HomeWise Weatherization Program
Application Instructions

Thank you for your interest in our HomeWise Weatherization Program. Apply for possible FREE home improvements to make your home more energy efficient, comfortable, and less expensive to heat. Please review the instructions below. To qualify, your income must not exceed the Income Guidelines (see Page 3).

Call our office 206-684-0244 if you have any questions or need to make an appointment with our staff.

Please apply by completing the attached forms 1-4, and send copies of documents listed below #5, #6, & #7:

1. HomeWise Weatherization Application
2. Declaration of No Income Form (complete this form if you do not have income for the previous 3 months). Each household member age 19 years or older with no income must complete a form.
3. Seattle City Light Utility Release Form
4. Puget Sound Energy Utility Release Form (complete form only if you have a gas furnace)

Also, send a copy one of the following from each household member:

5. US Birth Certificate(s), Social Security card(s), passport, or qualified alien documents (call our office if you need the list of qualified alien documents). If you can’t provide any one of the items listed above, attach a brief note explaining why you didn’t send the copy. Even a simple note stating you’ve lost your copies will be accepted. We may still be able to serve you without a copy. However, the services you receive may be limited due to our various funding requirements. Please call if you have any questions.

6. Income documents: Review the list below, send only those from the list below that apply to you. Send copies of income documents from previous 3 months including yourself and all persons in your household from the following list:

- Paycheck stubs (these documents must show your name and address)
- TANF (Public Assistance payments)
- Child Support Income: send copy of checks and copy of full Divorce Decree
- Pension/retirement income - Form or letter from the company you receive payment. Send most current letter with payment information.
- Social Security payment information:
  Send copy of Benefits form or letter from Social Security showing current year monthly payments. Do not send 1099 Form. Your copy must show name and address of recipient, call 1-800-772-1213 or go to their webpage: https://www.ssa.gov/myaccount/
- Unemployment payments/ Claim History from Employment Security Dept
  Send copy of your records from Employment Security Dept. Contact our office to request this form. Have them return it to you, then send it with your HomeWise Weatherization application.
- Self-employment income
  Call our office to request Self Employment Income Worksheet. Attach applicable forms, proof of income, and receipts per instructions.
- Bank Statements
  Send copies if this applies to you, 1) if you have drawn from investment accounts within the last 3 months (example: IRA, and/or CDs). Send all pages, do not cross out information 2) self employment payment deposits.

7. Verification of Residency: Continued on Page 2
7. **Verification of Residency**

Make a copy of one of these items listed below, and send with your application

- Current Seattle City Light bill, Puget Sound Energy bill, or fuel bill in the applicant's name
- Mortgage payment receipt
- Current Lease/rental agreement or statement from landlord
- Mobile Home Residents: If you live in a mobile home, you must also send a copy of your State of Washington Vehicle Certificate of Ownership (Title)

Mail your completed application with copies of required documents listed on Page 1.

City of Seattle, Office of Housing
HomeWise Weatherization Program
PO Box 94725
Seattle, WA  98124-4725

*No faxed or electronic copies will be processed. All applications provided to our office is kept confidential. Processing of applications may take approximately 1–2 weeks.*

*A letter will be sent to you as soon as your application is approved. For more information about Weatherization services, visit our City of Seattle webpage:*

[http://www.seattle.gov/housing/homeowners/weatherization](http://www.seattle.gov/housing/homeowners/weatherization)
### City of Seattle Office of Housing
#### HOMEWISE WEATHERIZATION PROGRAM

Servicing ALL Seattle City Light (SCL) customers living in Seattle with **ELECTRIC HEAT** (main heat) including those properties located outside Seattle & SCL customers only

Servicing **ONLY** properties within City of Seattle boundaries with **GAS or OIL** heated homes (main heat)

### 2019 INCOME GUIDELINES

Total gross income must not exceed income limits below:

<table>
<thead>
<tr>
<th>Household size</th>
<th>Homeowner</th>
<th>Renter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual Income</td>
<td>Monthly Income</td>
</tr>
<tr>
<td>1</td>
<td>61,800</td>
<td>5,150</td>
</tr>
<tr>
<td>2</td>
<td>70,600</td>
<td>5,883</td>
</tr>
<tr>
<td>3</td>
<td>79,450</td>
<td>6,620</td>
</tr>
<tr>
<td>4</td>
<td>88,250</td>
<td>7,354</td>
</tr>
<tr>
<td>5</td>
<td>95,350</td>
<td>7,945</td>
</tr>
<tr>
<td>6</td>
<td>102,400</td>
<td>8,533</td>
</tr>
<tr>
<td>7</td>
<td>109,450</td>
<td>9,120</td>
</tr>
<tr>
<td>8</td>
<td>116,500</td>
<td>9,708</td>
</tr>
</tbody>
</table>

* Electrically heated households who have 5 members or more and are outside the City of Seattle have lower income limits than what is listed here. Please call for more information.
**HOMEWISE WEATHERIZATION APPLICATION**

Please print clearly, and attach all required documentation per the Application Instructions. Any applications sent without the required documentation will be returned.

Send your completed application to: **City of Seattle-Office of Housing, PO Box 94725, Seattle, WA 98124-4725.**

All applications are kept confidential. Processing of applications may take approximately **3 to 4 weeks.** We’ll send you a notification letter as soon as possible.

<table>
<thead>
<tr>
<th>Home/Residence Type</th>
<th>Single Family – House</th>
<th>Duplex</th>
<th>Triplex</th>
<th>4-plex</th>
<th>Mobile home</th>
<th>Condominium</th>
<th>Townhouse</th>
</tr>
</thead>
</table>

**PROPERTY ADDRESS:**

<table>
<thead>
<tr>
<th>CITY:</th>
<th>ZIP CODE:</th>
</tr>
</thead>
</table>

**HOMEOWNER** (Owner occupied) Yes □ No □

**HOMEOWNER** lived in home for more than one year? Yes □ No □

**Homeowner Name:**

<table>
<thead>
<tr>
<th>Phone #1:</th>
<th>cell phone □ home phone □ TTY □</th>
<th>Phone #2:</th>
<th>cell phone □ home phone □</th>
</tr>
</thead>
</table>

**For rental properties,** you must attach **Weatherization Assistance Covenant** (completed by owner). Call 206-684-0244 to request complete rental package.

<table>
<thead>
<tr>
<th>RENTER Name:</th>
<th>RENTER lived in home for more than one year? Yes □ No □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone #1:</th>
<th>cell phone □ home phone □ TTY □</th>
<th>Phone #2:</th>
<th>cell phone □ home phone □</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Male or Female</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Source of Income (attach copies)</th>
<th>Monthly Income (before deductions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Combined Income**

What kind of heat do you have? Whether you use it or not, check the appropriate box:

- GAS furnace
- OIL furnace
- Electric furnace

If you can’t use your furnace explain why (attach additional note page if needed) and how long haven’t you used it?

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 6/26/2020
**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 Indicating you choose not to provide the following information. You may still be eligible for our program.

<table>
<thead>
<tr>
<th>How MANY household members are:</th>
<th>White</th>
<th>Black African American</th>
<th>Black &amp; White</th>
<th>Asian</th>
<th>Asian Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native</td>
<td>Native &amp; White</td>
<td>Native &amp; Black</td>
<td>Alaskan Native</td>
<td>Native Hawaiian</td>
<td>Latino/Hispanic</td>
</tr>
</tbody>
</table>

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

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 ☐ No ☐

Are you a Veteran or surviving spouse of a Veteran? Yes ☐ No ☐

Is there a water leak into your home? Yes ☐ No ☐

if yes, where? __________

Do you require roof repairs? Yes ☐ No ☐

Is your home undergoing remodeling? Yes ☐ No ☐

Do you need other major repair work done on your home? Yes ☐ No ☐

Do you want an Office of Housing, Home Repair Loan application mailed to you? (Only owner occupied properties may apply) Yes ☐ No ☐

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** __________
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. __________________________

<table>
<thead>
<tr>
<th>Current month applying</th>
<th>Past months of no income</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>October, November, December</td>
</tr>
<tr>
<td>February</td>
<td>November, December, January</td>
</tr>
<tr>
<td>March</td>
<td>December, January, February</td>
</tr>
<tr>
<td>April</td>
<td>January, February, March</td>
</tr>
<tr>
<td>May</td>
<td>February, March, April</td>
</tr>
<tr>
<td>June</td>
<td>March, April, May</td>
</tr>
<tr>
<td>Current month applying</td>
<td>Past months of no income</td>
</tr>
<tr>
<td>July</td>
<td>April, May, June</td>
</tr>
<tr>
<td>August</td>
<td>May, June, July</td>
</tr>
<tr>
<td>September</td>
<td>June, July, August</td>
</tr>
<tr>
<td>October</td>
<td>July, August, September</td>
</tr>
<tr>
<td>November</td>
<td>August, September, October</td>
</tr>
<tr>
<td>December</td>
<td>September, October, November</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Account or Meter Number</th>
<th>Service Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Customer Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)
BELLEVUE, WA 98009-9942
VIA FAX: 425.456.2706
Email Address

CUSTOMER INFORMATION:
First Name: PSE Account Number:
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 Holder's Signature: Date:

Print Form Clear Form