



City of Seattle

**HOMEWISE PROGRAM – WEATHERIZATION PROGRAM**

---

**WEATHERIZATION APPLICATION DOCUMENTATION LIST**

Thank you for your interest in the HomeWise weatherization program. Enclosed are the application forms for you to fill out.

- Below is a list of documentation to send with your application.
- Please send copies of all documents that apply to you. Do not send originals.
- All household information that is provided to the HomeWise program is kept confidential.

**1. IDENTIFICATION - Required**

- Enter the name, and birth date of each household member on the application.

**2. INCOME DOCUMENTATION - Required for the most current 3 months.**

Please include documentation of each of the following income sources that apply to you and all other household members.

***Acceptable documents of proof include:***

- Paycheck stubs (for last 3 months)
- Public Assistance payments: TANF, 3 months of unemployment benefits documentation
- Child support income: copy of check or court order
- Pension/retirement income: award letter
- Social Security and SSI award letter (s)
- Self-employment income: ***Contact our office to request form for self-employment.***
- Interest earned on bank accounts and investments: bank statement (all pages)
- If no income, each household member age 18 yrs. or older must complete the Declaration of No Income Statement

If you have any questions, please call main intake #206-684-0244 or Paula Wolfe: 206-684-0458.

Please mail completed application and all required documentation to:

City of Seattle- Office of Housing  
HomeWise Program  
P O Box 94725  
Seattle WA 98124-4725  
Attn: Paula Wolfe



City of Seattle

**HOMEWISE PROGRAM – WEATHERIZATION PROGRAM**

<p align="center"><b>HOMEWISE Weatherization Program 2011 Income Guidelines (Updated 9/2011)</b></p>						
Ownership/ Occupancy	Single Family/ OWNER OCCUPIED ONLY		Single Family 1-4 Unit Rentals, MF Rentals RENTERS		Single Family & Multi Family Renters & Owners	
Heat Source	ELECTRIC HEAT		ELECTRIC HEAT		GAS & OIL FURNACE	
Service Area	SCL Service Territory Seattle & King Cty Jurisdiction		SCL Service Territory - Seattle & King Cty Jurisdiction		Within City Limits (Seattle jurisdiction ONLY)	
Household Size	Gross Annual Income	Gross Monthly Income	Gross Annual Income	Gross Monthly Income	Gross Annual Income	Gross Monthly Income
1	44,950	3,745	36,480	3,040	25,518	2,126
2	51,400	4,283	41,700	3,475	33,370	2,780
3	57,800	4,816	46,920	3,910	41,221	3,435
4	64,200	5,350	52,080	4,340	49,073	4,089
5	69,350	5,779	56,200	4,683	56,924	4,743
6	74,500	6,208	60,420	5,035	64,776	5,398
7	79,650	6,637	64,620	5,385	67,620	5,635
8	84,750	7,062	68,760	5,730	75,260	6,271
			60% of Area Median Income with 3 Yr. Covenant			
			10 Yr. Covenant for Multi- family rentals			
			<b>(51% of units must qualify)</b>			

**\*Total gross income of household, *BEFORE* taxes and deductions.**



City of Seattle

**HOMEWISE PROGRAM – WEATHERIZATION PROGRAM**

---

**Applicant Declaration of No Income**

I, \_\_\_\_\_, do hereby declare that I have not received any income for:  
(print applicant name)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(fill in the 3 months prior to the month of application)

If no income, each household member age 18 years or older must complete the Declaration of No Income Statement.

My basic living needs (shelter, food and utilities) have been met the last three months by (give a brief explanation of how these needs have been met):

Food: \_\_\_\_\_

Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

I certify that the information contained in this Declaration of No Income is complete and accurate to the best of my knowledge. I understand that I am signing this Declaration of No Income under penalty of criminal prosecution if I knowingly give false information which results in assistance for which I am not eligible.

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

\_\_\_\_\_  
Date



City of Seattle

**HOMEWISE PROGRAM – WEATHERIZATION PROGRAM**

---

**Applicant Declaration of No Income**

I, \_\_\_\_\_, do hereby declare that I have not received any income for:  
(print applicant name)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(fill in the 3 months prior to the month of application)

If no income, each household member age 18 years or older must complete the Declaration of No Income Statement.

My basic living needs (shelter, food and utilities) have been met the last three months by  
(give a brief explanation of how these needs have been met):

Food: \_\_\_\_\_

Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

I certify that the information contained in this Declaration of No Income is complete and accurate to the best of my knowledge. I understand that I am signing this Declaration of No Income under penalty of criminal prosecution if I knowingly give false information which results in assistance for which I am not eligible.

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

\_\_\_\_\_  
Date



City of Seattle

**HOMEWISER PROGRAM – WEATHERIZATION PROGRAM  
APPLICATION**

**Please Complete & Return with your income documentation copies**

**Name(s):** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip: 981** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Message #:** \_\_\_\_\_

<b>Name(s):</b> List <b>everyone</b> in the household, including children.	<b>Birth Date</b>	<b>Source of Income</b>	<b>Gross Mo. Amt.</b>

<b>Housing Status</b>	<b>Home/Residence Type</b>	<b>Main Heat Source</b>	<b>Account Number</b>
<input type="checkbox"/> Home Owner <input type="checkbox"/> Renter- is your rent subsidized by a Housing Authority, HUD, or Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No Years at address? _____	<input type="checkbox"/> Single Family - House <input type="checkbox"/> Multi-Family (2,3, or 4) #Units ____ <input type="checkbox"/> Multi-Family (more than 4) #Units ____ <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Electric (Seattle City Light) _____ <input type="checkbox"/> Gas (PSE) _____ <input type="checkbox"/> Oil-Vendor _____ <input type="checkbox"/> Propane-Vendor _____ <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	_____ _____ _____ _____

**(COMPLETE BOTH SIDES)**

Write how many household members are:

0-5 yrs \_\_\_\_\_ 6-17 yrs \_\_\_\_\_ 18-59 yrs \_\_\_\_\_ 60+ yrs \_\_\_\_\_  
Female \_\_\_\_\_ Male \_\_\_\_\_

How many household members have disabilities? \_\_\_\_\_

Is applicant a single female/head of household?  Yes  No

Is this a Hispanic/Latino household? Yes \_\_\_ No \_\_\_

How many household members are:

- \_\_\_ American Indian/Alaskan Native (AI/AN)
- \_\_\_ AIAN & Black      \_\_\_ AIAN & White
- \_\_\_ Asian      \_\_\_ Asian & White
- \_\_\_ Black/African American      \_\_\_ Black/African Am. & White
- \_\_\_ Native Hawaiian / Other Pacific Islander
- \_\_\_ Other Multi-racial
- \_\_\_ White

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 my permission for the City to request or release information, including to or from the Seattle Housing Authority, King County Housing Authority, or other government agencies, that may result in my receiving benefits, or be denied City assistance from this request. I authorize the City to enroll me in all assistance programs for which I am eligible.

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.

The utility(ies) may release past and future consumption information on my household to OH HomeWise Program. If determined that I am eligible for service, I grant permission to the City of Seattle, 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: \_\_\_\_\_

When you have completed the application and have all the documentation copies together, please mail it to:

City of Seattle, Office of Housing - HomeWise Program  
P O Box 94725  
Seattle, WA 98124-4725  
Attn: Paula Wolfe