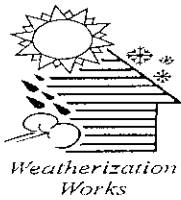


## Weatherization Application Instructions & Process

Since **Weatherization and Home Rehabilitation are SEPARATE departments** with their own requirements, please contact the Weatherization Dept. for more information at (918) 253-4683 x 121- Debby



### If you qualify for **Weatherization**

- ◆ Insulation - Diagnostic tests will reveal whether we need to provide proper insulation in the attic and walls.
- ◆ Windows / Doors - Diagnostic tests will reveal whether they should be replaced or sealed.
- ◆ MINOR Construction - If repair work needs done in order to reduce air leakage throughout your home.
- ◆ Caulking and Air Infiltration Reduction
- ◆ Water Heater - Blanket insulation & pipe insulation. Repair or Replacement of Existing Water Heater (depending on present condition).
- ◆ Heating / Cooling - Diagnostic tests will reveal tune-up or replacement IF NECESSARY and whether ductwork needs sealed, repaired or replaced.
- ◆ Supplying low-flow showerheads, various filters, CFL lightbulbs.
- ◆ Refrigerators (depending on diagnostics and condition of existing fridge) & MANY OTHER THINGS that are too numerous to mention.

- 1 Make sure all lines on application are completed.
- 2 Give precise directions to your home in the space provided.
- 3 SIGN the application in all places that indicate applicant & witness signatures.
- 4 Any signatures indicating that they require a witness **MUST be WITNESSED**. (Anyone can witness for you)
- 5 **Proof of Household Income** (see page 2 for qualifying income guidelines) for ALL household members.
  - A. To get proof of income from Social Security (A COPY OF YOUR AWARD LETTER) go to:  
<https://secure.ssa.gov/apps6z/BEVE/Controller> or call (877) 575-5195
  - B. All members of household WITH NO INCOME whom are 18 years and older must submit a Notorized Certification of Zero Income (contact our office for this form).
  - C. All EMPLOYED members of the household must submit a "Verification of Employment" (VOE) (contact our office for this form).
- 6 You must provide a copy of the **ELECTRIC BILL** specifically for the address requesting weatherization services.
- 7 You may either **Own or Rent** your home. If the deed of your house is not in your name you will need a "**Renters Agreement**" (this agreement is ANYONE who's deed is not in their name) signed by yourself AND the person named on the property title deed (contact our office for this form). The Owner must agree to pay 50% of all major expenses, such as replacing heating and air conditioning units and water heaters.
- 8 We process the Weatherization application using a priority system based on income, age, disability status, small children, date of application, and number of occupants. **ELDERLY AND HANDICAPPED ARE TOP PRIORITY**. This is not a first come, first service program. Based on all the combined factors, we assign a priority number and the client is placed on our waiting list. The higher the points, the quicker service will be received. The agency has five counties in which we work, and many applicants. **THE WAITING LIST may be UP TO 1 YEAR LONG**, We greatly appreciate your patience!
- 9 Once your home has reached the top of the waiting list, we send a crew out to "measure" your home. They will measure the windows and doors, conduct various tests to assess the air leakage in your home which causes heat/cooling loss and then we determine what work needs to be done to minimize the leakage in your home to reduce your energy bills. This information is put into the NEAT/MHEA Audit and final computerized recommendations are produced by this Audit.
- 10 Once your home has been measured, materials for weatherization of your home will be ordered. Then we can begin the following month. There is no obligation of the client to pay for any weatherization work completed on their home.

**All Services Are Subject To Agency Grant Availability and Qualifying Requirements.**

# Do You Qualify for Weatherization Assistance?

Applications are recorded by receipt date. Priority is given to the disabled, the elderly and families with small children. There is a waiting list for this service. Your patience is appreciated.

## Step 1. Determine Eligibility

Eligibility is based on income and family size. ( January-2018)

Income guidelines are listed below:

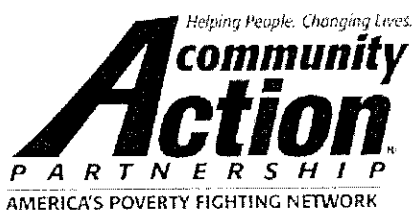
Size of Family	DOE Maximum Income	DHS Maximum Income
1 person	\$24,280	\$20,847
2 people	\$32,920	\$27,261
3 people	\$41,560	\$33,676
4 people	\$50,200	\$40,090
5 people	\$58,840	\$46,504
6 people	\$67,480	\$52,919
7 people	\$76,120	\$54,122
8 people	\$84,760	\$55,324

## Step 2. Required Documentation

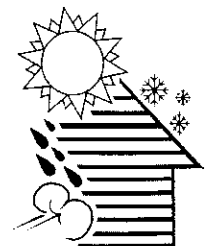
- Completed application
- Employment verification for each household member working
- Proof of family income (Verification of Employment form completed by your employer, call office to get a form) or your award letter from social security (no bank statements)
- Renters require signed landlord program rental agreement (call the office to get a form)

## Step 3. Location and Contact Information

Northeast Oklahoma Community Action Agency  
856 E. Melton, Suite C  
P.O. Box 603  
Jay, OK 74346  
Call 918-253-4683 ext. 110



Northeast Oklahoma Community Action Agency is dedicated to increasing self-sufficiency of income eligible individuals and families in Northeast Oklahoma through education and supportive services.



Weatherization  
Works



Helping People. Changing Lives.

**Community Action**  
**PARTNERSHIP**  
 AMERICA'S POVERTY FIGHTING NETWORK

WEATHERIZATION APPLICATION

NORTHEAST OKLAHOMA COMMUNITY ACTION AGENCY

Application for Services

EACH QUESTION MUST BE ANSWERED COMPLETELY TO BE CONSIDERED FOR ANY OF OUR SERVICES

# in Household: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Head of Household \_\_\_\_\_  
 (Applicant): \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Physical Address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

1ST PHONE: \_\_\_\_\_ 2ND OR MSG PHONE: \_\_\_\_\_

Are you the custodial or legal Guardian of minor children in household? \_\_\_\_\_ Child Name(s): \_\_\_\_\_

Has Child Support been ordered by the court? Yes or No: \_\_\_\_\_ If Yes, Do you receive Child Support? \_\_\_\_\_

DO YOU OWN OR RENT?				MOVE IN DATE?			
LIST ALL INCOME FOR EACH FAMILY MEMBER ( IF NONE IN EACH OF THESE CATAGEGORIS, PUT "0")							
EMPLOYER OR SELF EMPLOYED?			Supervisor:		Phone Number:		
FAMILY MEMBER	COMPANY NAME	DATE HIRED	HRS WEEKLY	HOURLY WAGE	HOW OFTEN PAID	GROSS AMOUNT	LAST 30 DAYS INCDME
SOURCES OF INCOME IN LAST 30 DAYS: WAGES, SS, SSI, SSDI, CHILD SUPPORT, PENSION, TANF, UNEMPLOYMENT, ETC							
Family Member Name	TYPE OF INCOME	Amount	Family Member Name	TYPE OF INCOME	Amount		
	S.S. Retirement			SSI			
	SSDI Disability			SSI			
	SSI			SSI			
	Pension			Pension			
	Child Support			Child Support			
	TANF			TANF			
	Workers Comp			Workers Comp			
	Unemployment Ins.			Unemployment Ins.			
	VA Compensation			VA Compensation			
	VA Pension			VA Pension			
	Rental income			Rental income			
	Interest/Dividends			Interest/Dividends			
	Other			Other			
	None			None			
	Food Stamps-monthly amount?						

ODOC Form 22



# INTERNAL REFERRAL

Northeast Oklahoma Community Action Agency

CLIENT NAME: _____	Date: _____
CLIENT PHONE NUMBER: _____	
REFERRED FROM DEPARTMENT: _____	Yes      No
<b>WX:</b> Does your home have high energy bills and are you interested in weatherizing your home?	Yes      No
<b>Home Rehabilitation Eligibility Questions:</b>	Yes      No
Do you own your home?	Yes      No
Is the deed to your home in your name?	Yes      No
Does your home need repairs of more than \$1000?	Yes      No
Is this home your primary residence?	Yes      No

### Additional Agency Program(s) Eligibility Questionnaire

Please take the time to answer these questions to help us determine what additional services this agency offers that you might qualify for.

<b>Early Head Start / Day Care Services</b>	Yes	No
Is anyone in the household in need of Day Care for their children?	Yes	No
Is any child in your family between the age of birth and three?	Yes	No
Is there a pregnant woman in your household?	Yes	No
Was a child in your family 3 or 4 years old by September 1 of the current year or will you have a child who will be 3 or 4 years old by next September?	Yes	No
Even if you may not be financially eligible for service, your child may be eligible if your family is homeless, if any member of your family receives Social Security Income (SSI), Temporary Assistance to Needy Families (TANF), or if the child(ren) is/are foster child(ren).	Yes	No

<b>Emergency Assistance</b>	Yes	No
Are you currently homeless?	Yes	No
Do you have an unexpected emergency and can't pay a past due utility bill?	Yes	No
<i>If yes, please circle service(s) in need of assistance with:      Electric      Natural Gas      Propane      Water</i>	Yes	No
Do you have an unexpected emergency and can't pay a past due rent?	Yes	No

<b>Agency Rental Housing</b>	Yes	No
Are you currently looking for rental housing?	Yes	No

<b>Prescription Assistance</b>	Yes	No
Do you have short-term emergency OR ongoing medication needs?	Yes	No
Do you have prescription insurance that helps to pay for your medication?	Yes	No
Are you or is someone in your family in the "Medicare donut hole"?	Yes	No

<b>Sooner Care and SNAP (Food Stamps)</b>	Yes	No
Is there a child in your household younger than 19?	Yes	No
Is there a pregnant woman in your household?	Yes	No
Is a member of your family receiving TANF benefits and has a child living in the home?	Yes	No

<b>Financial / SSI Assistance / Job Training / Job Skills / TANF Literacy</b>	Yes	No
Is anyone in the home currently looking for employment?	Yes	No
Does anyone in the home need job skills refreshed or training?	Yes	No
Does anyone in the home need assistance applying for SSI or SSDI benefits?	Yes	No
Does anyone in the home need assistance with learning better reading / writing skills?	Yes	No

<b>Free Tax Preparation / Filing Services</b>	Yes	No
Does anyone in the home need to file their taxes?	Yes	No

<b>Farmer's Market</b> (We have our own greenhouse available to the public)	Yes	No
Would anyone in the home like to purchase fresh vegetables, fruit or various plants/flowers? We accept food stamps	Yes	No

MANAGERS: PLEASE SEND A COPY OF THIS INTERNAL REFERRAL TO THE APPROPRIATE DEPARTMENT; THEY WILL CONTACT YOUR CLIENT WITH ADDITIONAL INFORMATION ABOUT THEIR PROGRAM. IF YOU RECEIVE A REFERRAL, PLEASE FOLLOW UP WITH A PHONE CALL TO EXPLAIN YOUR PROGRAM AND POSSIBLE ADDITIONAL HELP.

**Weatherization Services:**

Have you ever previously received Weatherization Services from ANY agency?  YES  NO

If yes, what agency? \_\_\_\_\_ When? \_\_\_\_\_

**Driving Directions to Your Home:**

**1. Ownership:**

Specify Name on Deed (please specify also if "unknown"): \_\_\_\_\_

House: \_\_\_\_\_ Mobile Home: \_\_\_\_\_ Year Built \_\_\_\_\_ Year Built Verified: \_\_\_\_\_

Documentation Type Used to Verify Year Built (Answered by Weatherization Staff): \_\_\_\_\_

**2. Heating / Cooling Information:**

Name of Utility Provider(s) attach a copy of Utility bill(s): XX

Have you received assistance from the Oklahoma DHS LIHEAP Program?  YES  NO

Do you pay for the heating & cooling in your home?  YES  NO

Heating Fuel Type: Electric \_\_\_\_\_ Nat. Gas \_\_\_\_\_ Propane \_\_\_\_\_ Wood \_\_\_\_\_  
Heating System Type: Central \_\_\_\_\_ Wall \_\_\_\_\_ Floor \_\_\_\_\_ Space Heater \_\_\_\_\_ No Working Heat Unit X

If no working heating, what is wrong with the heating unit? \_\_\_\_\_

Is your heating system vented to the outside of the home?  YES  NO

Cooling System Type: Central Unit \_\_\_\_\_ Window Unit \_\_\_\_\_ No Working Cooling Units \_\_\_\_\_

If no working cooling, what is wrong with the cooling unit? \_\_\_\_\_

**3. Housing Details & Condition:**

Exterior Type: Wood \_\_\_\_\_ Metal \_\_\_\_\_ Stucco \_\_\_\_\_ Brick / Concrete / Stone \_\_\_\_\_ Other Exterior Type: \_\_\_\_\_

# of Windows \_\_\_\_\_ # Broken / Cracked Windows \_\_\_\_\_

# of Doors \_\_\_\_\_ Door(s) needed:  Replaced  Repaired  Weatherstripped  Door Sweeps  Thresholds

Is Attic / Ceiling insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO Can it be insulated?  YES  NO

If no, please explain: \_\_\_\_\_

Are your Walls insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO Can they be insulated?  YES  NO

If no, please explain: \_\_\_\_\_

Foundation Type: \_\_\_\_\_ Slab / Solid \_\_\_\_\_ Crawl Space \_\_\_\_\_ Other \_\_\_\_\_

Is Foundation Damaged? YES  NO  If yes, Describe Damage: \_\_\_\_\_

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973; (2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction act; or (3) who is receiving benefits under Chapter 11 or 15 of the Title 38, U.S. Code?  Yes  No

I understand this Agency may need to share this information with other agencies and/or organizations to best serve my needs. This agency, and their representatives, have my consent and permission to share this information with other agencies and/or organizations. I have read and understand this agreement. I voluntarily sign my consent. I understand I have the right to appeal any decision I do not agree with. I understand that a copy of the policy is available to me upon request.

**Hold Harmless Clause - To be Completed by Applicant & Witness**

I shall indemnify and save harmless the State of Oklahoma, the agency, its officers, agents, servants, employees and designees from all liability for death or injury to any person resulting from the weatherization of my property.

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Agency Director, who will furnish you with a copy of the Appeals Procedure established under the guidelines of title 74 of the Oklahoma Statutes (1982) Section 1533.2 & 5023(1991).

This Agency will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as pursuant to the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

**Release of Personal Income Information - To be Completed by Applicant & Witness**

In order to determine my eligibility for the program(s) my family is applying for assistance with, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department Of Commerce (ODOC) or its designee to have access to my financial records in my possession of any other entity prior to the starting dates of the work to be done. I waive my rights to privacy or confidentiality.

**Release of Energy Consumption Information - To be Completed by Applicant & Witness**

I hereby grant permission to this Agency and their representatives to inspect utility and billing records at the home of

Client Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street CITY COUNTY Zip

The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

**Certification By Applicant(s) - To be Completed by Applicant & Witness**

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining either a Rehabilitation Loan or a Weatherization Program Grant and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifiesthat the residence described in this application is his/her principal place of residence. Applicant states that he/she understands that the Rehabilitation Loan or the Weatherization Program Grant funds will be used only for the work and materials necessary to meet all standards set forth by program policy, which are prescribed for the property described in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsified or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both".

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Income Certification (To be Completed by Agency Staff only):**

Source of Documentation: \_\_\_\_\_

Comments: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature

## Radon Consent

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, "Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program," there is a very slight risk of increased radon levels in some homes when the building air tightness levels are improved. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

### Zones 1 and 2 Only:

**Precautionary Measures:** Since your house is located in a county identified as having moderate- to high-potential-radon levels (1), precautionary measures indicated below will be installed as part of weatherization:

- Exposed dirt floors covered and sealed
- Floor/foundation penetrations sealed
- Other (Describe): \_\_\_\_\_

I am aware that there is a small chance that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases. I have chosen to go forward with weatherization, and accept all risks of injury or damages.

I have carefully read this informed consent form and have signed it of my own free will.

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

\_\_\_\_\_  
Date

(1) Defined as counties with predicted indoor radon screening levels at or above 2 pico Curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact>

## Carbon Monoxide Testing Permission

by the Weatherization Program

### Yes

I hereby grant permission to the Agency representing the Weatherization Assistance Program to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered, this Agency can/or will contact the local gas utility, and it could result in my gas being shut off until the problem is corrected. I also understand that this Agency is under no obligation to make these repairs for me.

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

\_\_\_\_\_  
Date

### No

I refuse to let the Agency representing the Weatherization Assistance Program check for possible carbon monoxide problems within my home. I understand that by refusing to give my permission for this testing, this Agency cannot satisfy its program requirements as set by the Oklahoma Department of Commerce, and that my application will no longer be considered for weatherization services.

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

\_\_\_\_\_  
Date

Application for Weatherization Services



Application for Weatherization Services  
**INDOOR AIR QUALITY AND SAFETY CHECKLIST**

YES	NO	
		1. Has your furnace filter been cleaned or replaced in the past six months?
		2. Have you had your home tested for radon?
		3. Do you have mold or mildew problems during the winter?
		4. Do your bathrooms have working exhaust fans and are they used?
		5. Do you have and use your kitchen exhaust fan (not recirculation type) when using the stove or oven? <span style="float: right;">When was the last time the grease filter was cleaned? _____</span>
		6. Is your clothes dryer vented indoors? Do you dry damp clothes indoors?
		7. Is the basement or crawlspace below your home frequently damp or wet?
		8. Are the following items typically stored inside your home?
		<input type="checkbox"/> Paints, solvents, grease, oil, etc.
		<input type="checkbox"/> Pesticides, herbicides, bug bombs, etc.
		<input type="checkbox"/> Gasoline cans, gasoline lawn mowers, chain saws, etc.
		<input type="checkbox"/> Kerosene or kerosene space heaters
		9. Do you use a wood stove, fireplace or unvented space heaters during the winter?
		10. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellowish rather than solid blue?
		11. Do you regularly use any of the following potentially toxic chemicals in your home?
		<input type="checkbox"/> Strong cleaning products
		<input type="checkbox"/> Pest killers, insect sprays, flea bombs, etc.
		<input type="checkbox"/> Room Deodorizers
		12. Do any family members have indoor hobbies using glue, paint, varnish, etc.?
		13. Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?
		14. Does anyone smoke inside your home?
		15. Does a fine, white dust or powder regularly appear on the floor or furniture beneath textured ceilings or old pipe and duct insulation?
		16. Is anyone in your household experiencing any of the following symptoms?
		<input type="checkbox"/> Chronic headaches
		<input type="checkbox"/> Burning or watery eyes
		<input type="checkbox"/> Breathing difficulties
		<input type="checkbox"/> Chronic drowsiness
		<input type="checkbox"/> Asthma or bronchitis
		<input type="checkbox"/> Dizziness
		<input type="checkbox"/> Repeated nausea
		17. Are the symptoms reported by more than one member of the household?
		18. Are the symptoms more severe in those who spend the most time indoors at home?
		19. Are the symptoms most severe in household members younger than 4 or older than 60?
		20. Do the symptoms become less severe when away from the house? Approx. how many hours away from the house seem to make a difference? _____
		21. Do the symptoms exhibit a seasonal pattern?
		22. Do you use a humidifier during the winter (free-standing or mounted)?
		23. Do you have any indoor pets?
		24. Do you live in a manufactured home or mobile home?
		25. Have any of the following things been added or done to your home recently?
		<input type="checkbox"/> Newly constructed or extensive remodeling or painting in the past 3 years?
		<input type="checkbox"/> New plywood or particle board paneling or subflooring?
		<input type="checkbox"/> New carpets, draperies or upholstered furniture?
		<input type="checkbox"/> New kitchen cabinets, teak or oak veneer or plastic laminate furniture?
		<input type="checkbox"/> Extensive weatherization, including blown-in wall insulation?
		<input type="checkbox"/> Changes in your gas or oil heating system (80% + efficiency furnace, new water heater or new chimney for furnace, water heater or wood stove)?
		26. Is the draft of your wood stove or fireplace weak, even after the first few minutes?
		27. Is there anything else in or about your home you may suspect may contribute to poor indoor air quality, excessive moisture or be a physical hazard to the occupants?
		28. Is there evidence of rodents or rodent droppings in your home, attic, crawlspace, heating ducts or other enclosed areas in or around your home?

Please explain:

## Radon Consent

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- Exposed dirt floors covered and sealed
- Floor/foundation penetrations sealed
- Other (Describe): \_\_\_\_\_

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I have carefully read this informed consent form and have signed it of my own free will.

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

\_\_\_\_\_  
Date

(1) Defined as counties with predicted indoor radon screening levels at or above 2 pico Curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact>

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

\_\_\_\_\_  
Date

**No**

I refuse to let the Agency representing the Weatherization Assistance Program check for possible carbon monoxide problems within my home. I understand that by refusing to give my permission for this testing, this Agency cannot satisfy its program requirements as set by the Oklahoma Department of Commerce, and that my application will no longer be considered for weatherization services.

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

\_\_\_\_\_  
Date

## CONFLICT OF INTEREST

### REQUIREMENT 111 CONFLICT OF INTEREST EFFECTIVE SEPTEMBER 1, 2014

Employees of this Community Action Agency are not eligible to receive Weatherization services from the Agency.

This conflict of interest provision applies to any person who is an employee, agent, consultant, officer, elected or appointed official or immediate relative of anyone employed at this Community Action Agency. For purposes of this policy, immediate family member is defined as follows:

Spouse	Grandparents	Father-in-law	Brother-in-law
Children	Grandchildren	Mother-in-law	Sister-in-law
Parents	Adopted family members	Daughter-in-law	
Brother / Sister	Step-family members	Son-in-law	

This includes Full-time, Part-time, Substitute, Temporary or Contract employees. Former employees are not eligible for ONE YEAR after they are no longer an employee.

#### EXCEPTIONS -

Upon the written request of the Contractor, ODOC may grant an exception on a case-by case basis when it determines the exception will serve to further the purposes of the ODOC programs and the effective and efficient administration of the Contractor's program or project. An exception may be considered only after the Contractor has provided an assurance that:

1. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made.
2. An opinion of the Contractor's attorney that the interest for which the exception is sought would not violate State or local law.

#### Please **SIGN** and **RETURN** this document with your application.

I acknowledge that I am not an employee or conflict of interest official, and have not been employed by the agency for a period of at least ONE YEAR.

---

Applicant Signature

---

Date

## OCCUPANT AGREEMENT

The Weatherization Assistance Program shall be defined as an U.S. Department Of Energy funded program that increases the energy efficiency of dwellings owned or occupied by low-income persons. The programs serve to reduce the total residential energy expenditures, and improve the health and safety of the home.

I, \_\_\_\_\_, certify that I am the occupant of the property

located at \_\_\_\_\_

Street

City

Zip

in \_\_\_\_\_ County in the State of Oklahoma.

I further certify that I give my permission to **the Agency representing the Weatherization Assistance Program** and their subcontractors to perform any and all work related to the Weatherization Assistance Program activities at the property listed above.

I certify that there are no pre-existing medical conditions that will be exacerbated by the performance of weatherization activities. I also certify that the activities to be performed were fully described to me, including moisture and hazardous material problems, and I am fully aware of the measures to be installed, the labor involved to install those measures, and the anticipated results.

I release and hold harmless the State of Oklahoma, its agents, officers, employees, and **the Agency representing the Weatherization Assistance Program**, named above, from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

\_\_\_\_\_  
Signature of Occupant

\_\_\_\_\_  
Witness

WEATHERIZATION PROGRAM AGREEMENT FOR RENTAL UNITS

THIS AGREEMENT, MADE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, between

Property Owner (Name on Deed): \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

hereinafter called the Owner, and the Community Action Agency (CAA) \_\_\_\_\_

hereinafter called the Contractor, for work to be completed on the structure located at:

Tenant (Weatherization Applicant): \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Occupied by \_\_\_\_\_ hereinafter called the Tenant.

This Agreement is entered into by and between the above-named Owner, Tenant and the Contractor.

The Contractor has determined that the Tenant's residence is eligible for weatherization improvements (under 10 CFR 440). A residence is considered "completed" upon completion of the final inspection of the weatherized work by the Contractor.

The parties to this Agreement, for good and valuable consideration, agree that the weatherization improvements are subject to the following conditions:

- 1. The Contractor agrees to provide weatherization services/improvements to the residence of the Owner that is occupied by the current Tenant.
2. By entering into this Agreement, the Owner and his/her heirs or assigns agree not to raise the rent on the above-described property for a period of 36 months from the date of the completion of weatherization improvements.
3. The Owner also agrees that the Tenant will not be evicted, regardless of type of rental agreement without legal cause (non-payment of rent, etc.) for a period of 36 months from the date of the completion of weatherization improvements.
4. If this Agreement is not adhered to by the Owner and/or the rent is raised, the cost of the weatherization improvements shall be reimbursed by the Owner to the Contractor.
5. If the Tenant is leasing a low-income, federally subsidized residence, this Agreement shall supersede any and all rental contract agreements between the Owner and the other State and/or federal agency.
6. The parties to this Agreement agree that no undue or excessive enhancement shall be provided to the rental unit or building due to this weatherization assistance.
7. The Owner agrees to rent the premises at the current rate of \$\_\_\_\_\_ per \_\_\_\_\_ for a minimum of 36 months from the date of completion of weatherization improvements.
8. The Owner and Tenant agree to release and hold harmless the State of Oklahoma, its agents, officers, and employees and the above-named CAA, its agents, officers and employees from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

This Agreement constitutes the full and complete agreement between the parties.

Owner

Date

Weatherization Coordinator/Director

Date

Tenant

Date

The original document stays with the Contractor, one copy to the Owner and one to the Tenant.

Weatherization Assistance Program  
INTERNAL USE

CERTIFICATION OF ZERO INCOME

(To be completed by adult members only, if appropriate)

Household Name: \_\_\_\_\_

1. I hereby certify that, I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, death benefits, workers compensation, veteran's payments, training, stipends, military family allotments;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes all acts of fraud. False, misleading or incomplete information may result in the termination of a purchase agreement.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed name of notary

\_\_\_\_\_  
date

### Verification of Employment

NorthEast Oklahoma Community Action Agency  
 856 E. Melton, PO Box 603 Jay, OK 74346  
 (918) 253-4683

Weatherization Department

Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

Please have your Employer fill out the below information as completely as possible:

Employee Name: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of weeks worked per year: \_\_\_\_\_ Weeks

Salary: \$ \_\_\_\_\_

Effective Date of last pay Increase within the last 12 months: \_\_\_\_\_

**Base Pay Rate:**

\_\_\_\_\_ / Hour or \$ \_\_\_\_\_ / Week or \$ \_\_\_\_\_ Month

Average hours per week at base pay rate: \_\_\_\_\_ Hours

Total base pay earnings for the past 12 months: \$ \_\_\_\_\_

Probability and expected date of any pay increase: \_\_\_\_\_

**Overtime Pay Rate:**

Overtime Pay Rate \_\_\_\_\_ Per Hour

Total overtime earnings for the past 12 months: \$ \_\_\_\_\_

Estimated number of expected overtime hours per week during the next 12 months: \_\_\_\_\_

Other compensation not included above (specify type: e.g. commissions, bonuses, tips, etc.)

Type: \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

Is pay received for vacation? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, number of days per year: \_\_\_\_\_

Does the employee have access to a retirement account? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what amount can they get access to: \$ \_\_\_\_\_

Printed Name of Weatherization Applicant

Printed Name of Employed Household Member

Signature of Employed Household Member

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Office Fax (if available): \_\_\_\_\_

Printed Name of Employer or Authorized Representative

Title: \_\_\_\_\_

Signature of Employer or Authorized Representative

Date: \_\_\_\_\_

PLEASE PUT "N/A" FOR ALL THAT DOES NOT APPLY