

Included in this packet is an application for HWAP services. It also may include an application for Cleveland Housing Network. If you do not have Dominion, please disregard. We will only use this application if we need to replace a furnace using funds provided thru Dominion East Ohio. Please complete the application, sign where necessary and return with required documents to the HWAP office by mail at:

SCCAA-HWAP  
3013 Mahoning Rd NE  
Canton Ohio 44705  
330-452-9823

Please keep documents explaining the HWAP program for future reference, and only return those with signatures or information we need to process your application.

Thank you,  
Rebecca Maley  
HWAP Office Operations Assistant

Stark County Community Action Agency  
Home Weatherization Assistance Program  
330-452-9823 Fax: 330-452-8172

## 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 make an appointment.
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.
6. HWAP is funded thru 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.

SCCAA-HWAP  
330-452-9823

IN THE EVENT THAT WE WEATHERIZE YOUR HOME. SOME THINGS WILL HAVE TO BE DONE **BEFORE** OUR INSULATION CONTRACTOR'S ARRIVAL. THESE THINGS ARE YOUR RESPONSIBILITY.

WE WILL NEED:

1. A CLEAN WORKING AREA
2. A RESPONSIBLE ADULT PRESENT AT ALL TIMES WHILE THE CONTRACTOR IS WORKING.
3. REMOVE CURTAINS, FURNITURE, ETC. FROM AROUND THE WINDOWS (WHERE INTERIOR DRILLING IS REQUIRED FOR SIDEWALL INSULATION).
4. PULL MOVEABLE ITEMS AWAY FROM BASEMENT WALLS.
5. PLEASE CONFINE ANIMALS TO CRATES OR OUTDOOR KENNEL WHEN WORK IS IN PROGRESS. THIS PROTECTS THE ANIMAL AS WELL AS THE WORKER.
6. MOVE LARGE OBJECTS OUT OF THE ATTIC IF YOUR ATTICE 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.
10. IF YOU HAVE ANY QUESTIONS, YOU MAY ASK THE CREW LEADER, BUT PLEASE DO NOT DETAIN THE CONTRACTORS WITH CONVERSATION. THEY ARE ON A STRICT DEADLINE TO FINISH YOUR HOME AND MOVE ON TO THE NEXT JOB.

THANK YOU FOR YOUR COOPERATION.

**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 memo 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 violations, SCCAA cannot and will not provide services until the necessary corrections have been made. In addition, if your house is cluttered (attic and basement for example) 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 he/she agrees to allow the 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 staff or 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 him/her.**

**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 customers ahead of you. We ask that you be patient, and we will do our best to service you as quickly as possible.**

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

**REQUIRED  
CLIENT DOCUMENTS**

1. Most recent Electric Bill
2. Most recent Gas Bill
3. Social Security number for every member in the household
4. Birth Certificates for every member in the household
5. Proof of ownership (SCCAA will obtain the County Auditor's record where applicable)
6. Income Verification for all members of household 18 years or older ( previous year)

If you have recently reverified and been approved for PIPP or HWAP, your documents may be on file at HEAP. If so, I only need recent utility bills.

Dear Applicant:

Please return your completed application with the required documents to SCCAA HWAP. If you are having difficulty obtaining the required documents, please let us know. We may be able to help.

Sincerely,

HWAP STAFF



# WEATHERIZATION FACT SHEET

HWAP – 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.

**The Home Weatherization Assistance Program is not an emergency response program.**

**The Home Weatherization Assistance Program is not a furnace or water heater replacement program.**

**The Home Weatherization Assistance Program does not replace roofs, install storm windows/doors, prime windows/doors, paint houses, remove water or mold from houses or install siding or spouting.**

NOTE:

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 repair or replaced.
- Weak or sagging ceilings that cannot support insulation/installation pressure.
- Weak or sagging walls that cannot support insulation/installation pressure.
- Home renovations / rehabilitation in process
- Plumbing / Sewer leaks
- Electrical repairs
- Existing mold and or mildew problem

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 yrs. 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.

2022- 2023 FEDERAL INCOME GUIDELINES 200% OF POVERTY:

Size of Household	Total Gross Household Income
1	up to \$27,180
2	up to \$36,620
3	up to \$46,060
4	up to \$55,500
5	up to \$64,940
6	up to \$74,380
7	up to \$83,820
8	up to \$93,260

For households with more than 8 members, add \$9440 per member.

OTHER ITEMS REQUIRED TO COMPLETE APPLICATION:

- Copy of Birth Certificate(s) / Social Security Card(s) for all household members
- Copy of current gas bill
- Copy of current electric bill.
- Proof of homeownership.
- (Renters) – Homeowner permission is required first. The actual homeowner must contact the HWAP Department before your residence can be considered for any services.

For further information, please call HWAP at (330) 452-9823. HWAP hours are 8:00am to 4:30pm Monday through Friday.

Agency / Program website: [www.sccaa.org](http://www.sccaa.org)

## ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2022 – MAY 2023

Ohio's Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer's utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home to help lower your energy bills, the Home Weatherization Assistance Program (HWAP) or Electric Partnership Program (EPP) can help. For HWAP and EPP visit [energyhelp.ohio.gov](http://energyhelp.ohio.gov) to find your local provider and contact them for additional information

You can apply for the Energy Assistance Programs by visiting [energyhelp.ohio.gov](http://energyhelp.ohio.gov) and completing the online application, by completing this application and mailing it in, or by scheduling an appointment with your local Energy Assistance Provider or HWAP/EPP provider. If you mail in your application or apply online, it can take up to 12 weeks to process.

### Here's what you'll need to complete this application:

- Proof of citizenship for each household member
- Proof of income for each household member for the previous 30 days or 12 months
- Copies of your most recent utility bills
- Disability verification (if applicable)

A household is defined as any individual or group of individuals who are living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent (Per Section 2603 (5) of the Low-Income Energy Assistance Act of 1981). If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. A copy of the utility bill or documentation of responsibility (example: copy of your rental agreement/lease or signed letter from your landlord) is required.

For a dwelling unit to be eligible for energy assistance benefits, its primary heat source must be:

- A regulated or unregulated utility (gas and electric)
- A permanent, free-standing fuel tank (oil and propane)
- A legal fireplace (wood)
- A legally vented wood/coal stove

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are not eligible.

If eligible, the HEAP benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the heating bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 5% of your total household income for the past 30 days, depending on your heating source.

### These are the programs you can apply for with this application:

- Home Energy Assistance Program (HEAP)
- Percentage of Income Payment Plan Plus (PIPP)
- Home Weatherization Assistance Program (HWAP)

### JULY 2022 – MAY 2023 Income Guidelines

Size of Household	Total Gross Annual Household Income		
1	up to \$20,385	\$23,728.50	\$27,180
2	up to \$27,465	\$32,042.50	\$36,620
3	up to \$34,545	\$40,302.50	\$46,060
4	(150%) up to \$41,625	(175%) \$48,562.50	(200%) \$55,500
5	(For PIPP, EPP) up to \$48,705	(For HEAP, WCP and SCP) \$56,822.50	(For HWAP) \$64,940
6	up to \$55,785	\$65,082.50	\$74,380
7	up to \$62,865	\$73,342.50	\$83,820
8	up to \$69,945	\$81,602.50	\$93,260

When determining 150% of the federal poverty guidelines, households with more than eight members must add \$7,080 to the yearly income or \$581.92 to the 30-day income for each additional member. When determining 175% of the federal poverty guidelines, households with more than eight members must add \$8,260 to the yearly income or \$678.90 to the 30-day income for each additional member. When determining 200% of the federal poverty guidelines, households with more than eight members must add \$9,440 for each additional member.

### How can I check the status of my application?

To check the status of your application, please visit [energyhelp.ohio.gov](http://energyhelp.ohio.gov) and create an account.

**Please note: HEAP benefits will be applied to your utility bill starting in January 2023.**

If you have questions, please contact your local Energy Assistance Provider or send us a message by visiting [energyhelp.ohio.gov](http://energyhelp.ohio.gov) and clicking "contact us".



## 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</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 that 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"/> 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"/> Signed and dated letter from supporter including name, address, and phone number	<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\*

For Office Use Only

**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.**

Date Received									
Client Number									

First Name*	M.I.	Last Name*
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Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)*	Military Status	Date of Birth (MM / DD / YYYY)*
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	

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)
	(       )

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		
City*	State*	Zip Code*	County*

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		
City	State	Zip Code	County

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)
		(       )

Landlord Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor		
City*	State*	Zip Code*	County*

\* Indicates required information 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	Other Earned Income
<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"/> 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"/> 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.)
<b>† These categories MUST provide 12 months of income documentation</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 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 Members and Income Section

If you have additional household members (anyone living under your roof 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 5 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		U.S. Citizen / Legal Resident (Qualified Alien)*							
<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		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income					
<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"/> 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"/> 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.)					
<b>† These categories MUST provide 12 months of income documentation</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 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 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		Other Earned Income	
<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"/> 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"/> 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"/> 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		Other Earned Income	
<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"/> 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"/> 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 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						U.S. Citizen / Legal Resident (Qualified Alien)*			
<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 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income		Other Earned Income	
<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"/> 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"/> 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						U.S. Citizen / Legal Resident (Qualified Alien)*			
<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 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income		Other Earned Income	
<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"/> 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"/> 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 30 Days		Total Deductions for the past 12 Months
\$		\$

**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
	- \$	- \$
Total Eligible Income	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 2022 – MAY 2023

## 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 that perform 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**
- That 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.
  - That 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 Plus.
  - That if I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
  - That if I do not make up missed PIPP payments by my stated Anniversary Date, I will be dropped from PIPP.
  - That the PIPP verification and anniversary dates are printed on the utility bills each month.
  - That 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.
  - That 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.
  - That 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.
  - That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, 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.
  - That 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, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio 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 that the information submitted in this application is true and correct.

### PLEASE SIGN AND MAIL APPLICATION TO:

Office of Community Assistance, Home Energy Assistance Program  
P.O. Box 1240, Columbus, Ohio 43216

X Sign Here \_\_\_\_\_ Application Date \_\_\_\_\_

**ALTERNATE CONTACT INFORMATION**

**STARK COUNT COMMUNITY ACTION AGENCY HOME WEATHERIZATION ASSISTANCE PROGRAM 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 REACH.**

**PRIMARY APPLICANT:** \_\_\_\_\_

**ALTERNATE CONTACT:**

**CONTACT NAME:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**RELATIONSHIP TO APPLICANT:** \_\_\_\_\_



*Helping people .... Changing lives.*

**COMPLETE THIS FORM ONLY IF YOU HAVE NO INCOME**

CLIENT'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**IF HOUSE TO BE WEATHERIZED IS UNDER A DIFFERENT NAME PLEASE LIST THAT NAME ALSO:**

\_\_\_\_\_

SOURCE OF INCOME	MONTHLY AMOUNT	3-MONTH AMOUNT	YEARLY AMOUNT

I UNDERSTAND THAT THE ABOVE INFORMATION IS COMPLETE, ACCURATE, AND TRUE AS OF THE DATE SIGNED BELOW AND WILL BE HELD CONFIDENTLY 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.

I UNDERSTAND FURTHER THAT IT IS MY RESPONSIBILITY TO MAKE KNOWN TO SCCAA ANY CHANGE IN MY CIRCUMSTANCES THAT MIGHT CHANGE MY STATUS FOR OBTAINING WEATHERIZATION.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_,

I, \_\_\_\_\_, 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 Public, State of \_\_\_\_\_

Name, Typed or Printed: \_\_\_\_\_

My Commission Expired: \_\_\_\_\_

**STARK COUNTY COMMUNITY ACTION AGENCY  
HOMEOWNER'S AGREEMENT**

**JOB#** \_\_\_\_\_

**I, (we) the undersigned (print homeowner name)** \_\_\_\_\_  
**(address)** \_\_\_\_\_ **(telephone)** \_\_\_\_\_

**And as such owner's, do hereby grant my (our) permission for my (our) home to be weatherized in accordance with the weatherization program established under DOE/ODSA Ohio Minimum Weatherization Standards.**

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

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

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

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

\_\_\_\_\_  
**Homeowner Signature**

\_\_\_\_\_  
**Co-Owner Signature**

\_\_\_\_\_  
**SCCAA Staff Representative**

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

Dear HWAP Applicant:

In accordance with Federal Regulations, the attached form 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. That can only be determined after our Inspector has completed his/her inspection and collected all of the required information concerning the present structure and condition of your home.

SCCAA HWAP will notify you of our decisions. In the circumstances where HWAP services cannot be provided, SCCAA-HWAP will notify you in writing.

Thank you for your cooperation

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

\_\_\_\_\_  
Date



**HOME WEATHERIZATION ASSISTANCE PROGRAM  
HOME VISIT SURVEY**

DATE: \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_

**I. GENERAL DESCRIPTIVE INFORMATION**

NAME: \_\_\_\_\_

How long have you lived in your home/apartment? \_\_\_\_\_

How many people live there? \_\_\_\_\_

How many people living in your home are:

Under 5        \_\_\_\_\_  
5-18            \_\_\_\_\_  
19-40          \_\_\_\_\_  
41-64          \_\_\_\_\_  
65 or older    \_\_\_\_\_

Has anyone moved in or out of your home in the past year? YES    NO   

If yes, number of persons moving in: \_\_\_\_\_

Number of persons moving out: \_\_\_\_\_

Do you pay for water usage?        YES \_\_\_\_\_        NO \_\_\_\_\_

If yes, how high is a typical monthly bill? \_\_\_\_\_

**II. WEATHERIZATION AND OTHER ENERGY ASSISTANCE PROGRAMS**

Have you received assistance from any of the following programs?

(Please check ALL that apply)

\_\_\_\_\_ Ohio Energy Credits Program  
\_\_\_\_\_ Home Energy Assistance Program (HEAP)  
\_\_\_\_\_ Percentage of Income Program (PIP)  
\_\_\_\_\_ Other, please list: \_\_\_\_\_

**III. ENERGY CONSERVATION**

A. During the heating season (October-April), at what temperature do you set your thermostat? \_\_\_\_\_

B. How often do you have your furnace inspected? \_\_\_\_\_

C. How often do you check your furnace filter during the heating season? \_\_\_\_\_

D. Before you leave your home or before you go to sleep, at what temperature do you set your thermostat? \_\_\_\_\_

- E. Do you have heating vents/air return grills blocked by furniture? \_\_\_\_\_
- F. Do you keep all windows and doors shut when the furnace is on? \_\_\_\_\_
- G. How often do you clean and inspect your wood/coal stove chimney or flue? \_\_\_\_\_
- H. At what temperature do you have your hot water heater set? \_\_\_\_\_
- I. Do you have a washer? \_\_\_\_\_
- J. Do you use cold, warm, or hot water to wash clothes? \_\_\_\_\_
- K. Have you repaired all leaking faucets? \_\_\_\_\_
- L. Does the gasket on your refrigerator seal tightly? \_\_\_\_\_
- M. Is the refrigerator near a heat register, stove, or in direct sunlight? \_\_\_\_\_
- N. Do you turn lights off in rooms that are not being used? \_\_\_\_\_
- O. Do you use an air conditioner? \_\_\_\_\_
- P. At what temperature do you set the thermostat? \_\_\_\_\_
- Q. How often do you check the filter? \_\_\_\_\_
- R. Do you keep your windows closed during the day? \_\_\_\_\_
- S. During early morning hours or at night, do you open windows opposite one another for cross ventilation? \_\_\_\_\_
- T. Do you close curtains/blinds during the day to help block the heat of the sun? \_\_\_\_\_

IV. COMMENTS:

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COMPLETED BY: \_\_\_\_\_

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 perform in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Print 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 by sliding it under the door.

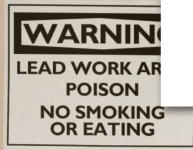
\_\_\_\_\_  
Printed name of person certifying attempted delivery

\_\_\_\_\_  
Date and Time of Lead Pamphlet delivery

\_\_\_\_\_  
Signature of person certifying attempted delivery

FYI-KEEP

# 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.
- 

## LEAD AND YOUR HEALTH

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

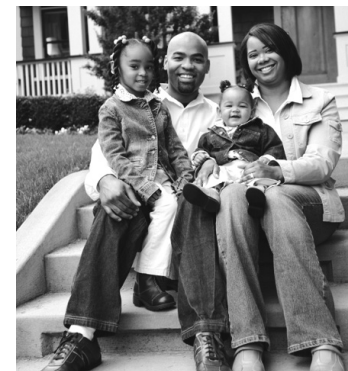
Lead can affect children's brains and developing nervous systems, causing:

- 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.

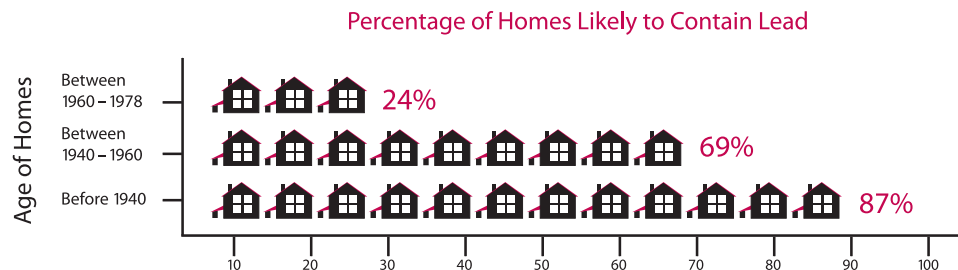
The key to protecting yourself and your family during a renovation, repair or painting job is to use lead-safe work practices such as containing dust inside the work area, using dust-minimizing work methods, and conducting a careful cleanup, as described in this pamphlet.

### 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.