

HOMEWISE WEATHERIZATION APPLICATION

Please print clearly information below:

Home/Residence Type Single Family – House <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4-plex <input type="checkbox"/> Mobile home <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/>										
PROPERTY ADDRESS:					CITY:			ZIP CODE:		
HOMEOWNER (Owner occupied) Yes <input type="checkbox"/> No <input type="checkbox"/>					HOMEOWNER lived in home for more than one year? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Homeowner Name:										
Phone #1:			cell phone <input type="checkbox"/> home phone <input type="checkbox"/> TTY <input type="checkbox"/>			Phone #2:			cell phone <input type="checkbox"/> home phone <input type="checkbox"/>	
For rental properties, you must attach <u>Weatherization Assistance Covenant</u> (completed by owner). Call 206-684-0244 to request complete rental package.										
RENTER Name:					RENTER lived in home for more than one year? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Phone #1:			cell phone <input type="checkbox"/> home phone <input type="checkbox"/> TTY <input type="checkbox"/>			Phone #2:			cell phone <input type="checkbox"/> home phone <input type="checkbox"/>	
List names of everyone permanently living in the home, include yourself , all other adults, and children. If more than 5 in your household, attach a separate page listing all additional persons living in the home.					Male or Female	Age	Date of Birth	Source of Income (attach copies)	Monthly Income (before deductions)	
1										
2										
3										
4										
Total Combined Income										
What kind of heat do you have? if furnace is working, or not, check appropriate box:					GAS furnace		Electric furnace		Oil furnace	
If you have an OIL FURNACE and interested in replacing it to an electric heating system (FREE program), call to request that application. 206-684-0244										
If you can't use your furnace explain why and how long haven't you used it? (attach additional page if needed)										
Check the box if you have any of the following			electric baseboard heaters			electric wall heaters			portable plug in electrical heaters	

Please complete both front and back of this form, sign & date (Page 2), and attach copies of required forms, refer to Application Instructions

Revised 9/29/2020

Office of Housing / Internal Use Only									
City			Property built			Voting Dist.#			
Prev. Wx? N/Y		Year Wx		Wx Prev. same owner?					
DHP ONLY		WX		WX & OTE		OTE ONLY		PLIA effect. Date:	
HH<7 Non-LIHEAP			LIWA %			MM %		LIEP %	
Approved by: UW Initials			Date			Proj #			
Priority		Criteria			Intake Staff		Date		

HOUSEHOLD DEMOGRAPHICS: The following information helps us better serve all Seattle residents. Please complete the optional information below. If you do not want to fill out this information check this box <input type="checkbox"/> indicating you choose not to provide the following information. You may still be eligible for our program.														
How MANY household members are:			White		Black African American		Black & White		Asian		Asian Pacific Islander			
Native		Native & White		Native & Black		Alaskan Native		Native Hawaiian		Latino/Hispanic	Multi-Racial _____			
Is applicant a single female/head of household? Yes <input type="checkbox"/> No <input type="checkbox"/>							How many household members have disabilities? _____							
What is the primary language spoken in your home? Please place a check in the box.							Amharic		Cambodian/Khmer		Cantonese			
English		Korean		Laotian		Mandarin		Oromo		Russian		Somali		Spanish
Tagalog		Tigrinya		Ukrainian		Vietnamese		Other: _____						
We offer free translation and interpretation services, do you need this assistance? If yes, what language do you require?							No		Yes					
Does anyone in the household have Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>					Are you a Veteran or surviving spouse of a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Is there a water leak into your home? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, where? _____							Do you require roof repairs? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Is your home undergoing remodeling? Yes <input type="checkbox"/> No <input type="checkbox"/>					Do you need other major repair work done on your home? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Do you want an Office of Housing, Home Repair Loan application mailed to you? (Only owner occupied properties may apply) Yes <input type="checkbox"/> No <input type="checkbox"/>														
How did you hear about our program?			Received a letter		Minor Home Repair		King County Weatherization		other					
Applicant Acknowledgement By signing below, I certify that the information provided is complete and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I give the City permission to request or release information to other non-profit or government organization for the purpose of providing assistance to me. Such information may include but is not limited to: my application, including income and related documentation, photographs showing before and after condition of the home and weatherization scope of work. Such information may result in my receiving or being denied other City assistance. For state weatherization programs: I understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I am eligible. I authorize the City to enroll me in all City or King County assistance programs for which I am eligible. The utility company(s) may release past and future consumption information on my household to City of Seattle, Office of Housing (OH) HomeWise Weatherization Program. If determined that I am eligible for service, I grant permission to:OH, its staff, and contractors to gain access to this property for audit, installation and inspection purposes. In the case that work requires subsequent inspection from Seattle City Light or the State of Washington, I agree to provide access for these audit purposes.														
Signature			Date			Phone Number			e-mail address					
Send your complete application with required documentation, refer to Instructions to: City of Seattle-Office of Housing, PO Box 94725, Seattle, WA 98124-4725. <i>All applications are kept confidential. Processing of applications may take approximately 3 to 4 weeks.</i>														

APPLICANT DECLARATION OF NO INCOME FORM

To qualify for Office of Housing's Weatherization Program you need to supply copies of income documentation and/or this form as proof your income does not exceed the income guidelines of our program (refer to Page 2 of the application instructions for income chart). Each household member age 19 years or older must complete this form if they have no income.

Name (print): _____

This form is signed in the month of _____

I, hereby declare, have not received any income within the past three months (refer to the chart example below):

1. _____ 2. _____ 3. _____

Current month applying	past months of no income
January	October, November, December
February	November, December, January
March	December, January, February
April	January, February, March
May	February, March, April
June	March, April, May

Current month applying	Past months of no income
July	April, May, June
August	May, June, July
September	June, July, August
October	July, August, September
November	August, September, October
December	September, October, November

The reason I had no income for the months listed above are as follows: _____

I have been meeting my basic living needs; for food, shelter, and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify the information I have contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature _____

Date _____

NOTARY

I certify that I know of and have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

State of Washington

County of _____ Dated: _____ Signed by: _____

(Notary Signature)

Notary Seal or Stamp

County Notary Resides _____

My appointment expires _____

SEATTLE CITY LIGHT

UTILITY INFORMATION RELEASE FORM

SUBJECT: AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION

PURPOSE: The City of Seattle, Office of Housing Weatherization Program uses billing data information to track actual energy savings resulting from weatherization. The energy savings achieved through the Weatherization Program are calculated to assess program impacts, increase accountability, and improve future weatherization work. To accurately calculate energy savings, the Weatherization Program needs energy use and billing information five years prior to weatherization and five years after weatherization. This release form authorizes the City of Seattle Office of Housing Program to obtain and use energy use and billing information from only this customer at this residence for up to a ten year period for the following uses:

- Determining household energy use before and after weatherization.
- Determining which weatherization measures to provide.

Note: All release information will be kept confidential and will only be used by the HomeWise Weatherization Program and only for the mentioned uses.

To: Seattle City Light: Please release energy use and billing information to: **City of Seattle Office of Housing** for the purpose of assessing energy use and/or savings:

- Release historical billing data for a maximum five years prior to the date at the bottom of this release to a maximum of five years after this date.
- Release historical billing data for all of the following sites, accounts, and meters.

Account or Meter Number

Service Address

Print Name

Phone Number

Customer Signature

Date

Complete this form ONLY if you have a gas furnace.



Puget Sound Energy Residential Utility Release Authorization

PSE Contact
RESIDENTIAL ENERGY EFFICIENCY SERVICES
P.O. BOX 97034 (EST-10W)
BELLVUE, WA 98009-9942
VIA FAX: 425.456.2706
Email Address

CUSTOMER INFORMATION:	
First Name:	PSE Account Number: <input type="text"/>
Last Name:	
Service Street Address:	
City:	Zip Code:

SUBJECT: AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION	
PLEASE RELEASE ENERGY USE AND BILLING INFORMATION TO:	
Recipient Office of Housing	Company or Organization HomeWise Program
Mailing Address: PO Box 94725	
City: Seattle	State: WA Zip Code: 98124
Phone Number:	Email:

I have elected to participate in certain Puget Sound Energy (PSE) energy efficiency programs designed to help me better manage my energy consumption. By signing below, I authorize PSE to provide my contact and customer account information, including my billing and energy usage information, for a period not to exceed 36 months from the below date, to the above named company/organization and such independent third-party evaluator(s) and pre-authorized contractor (s), as may be necessary to evaluate energy savings, to arrange for no-obligation estimate(s), and quality assurance. However, I understand that this information will not be provided to any third party for general marketing purposes. I also agree to the direct installation of qualifying energy efficiency upgrades associated with program(s) in which I elect to participate, and I acknowledge that PSE may inspect the work performed in association with such program(s). I further agree that PSE has made no implied or express warranties or representations with regard to these products or energy savings from their installation and usage. This is a tariffed service and is subject to change or termination without prior notice.

SIGNATURE REQUIRED:	
Account Holders Signature: _____	Date: _____

Print Form

Clear Form

OFFICE OF HOUSING WEATHERIZATION/REPAIR PROGRAM
COVID-19 Protection Plan Permission to Proceed by Resident**Name of Resident:** _____**Project address:** _____

PURPOSE: At the City of Seattle, Office of Housing (OH), we value the health and safety of our clients, staff, and contractors. During the course of your project, this document contains the expectations for your contractor, and you the resident.

We recognize that this is a stressful and uncertain time. Your safety and comfort are our top priority. If you would prefer to postpone your Weatherization/Repair project, OH will work with you to reschedule. In some cases, you may have to submit another application before work could begin.

CONTRACTOR EXPECTATIONS:

- Your contractor will provide a COVID-19 Safety Plan to you prior to beginning work.
- OH will review the contractor's COVID-19 Safety Plan and require the contractor to address any deficiencies in the plan prior to beginning work.
- If you, the contractor, or OH believes the project cannot be performed according to the contractor's COVID-19 Safety Plan, the project will be postponed until the work can be performed safely.
- If you have any concerns that work is not being completed according to your contractor's COVID-19 Safety Plan, please contact the contractor and OH staff immediately.

RESIDENT EXPECTATIONS: By signing below, you acknowledge everyone living in your home will abide by the following expectations. Failure to abide by these expectations could result in the work being postponed or canceled.

- Agree to communicate with contractors by phone or text whenever possible, rather than in person.
- Agree to a Health Symptoms Survey on any day work is scheduled to be performed at your home. The contractor will contact you prior to arriving at your home to ask if:
 - Anyone in household has a temperature or feels ill (cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.)
 - Any visitors are anticipated for the day.

Contractors will not go to your home if the Health Symptoms Survey cannot be completed or if anyone in the household is ill. The contractor will work with you to reschedule for a later date.

- Immediately contact OH staff and tell any workers on site if anyone in your household is feeling ill (cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)
- Do not shake hands with workers.
- At all times, maintain at least 10 feet distance from all workers.

**Office of Housing Weatherization/Repair Program
Covid-19 Protection Plan Permission to Proceed by Resident**

- Make a plan, with contractors, on where and how to isolate yourself and others living in your home while work is being performed and stick to that plan.
- Give workers access to running water. Workers will supply their own soap and disposable drying towels.
- Give workers access to bathroom facilities if needed.
- While work is being performed at your home, encourage all members of the household to wash and disinfect their hands regularly, before and after going to the bathroom, before and after eating and after coughing, sneezing, or blowing their nose.
- If not able to isolate yourself from workers, agree that every occupant in the home will wear a cloth mask while work is being performed on your home. If you do not have a mask, OH will provide one.
- Only allow essential visitors while workers on-site. Limit access to all visitors to your home for the entire duration of the Weatherization/Repair project.
- Log all occupants and visitors to home during the project (project start with the first site visit to final inspection which is the last site visit) and retain for your records for 4 weeks minimum.

INDEMNIFICATION: I hereby release and pledge to hold harmless, indemnify and defend City of Seattle, Office of Housing (OH), its agents, elected and appointed officials, servants and employees (collectively, "Indemnified Parties"), harmless from and against any liability and all claims for injuries, sickness or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed by any of the Indemnified Parties and any business contracted by any of the Indemnified Parties to perform work in the home located at the address listed above (Page 1).

RESIDENT ACKNOWLEDGEMENT:

Print Name

Date

Signature

Phone

e-mail address

OFFICE OF HOUSING WEATHERIZATION/REPAIR PROGRAM
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RESIDENT ACKNOWLEDGEMENT:

Print Name

Date

Signature

Phone

e-mail address