



HOMEWISWE WEATHERIZATION APPLICATION

Home/Residence Type Single Family – House Duplex Triplex 4-plex Mobile home Condominium Townhouse

PROPERTY ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

HOMEOWNER (Owner occupied) Yes No **HOMEOWNER** lived in home for more than one year? Yes No

Homeowner Name: _____

Phone #1: _____ cell phone home phone TTY Phone #2: _____ cell phone home phone

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

RENTER Name: _____ **RENTER** lived in home for more than one year? Yes No

Phone #1: _____ cell phone home phone TTY Phone #2: _____ cell phone home phone

List Name(s): List everyone permanently living in the home, include yourself , all other adults, and children. If there are 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										
5										
Total Combined Income										

Do you have a **GAS or OIL furnace?** Whether you use it or not, you must check the appropriate box. **Gas furnace** **Oil furnace**

Do you have an **Electric furnace** **Electric baseboard heaters** **electric wall heaters** portable plug in **electrical heaters** other heat _____

Please complete both front and back side of this form, sign & date and attach copies of required forms refer to instructions.

Office of Housing / Internal Use Only											
Seattle		Outside City/name:					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					
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** 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 No How many household members have disabilities? _____

Does anyone in the household have Asthma or respiratory issues? 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? Seattle City Light bill Centerstone Minor Home Repair 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.

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Signature	Date	Phone Number
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e-mail address: _____

Mail these forms, and copies of required documents (see Application Instructions) to: **City of Seattle - Office of Housing PO Box 94725, Seattle, WA 98124-4725.**

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