand and agree that in exchange for the work performed by SCCAA, do hereby release and forever discharge this Agency and its agents from any and all claims, demands, damages, and causes of action which may arise as a result of any labor performed on or material supplied for my home as described above by said Agency or its agents.

I further understand that I am entitled to only one (1) weatherization of my real property. I agree to reimburse SCCAA for any other weatherization performed, which might occur through fraud or misrepresentation, under the equitable theory of restitution.

I hereby swear and affirm that I fully understand and agree to all the provisions of this agreement. I further state that all information supplied by me herein is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
*Homeowner's Signature*      *Date*

\_\_\_\_\_  
*Co-Owner's Signature*      *Date*

\_\_\_\_\_  
*HWAP Representative's Signature*      *Date*



HOME VISIT SURVEY

GENERAL INFORMATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Year home was built: \_\_\_\_\_ How long have you lived in your home/apartment? \_\_\_\_\_

- 1. How many people currently live there? \_\_\_\_\_
2. How many people living in your home are:
\_\_\_\_\_ Under 5 \_\_\_\_\_ 5-18 \_\_\_\_\_ 19-40 \_\_\_\_\_ 41-64 \_\_\_\_\_ 65 or older
3. Has anyone moved in or out of your home within the past year? Yes \_\_\_ No \_\_\_
4. Do you have any pets? Yes \_\_\_ No \_\_\_
If so, please indicate type and quantity (dogs, cats, etc.): \_\_\_\_\_

WEATHERIZATION AND OTHER ENERGY ASSISTANCE PROGRAMS

Have you received assistance from any of the following programs? (Check all that apply)

- \_\_\_\_\_ Home Weatherization Assistance Program (HWAP)
\_\_\_\_\_ Home Energy Assistance Program (HEAP) or Percentage of Income Payment Plan (PIPP+)
\_\_\_\_\_ Columbia Gas Warm Choice Program
\_\_\_\_\_ Other, please list: \_\_\_\_\_

ABOUT THE HOME

General

- 1. Do you have any leaky faucets? Yes \_\_\_ No \_\_\_
If yes, please describe: \_\_\_\_\_
2. Do you have any roof leaks? Yes \_\_\_ No \_\_\_
If yes, please describe: \_\_\_\_\_
3. Do you have any mold or moisture problems anywhere in the home, including the basement?
Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_
4. Are there any construction/renovation projects currently going on in the home?
Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_
5. Does the gasket on your refrigerator seal tightly? Yes \_\_\_ No \_\_\_
6. Do you turn lights off in rooms that are not being used? Yes \_\_\_ No \_\_\_



HOME VISIT SURVEY

Heating Season

- 1. During your heating season (October – April), at what temperature do you usually set your thermostat?
2. How often do you have your furnace inspected/serviced?
3. How often do you check your furnace filter during the heating season?
4. Before you leave your home or before you go to sleep, at what temperature do you set your thermostat?
5. Are any of your heating vents/air return grills blocked by furniture?

Cooling Season

- 1. Do you use an air conditioner? Yes \_\_\_ No \_\_\_
If yes, is it a central unit or a window unit?
2. At what temperature do you set the thermostat?
3. How often do you check the filter?
4. Do you keep your windows open or closed during the day?
5. Do you close curtains/blinds during the day to block the sun’s heat? Yes \_\_\_ No \_\_\_

Health Screening

The installation of weatherization materials (cellulose or fiberglass insulation) in your home may create dust, fumes, or other conditions that may affect existing health conditions you or other occupants may have. Please list any health concerns you may have regarding the installation of weatherization materials and discuss with the energy auditor how these concerns may be addressed.

If you do not have any concerns, please write “None” below.

Four horizontal lines for writing health concerns.

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

Energy Auditor: \_\_\_\_\_ Date: \_\_\_\_\_
(Print name)

Energy Auditor: \_\_\_\_\_ Date: \_\_\_\_\_
(Signature)

Agency: \_\_\_\_\_ Contact Number: \_\_\_\_\_



# Home Weatherization Assistance Program Pre-Renovation Lead Notification Form

## Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools* informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Printed name of recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of recipient

## Self-Certification Option (for tenant-occupied dwellings only)

If the lead pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

\_\_\_\_\_ **Refusal to sign** — I certify that I have made a good faith effort to deliver the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

\_\_\_\_\_ **Unavailable for signature** — I certify that I have made a good faith effort to deliver the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*, to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit, on the door.

\_\_\_\_\_  
Printed name of person certifying attempted delivery

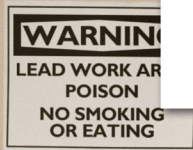
\_\_\_\_\_  
Date and time lead pamphlet delivery

\_\_\_\_\_  
Signature of person certifying lead pamphlet delivery

\_\_\_\_\_  
Unit Address

**Note Regarding Mailing Option** — As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation (Document with a certificate of mailing from the post office).

# THE LEAD-SAFE CERTIFIED GUIDE TO RENOVATE RIGHT



CAUTION CAUTION CAUTION CAUTION CAUTION CAUTION



1-800-424-LEAD (5323)

[epa.gov/getleadsafe](http://epa.gov/getleadsafe)

EPA-740-K-10-001

Revised September 2011



Important lead hazard information for families, child care providers and schools.



This document may be purchased through the U.S. Government Printing Office online at [bookstore.gpo.gov](http://bookstore.gpo.gov) or by phone (toll-free): 1-866-512-1800.

# IT'S THE LAW!

Federal law requires contractors that disturb painted surfaces in homes, child care facilities and schools built before 1978 to be certified and follow specific work practices to prevent lead contamination. Always ask to see your contractor's certification.

Federal law requires that individuals receive certain information before renovating more than six square feet of painted surfaces in a room for interior projects or more than twenty square feet of painted surfaces for exterior projects or window replacement or demolition in housing, child care facilities and schools built before 1978.

- Homeowners and tenants: renovators must give you this pamphlet before starting work.
- Child care facilities, including preschools and kindergarten classrooms, and the families of children under six years of age that attend those facilities: renovators must provide a copy of this pamphlet to child care facilities and general renovation information to families whose children attend those facilities.



## WHO SHOULD READ THIS PAMPHLET?

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### This pamphlet is for you if you:

- Reside in a home built before 1978.
- Own or operate a child care facility, including preschools and kindergarten classrooms, built before 1978, or
- Have a child under six years of age who attends a child care facility built before 1978.

### You will learn:

- Basic facts about lead and your health.
- How to choose a contractor, if you are a property owner.
- What tenants, and parents/guardians of a child in a child care facility or school should consider.
- How to prepare for the renovation or repair job.
- What to look for during the job and after the job is done.
- Where to get more information about lead.

### This pamphlet is not for:

- **Abatement projects.** Abatement is a set of activities aimed specifically at eliminating lead or lead hazards. EPA has regulations for certification and training of abatement professionals. If your goal is to eliminate lead or lead hazards, contact the National Lead Information Center at **1-800-424-LEAD (5323)** for more information.
- **“Do-it-yourself”** projects. If you plan to do renovation work yourself, this document is a good start, but you will need more information to complete the work safely. Call the National Lead Information Center at **1-800-424-LEAD (5323)** and ask for more information on how to work safely in a home with lead-based paint.
- **Contractor education.** Contractors who want information about working safely with lead should contact the National Lead Information Center at **1-800-424-LEAD (5323)** for information about courses and resources on lead-safe work practices.



## RENOVATING, REPAIRING, OR PAINTING?

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- Is your home, your building, or the child care facility or school your children attend being renovated, repaired, or painted?
- Was your home, your building, or the child care facility or school where your children under six years of age attend built before 1978?

If the answer to these questions is YES, there are a few important things you need to know about lead-based paint.

This pamphlet provides basic facts about lead and information about lead safety when work is being done in your home, your building or the child care facility or school your children attend.

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### The Facts About Lead

- Lead can affect children's brains and developing nervous systems, causing reduced IQ, learning disabilities, and behavioral problems. Lead is also harmful to adults.
  - Lead in dust is the most common way people are exposed to lead. People can also get lead in their bodies from lead in soil or paint chips. Lead dust is often invisible.
  - Lead-based paint was used in more than 38 million homes until it was banned for residential use in 1978.
  - Projects that disturb painted surfaces can create dust and endanger you and your family. Don't let this happen to you. Follow the practices described in this pamphlet to protect you and your family.
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## LEAD AND YOUR HEALTH

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### Lead is especially dangerous to children under six years of age.

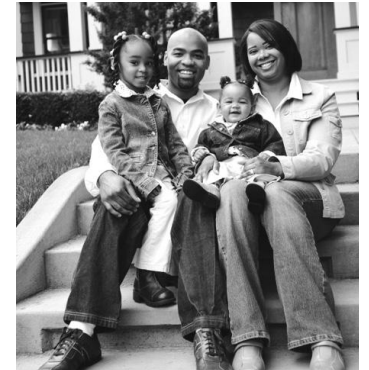
Lead can affect children's brains and developing nervous systems, causing:

- Reduced IQ and learning disabilities.
- Behavior problems.

### Even children who appear healthy can have dangerous levels of lead in their bodies.

Lead is also harmful to adults. In adults, low levels of lead can pose many dangers, including:

- High blood pressure and hypertension.
- Pregnant women exposed to lead can transfer lead to their fetuses. Lead gets into the body when it is swallowed or inhaled.
- People, especially children, can swallow lead dust as they eat, play, and do other normal hand-to-mouth activities.
- People may also breathe in lead dust or fumes if they disturb lead-based paint. People who sand, scrape, burn, brush, blast or otherwise disturb lead-based paint risk unsafe exposure to lead.



### What should I do if I am concerned about my family's exposure to lead?

- A blood test is the only way to find out if you or a family member already has lead poisoning. Call your doctor or local health department to arrange for a blood test.
- Call your local health department for advice on reducing and eliminating exposures to lead inside and outside your home, child care facility or school.
- Always use lead-safe work practices when renovation or repair will disturb painted surfaces.

For more information about the health effects of exposure to lead, visit the EPA lead website at [epa.gov/lead/pubs/leadinfo](http://epa.gov/lead/pubs/leadinfo) or call 1-800-424-LEAD (5323).

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### There are other things you can do to protect your family every day.

- Regularly clean floors, window sills, and other surfaces.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat a healthy, nutritious diet consistent with the USDA's dietary guidelines, that helps protect children from the effects of lead.
- Wipe off shoes before entering the house.

## WHERE DOES THE LEAD COME FROM?

### Dust is the main problem.

The most common way to get lead in the body is from dust. Lead dust comes from deteriorating lead-based paint and lead-contaminated soil that gets tracked into your home. This dust may accumulate to unsafe levels. Then, normal hand-to-mouth activities, like playing and eating (especially in young children), move that dust from surfaces like floors and window sills into the body.

### Home renovation creates dust.

Common renovation activities like sanding, cutting, and demolition can create hazardous lead dust and chips.

### Proper work practices protect you from the dust.

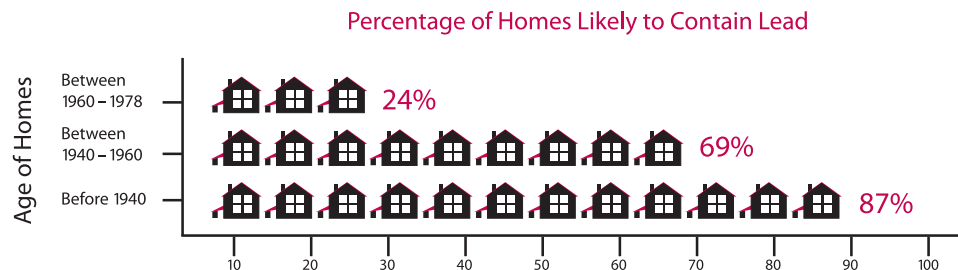
The key to protecting yourself and your family during a renovation, repair or painting job is to use lead-safe work practices such as containing dust inside the work area, using dust-minimizing work methods, and conducting a careful cleanup, as described in this pamphlet.

### Other sources of lead.

Remember, lead can also come from outside soil, your water, or household items (such as lead-glazed pottery and lead crystal). Contact the National Lead Information Center at 1-800-424-LEAD (5323) for more information on these sources.



## CHECKING YOUR HOME FOR LEAD-BASED PAINT



### Older homes, child care facilities, and schools are more likely to contain lead-based paint.

Homes may be single-family homes or apartments. They may be private, government-assisted, or public housing. Schools are preschools and kindergarten classrooms. They may be urban, suburban, or rural.

### You have the following options:

#### You may decide to assume your home, child care facility, or school contains lead.

Especially in older homes and buildings, you may simply want to assume lead-based paint is present and follow the lead-safe work practices described in this brochure during the renovation, repair, or painting job.

#### You can hire a certified professional to check for lead-based paint.

These professionals are certified risk assessors or inspectors, and can determine if your home has lead or lead hazards.

- A certified inspector or risk assessor can conduct an inspection telling you whether your home, or a portion of your home, has lead-based paint and where it is located. This will tell you the areas in your home where lead-safe work practices are needed.
- A certified risk assessor can conduct a risk assessment telling you if your home currently has any lead hazards from lead in paint, dust, or soil. The risk assessor can also tell you what actions to take to address any hazards.
- For help finding a certified risk assessor or inspector, call the National Lead Information Center at 1-800-424-LEAD (5323).

You may also have a certified renovator test the surfaces or components being disturbed for lead by using a lead test kit or by taking paint chip samples and sending them to an EPA-recognized testing laboratory. Test kits must be EPA-recognized and are available at hardware stores. They include detailed instructions for their use.

## FOR PROPERTY OWNERS

### **You have the ultimate responsibility for the safety of your family, tenants, or children in your care.**

This means properly preparing for the renovation and keeping persons out of the work area (see p. 8). It also means ensuring the contractor uses lead-safe work practices.

Federal law requires that contractors performing renovation, repair and painting projects that disturb painted surfaces in homes, child care facilities, and schools built before 1978 be certified and follow specific work practices to prevent lead contamination.

### **Make sure your contractor is certified, and can explain clearly the details of the job and how the contractor will minimize lead hazards during the work.**

- You can verify that a contractor is certified by checking EPA's website at [epa.gov/getleadsafe](http://epa.gov/getleadsafe) or by calling the National Lead Information Center at 1-800-424-LEAD (5323). You can also ask to see a copy of the contractor's firm certification.
- Ask if the contractor is trained to perform lead-safe work practices and to see a copy of their training certificate.
- Ask them what lead-safe methods they will use to set up and perform the job in your home, child care facility or school.
- Ask for references from at least three recent jobs involving homes built before 1978, and speak to each personally.

### **Always make sure the contract is clear about how the work will be set up, performed, and cleaned.**

- Share the results of any previous lead tests with the contractor.
- You should specify in the contract that they follow the work practices described on pages 9 and 10 of this brochure.
- The contract should specify which parts of your home are part of the work area and specify which lead-safe work practices will be used in those areas. Remember, your contractor should confine dust and debris to the work area and should minimize spreading that dust to other areas of the home.
- The contract should also specify that the contractor will clean the work area, verify that it was cleaned adequately, and re-clean it if necessary.

### **If you think a worker is not doing what he is supposed to do or is doing something that is unsafe, you should:**

- Direct the contractor to comply with regulatory and contract requirements.
- Call your local health or building department, or
- Call EPA's hotline 1-800-424-LEAD (5323).

If your property receives housing assistance from HUD (or a state or local agency that uses HUD funds), you must follow the requirements of HUD's Lead-Safe Housing Rule and the ones described in this pamphlet.

## FOR TENANTS AND FAMILIES OF CHILDREN UNDER SIX YEARS OF AGE IN CHILD CARE FACILITIES AND SCHOOLS

### **You play an important role ensuring the ultimate safety of your family.**

This means properly preparing for the renovation and staying out of the work area (see p. 8).

Federal law requires that contractors performing renovation, repair and painting projects that disturb painted surfaces in homes built before 1978 and in child care facilities and schools built before 1978, that a child under six years of age visits regularly, to be certified and follow specific work practices to prevent lead contamination.

The law requires anyone hired to renovate, repair, or do painting preparation work on a property built before 1978 to follow the steps described on pages 9 and 10 unless the area where the work will be done contains no lead-based paint.

### **If you think a worker is not doing what he is supposed to do or is doing something that is unsafe, you should:**

- Contact your landlord.
- Call your local health or building department, or
- Call EPA's hotline 1-800-424-LEAD (5323).

If you are concerned about lead hazards left behind after the job is over, you can check the work yourself (see page 10).



## PREPARING FOR A RENOVATION

### The work areas should not be accessible to occupants while the work occurs.

The rooms or areas where work is being done may need to be blocked off or sealed with plastic sheeting to contain any dust that is generated. Therefore, the contained area may not be available to you until the work in that room or area is complete, cleaned thoroughly, and the containment has been removed. Because you may not have access to some areas during the renovation, you should plan accordingly.

### You may need:

- Alternative bedroom, bathroom, and kitchen arrangements if work is occurring in those areas of your home.
- A safe place for pets because they too can be poisoned by lead and can track lead dust into other areas of the home.
- A separate pathway for the contractor from the work area to the outside in order to bring materials in and out of the home. Ideally, it should not be through the same entrance that your family uses.
- A place to store your furniture. All furniture and belongings may have to be moved from the work area while the work is being done. Items that can't be moved, such as cabinets, should be wrapped in plastic.
- To turn off forced-air heating and air conditioning systems while the work is being done. This prevents dust from spreading through vents from the work area to the rest of your home. Consider how this may affect your living arrangements.

You may even want to move out of your home temporarily while all or part of the work is being done.

Child care facilities and schools may want to consider alternative accommodations for children and access to necessary facilities.



## DURING THE WORK

Federal law requires contractors that are hired to perform renovation, repair and painting projects in homes, child care facilities, and schools built before 1978 that disturb painted surfaces to be certified and follow specific work practices to prevent lead contamination.

The work practices the contractor must follow include these three simple procedures, described below:

**1. Contain the work area.** The area must be contained so that dust and debris do not escape from that area. Warning signs must be put up and plastic or other impermeable material and tape must be used as appropriate to:

- Cover the floors and any furniture that cannot be moved.
- Seal off doors and heating and cooling system vents.
- For exterior renovations, cover the ground and, in some instances, erect vertical containment or equivalent extra precautions in containing the work area.

These work practices will help prevent dust or debris from getting outside the work area.

**2. Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited.

They are:

- Open flame burning or torching.
- Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment.
- Using a heat gun at temperatures greater than 1100°F.



There is no way to eliminate dust, but some renovation methods make less dust than others. Contractors may choose to use various methods to minimize dust generation, including using water to mist areas before sanding or scraping; scoring paint before separating components; and prying and pulling apart components instead of breaking them.

**3. Clean up thoroughly.** The work area should be cleaned up daily to keep it as clean as possible. When all the work is done, the area must be cleaned up using special cleaning methods before taking down any plastic that isolates the work area from the rest of the home. The special cleaning methods should include:

- Using a HEPA vacuum to clean up dust and debris on all surfaces, followed by
- Wet wiping and wet mopping with plenty of rinse water.

When the final cleaning is done, look around. There should be no dust, paint chips, or debris in the work area. If you see any dust, paint chips, or debris, the area must be re-cleaned.

## FOR PROPERTY OWNERS: AFTER THE WORK IS DONE

When all the work is finished, you will want to know if your home, child care facility, or school where children under six attend has been cleaned up properly.

### EPA Requires Cleaning Verification.

In addition to using allowable work practices and working in a lead-safe manner, EPA's RRP rule requires contractors to follow a specific cleaning protocol. The protocol requires the contractor to use disposable cleaning cloths to wipe the floor and other surfaces of the work area and compare these cloths to an EPA-provided cleaning verification card to determine if the work area was adequately cleaned. EPA research has shown that following the use of lead-safe work practices with the cleaning verification protocol will effectively reduce lead-dust hazards.

### Lead-Dust Testing.

EPA believes that if you use a certified and trained renovation contractor who follows the LRRP rule by using lead-safe work practices and the cleaning protocol after the job is finished, lead-dust hazards will be effectively reduced. If, however, you are interested in having lead-dust testing done at the completion of your job, outlined below is some helpful information.

#### What is a lead-dust test?

- Lead-dust tests are wipe samples sent to a laboratory for analysis. You will get a report specifying the levels of lead found after your specific job.

#### How and when should I ask my contractor about lead-dust testing?

- Contractors are not required by EPA to conduct lead-dust testing. However, if you want testing, EPA recommends testing be conducted by a lead professional. To locate a lead professional who will perform an evaluation near you, visit EPA's website at [epa.gov/lead/pubs/locate](http://epa.gov/lead/pubs/locate) or contact the National Lead Information Center at **1-800-424-LEAD (5323)**.
- If you decide that you want lead-dust testing, it is a good idea to specify in your contract, before the start of the job, that a lead-dust test is to be done for your job and who will do the testing, as well as whether re-cleaning will be required based on the results of the test.
- You may do the testing yourself. If you choose to do the testing, some EPA-recognized lead laboratories will send you a kit that allows you to collect samples and send them back to the laboratory for analysis. Contact the National Lead Information Center for lists of EPA-recognized testing laboratories.



## FOR ADDITIONAL INFORMATION

You may need additional information on how to protect yourself and your children while a job is going on in your home, your building, or child care facility.

The National Lead Information Center at **1-800-424-LEAD (5323)** or [epa.gov/lead/nlic](http://epa.gov/lead/nlic) can tell you how to contact your state, local, and/or tribal programs or get general information about lead poisoning prevention.

- State and tribal lead poisoning prevention or environmental protection programs can provide information about lead regulations and potential sources of financial aid for reducing lead hazards. If your state or local government has requirements more stringent than those described in this pamphlet, you must follow those requirements.
- Local building code officials can tell you the regulations that apply to the renovation work that you are planning.
- State, county, and local health departments can provide information about local programs, including assistance for lead-poisoned children and advice on ways to get your home checked for lead.



The National Lead Information Center can also provide a variety of resource materials, including the following guides to lead-safe work practices. Many of these materials are also available at [epa.gov/lead/pubs/brochure](http://epa.gov/lead/pubs/brochure)

- Steps to Lead Safe Renovation, Repair and Painting.
- Protect Your Family from Lead in Your Home
- Lead in Your Home: A Parent's Reference Guide



For the hearing impaired, call the Federal Information Relay Service at 1-800-877-8339 to access any of the phone numbers in this brochure.

## EPA CONTACTS

### EPA Regional Offices

EPA addresses residential lead hazards through several different regulations. EPA requires training and certification for conducting abatement and renovations, education about hazards associated with renovations, disclosure about known lead paint and lead hazards in housing, and sets lead-paint hazard standards.

Your Regional EPA Office can provide further information regarding lead safety and lead protection programs at [epa.gov/lead](http://epa.gov/lead).

#### Region 1

(Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)  
Regional Lead Contact  
U.S. EPA Region 1  
Suite 1100  
One Congress Street  
Boston, MA 02114-2023  
(888) 372-7341

#### Region 2

(New Jersey, New York, Puerto Rico, Virgin Islands)  
Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 321-6671

#### Region 3

(Delaware, Maryland, Pennsylvania, Virginia, Washington, DC, West Virginia)  
Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA  
19103-2029  
(215) 814-5000

#### Region 4

(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)  
Regional Lead Contact  
U.S. EPA Region 4  
61 Forsyth Street, SW  
Atlanta, GA 30303-8960  
(404) 562-9900

#### Region 5

(Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)  
Regional Lead Contact  
U.S. EPA Region 5  
77 West Jackson Boulevard  
Chicago, IL 60604-3507  
(312) 886-6003

#### Region 6

(Arkansas, Louisiana, New Mexico, Oklahoma, Texas)  
Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue,  
12th Floor  
Dallas, TX 75202-2733  
(214) 665-7577

#### Region 7

(Iowa, Kansas, Missouri, Nebraska)  
Regional Lead Contact  
U.S. EPA Region 7  
901 N. 5th Street  
Kansas City, KS 66101  
(913) 551-7003

#### Region 8

(Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)  
Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop Street  
Denver, CO 80202  
(303) 312-6312

#### Region 9

(Arizona, California, Hawaii, Nevada)  
Regional Lead Contact  
U.S. Region 9  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-8021

#### Region 10

(Alaska, Idaho, Oregon, Washington)  
Regional Lead Contact  
U.S. EPA Region 10  
1200 Sixth Avenue  
Seattle, WA 98101-1128  
(206) 553-1200

## OTHER FEDERAL AGENCIES

### CPSC

The Consumer Product Safety Commission (CPSC) protects the public from the unreasonable risk of injury or death from 15,000 types of consumer products under the agency's jurisdiction. CPSC warns the public and private sectors to reduce exposure to lead and increase consumer awareness. Contact CPSC for further information regarding regulations and consumer product safety.

### CPSC

4330 East West Highway  
Bethesda, MD 20814  
Hotline 1-(800) 638-2772  
[cpsc.gov](http://cpsc.gov)

### CDC Childhood Lead Poisoning Prevention Branch

The Centers for Disease Control and Prevention (CDC) assists state and local childhood lead poisoning prevention programs to provide a scientific basis for policy decisions, and to ensure that health issues are addressed in decisions about housing and the environment. Contact CDC Childhood Lead Poisoning Prevention Program for additional materials and links on the topic of lead.

### CDC Childhood Lead Poisoning Prevention Branch

4770 Buford Highway, MS F-40  
Atlanta, GA 30341  
(770) 488-3300  
[cdc.gov/nceh/lead](http://cdc.gov/nceh/lead)

### HUD Office of Healthy Homes and Lead Hazard Control

The Department of Housing and Urban Development (HUD) provides funds to state and local governments to develop cost-effective ways to reduce lead-based paint hazards in America's privately-owned low-income housing. In addition, the office enforces the rule on disclosure of known lead paint and lead hazards in housing, and HUD's lead safety regulations in HUD-assisted housing, provides public outreach and technical assistance, and conducts technical studies to help protect children and their families from health and safety hazards in the home. Contact the HUD Office of Healthy Homes and Lead Hazard Control for information on lead regulations, outreach efforts, and lead hazard control research and outreach grant programs.

### U.S. Department of Housing and Urban Development

Office of Healthy Homes and Lead Hazard Control  
451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
HUD's Lead Regulations Hotline  
(202) 402-7698  
[hud.gov/offices/lead/](http://hud.gov/offices/lead/)