

Serving Adair, Cherokee, Craig, Creek, Delaware, Mayes, Nowata, Osage, Ottawa, Pawnee, Rogers, Tulsa, Wagoner, and Washington Counties

Northeast Oklahoma Community Action Agency, Inc.  
856 E. Melton, Suite C

P.O. Box 603 Jay, OK 74346

PH: 918-253-4683, EXT # 120 FAX 918-253-6059

Email: [rwilliams@neocaa.org](mailto:rwilliams@neocaa.org) / [hscott@neocaa.org](mailto:hscott@neocaa.org)

## **Application Must Include the following:**

- 1. Proof of Income for each person 18 and older (examples of proof of income: Social Security/SSI/Disability award letters. If employed – last two pay stubs and your employer must fill out the Employment verification form. If self-employed, please provide your current 1040 tax form). A zero Income Form must be completed and notarized by anyone over 18 years old and has no income.**
- 2. Sign and Date all forms (If not applicable to you or anyone in your household please mark N/A)**
- 3. Valid contact information including a phone number, mailing address, and a physical address. If these are not listed on the application, we will cannot contact you.**
- 4. Most current ELECTRIC/GAS bill. We do not need your water, internet or cable bills.**
- 5. If you are a renter (or live in a home under someone else's name), please have the owner of the home (whose name is on the deed) complete the Rental Agreement Form.**

**\*\*\*\*Before your application can be processed, we must have all the above information\*\*\*\***

# Definitions of Income

(Weatherization Assistance Program)

**1. INCOME:** Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s) **BUT NOT** the Income Exclusions listed below in **Section C.** You must also provide proof of this income with your application. This may include the following:

- Bank Statements
- Paycheck stubs that indicate gross income/show year-to-date paid
- W-2s
- Receipts from a person's own business or from an owned or rented farm after deduction for business or farm expenses.
- Check stubs from certain court ordered payments or federal or state programs
- Royalty statements
- Estate or trust receipts
- Lottery winnings documentation
- Retirement check stubs
- Tax return (form 1040)
- A dated letter from the Veteran's administration indicating the current amount of assistance
- Applicants who perform miscellaneous "odd jobs" such as shoveling snow should show documents to support this income with a certified listing of type and date of jobs performed, names and addresses of persons for whom work has been done, and payments received. Grantees may ask such applicants to provide checking, savings, or other bank records or bankbooks to verify the applicant's income statements or tax return.
- Self-employed individuals must provide documentation of self-employment (current IRS tax returns).

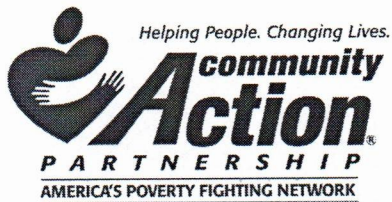
**2. CASH RECEIPTS:** Cash Receipts include the following:

- Money, wages and salaries before any deductions.
- Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses).
- Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments.
- Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.

- Dividends and/or interest.
- Net rental income and net royalties.
- Periodic receipts from estates or trusts.
- Net Gambling or lottery winnings.

**3. Income Exclusions:** The following cash receipts are not considered sources of income for the purposes of determining applicant eligibility.

- Capital gains.
- Any assets drawn down as withdrawals from a bank.
- Money received from the sale of a property, house, or car.
- One-time payments from a welfare agency to a family or person who is in temporary financial difficulty.
- Tax refunds.
- Gifts, loans, or lump sum inheritances.
- College scholarships
- One-time insurance payments, or compensation for injury
- Non-cash benefits, such as the employer-paid or union-paid portion of health insurance.
- Employee fringe benefits, food or housing received in lieu of wages.
- The value of food and fuel produced and consumed on farms.
- The imputed value of rent from owner-occupied non-farm or farm housing.
- Federal non-cash benefit programs such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance.
- Combat zone pay to the military.
- Child Support



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## Weatherization Assistance Program

### Frequently Asked Questions:

#### How does the Weatherization Assistance Program work?

The program consists of four steps:

- An application is submitted to determine income eligibility. If eligible, we will confirm with a phone call. You will then be placed on our waiting list.
- An Energy Audit of the home is performed to identify specific needs. This will include, but is not limited to, a blower door test, Combustion Appliance Zone testing, Duct Blower Test, and Pressure Diagnostics.
- Weatherization of the home is carried out. All work on the home is completed as listed on our NEAT/MHEA Audit software.
- A post weatherization inspection is performed to assure quality and effectiveness of all installed measures.

What services are included:

The following services **MAY or MAY NOT** be included:

- Weatherstripping, caulking, and spray foaming air leaks in home.
- Cleaning, testing, repairs or replacement of heating/cooling systems
- Repair/replacement of windows/storm windows
- Repair/replacement of outside doors/sliding glass doors (**We DO NOT replace storm/screen doors, nor do we perform any repairs to them**)
- The addition of insulation to your attic/floors/walls
- Health and safety measures for your home which may include smoke alarms, carbon monoxide detectors, whole home ventilation fans, kitchen range fans, and vapor barriers.
- Minor repairs as needed to ensure maximum efficiency of the weatherization services performed.

**Services not included:**

- Major roof repairs or replacements
- Major flooring repairs or replacements
- Mold remediation
- Major plumbing repairs/Leak repairs
- Wheelchair ramps

**Who is eligible for Weatherization Services?**

- Homeowners/Renters of the home
- Eligibility is based on household income relative to federal low-income guidelines.

**If your home is found to be in a severe state of disrepair you may be deferred. If your home has major roof leaks, major flooring/ structural issues, a large mold problem, pest infestation (bedbugs, lice, fleas, cockroaches etc.), or has a sewage leak, we will not work on the home.**

**What type of home is eligible?**

- Site built homes.
- Mobile/Manufactured homes
- Multi-family units (duplexes, triplexes, quadplexes etc.)

**We are not allowed to weatherize travel trailers/campers/sheds. Also, we cannot weatherize homes designated for acquisition or clearance by a federal, state, or local program within 12 months from the date weatherization of the dwelling unit would be scheduled to be completed; or if the unit was weatherized within 15 years. We keep record of this and will check upon receiving the application.**

**How long does it take to receive weatherization services?**

- Eligible applications are placed on an applicant list. This is achieved by a priority needs system, **not on a first come, first serve basis. This may take a while before you are reached on the priority list; and further we are not an emergency service. Please, if you are urgently needing assistance, it may be beneficial for you to seek other programs that can assist you quicker.** However, once an applicant is determined eligible for service they remain on the list.

## **Tips for Successful Application:**

1. You must be currently living in the home being applied for weatherization services.
2. Utilities must be **ON** at time of the energy audit.
3. Please describe any **MAJOR** repairs your home needs such as roof leaks, plumbing problems, mold, pest infestations, electrical issues etc.
4. Incomplete applications, failure to provide adequate proof of income, failure to report income, or failure to fill out and notarize the zero-income form will result in your application being returned to you.
5. After we receive and process your application, we will contact you if we need further information.
6. Please provide a mailing address if different from your physical address, and several contact numbers. This will expedite the process and assure that we can contact you when your home is ready for audit.
7. Double check and make sure all forms are signed and dated, and all information requested is included before you send in your application.
8. Make sure your home has adequate clearance to areas we might be working on. When the auditor comes, and they cannot do a thorough audit due to debris, clutter, unsecured animals, etc., an audit will **NOT** be performed.
9. Please list all birthdates, social security numbers, and disabilities on their respective areas on the application. This will help to correctly tally your priority points so that your place on the waiting list will be accurate. This includes yourself and any children in the home.
10. **If you live in a mobile home**, please send a copy of your title to the home for verification of ownership.

# Weatherization Ad Effectiveness Survey

(Please mark all that apply to you)

How did you hear about weatherization services in your area? (Mark one or more of the following)

- Radio Advertisement
- Television Advertisement
- Flyer
- Department of Human Services (DHS)
- From a family member or acquaintance
- Referral from another department within Community Action
- Other (Please list below)

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**Weatherization Services:**

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

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

**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): \_\_\_\_\_

Is the name on the deed followed by Et Al ?  YES  NO

If yes, please have the name of the person listed on the deed provide assurances of the following:

I am an owner of this property. I have been given authority by the other record owners to enter into this agreement for Weatherization services.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**2. Heating / Cooling Information:**

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

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 \_\_\_\_\_

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 3B, 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.

Application for Weatherization Services

**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) Secion 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 eligblity 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 enity 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 weatherizatlon 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 certiesthat 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 willfully 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  
**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? When was the last time the grease filter was cleaned? _____
_____	_____	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:

## 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.

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Applicant Signature

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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.



## Verification of Employment

**NORTHEAST OKLAHOMA  
COMMUNITY ACTION AGENCY**

P O Box 603  
Jay, OK 74346  
Fax: (918) 253-6059

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the programs 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.

**Right side of this form must be filled out and signed by employer only.**

Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_

YTD Start Date: \_\_\_\_\_ YTD End Date: \_\_\_\_\_

Pay period end date \_\_\_\_\_ YTD Total income: \_\_\_\_\_

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

Effective date of last pay increase: \_\_\_\_\_

Base pay rate:  
/Hour; or \$ \_\_\_\_\_ Week; or \$ \_\_\_\_\_/Month

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

No. weeks \_\_\_\_\_ or No. weeks \_\_\_\_\_ worked/Year \_\_\_\_\_

TYPE	Year to Date	Past Year	Past Year
Base Pay	Thru date: _____ _____		
Overtime			
Commissions			
Bonus			
Total			

Add any remarks here:

RELEASE: I hereby authorize the release of the requested information.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Printed name of Applicant)

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

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

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

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

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

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Printed name of Authorized Representative)

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

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

PLEASE PUT "NIA" FOR ALL THAT DOES NOT APPLY

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



# Northeast OK Community

## Action Agency, Inc.

856 E Melton Dr, Suite c

Jay, OK 74346

918/253-4683, www.neocaa.org

# Community Needs Assessment Survey

NEOCAA regularly conducts a survey to determine what the needs are in your community so we will know where to best focus our efforts and funding. Your help in completing this survey is sincerely appreciated.

Please list your City \_\_\_\_\_, County \_\_\_\_\_, and Zip Code \_\_\_\_\_

Check the response that best represents you.

### 4. What is your gender?

- Male  Female

### 6. What is your race?

- White or Caucasian  Black or African American  
 Asian  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

### 8. What best describes your household?

- Two Parent  Single Parent Female  
 Single Parent Male  Multifamily household  
 Single person  Two adults no children  
 Grandparent(s) raising grandchildren

### 10. What is the primary language spoken in the home?

- English  Spanish  Other \_\_\_\_\_

### 12. Anyone in your household receive disability benefits?

- Yes  No

If yes, please mark # of each below:

\_\_\_\_\_ # of Children \_\_\_\_\_ # of Adults

### 14. Mark the choice that best describes you:

- Client of Agency  
(Have received services from agency. Example - Tax Preparation)  
 Agency Board Member  
 Agency Volunteer  
 Representative of an educational institution  
(Public or private school, college, technical school)  
 Representative of a government entity  
(City, County, State, or Federal)  
 Representative of a private organization  
(Business, local civic group)  
 Representative of a faith-based organization  
(Church or other religious organization)  
 Representative of a community based organization  
(Nonprofit entities providing direct services)  
 General Public  
(Have NOT received services from the agency)

### 5. What is your ethnicity?

- Hispanic  Non-Hispanic

### 7. What is your highest level of education completed?

- Less than 9th grade  9th-12th grade (no diploma)  
 High School Diploma/GED  Technical School/Votech  
 Some college (no degree)  Associate's degree  
 Bachelor's degree  Graduate/Professional

### 9. WRITE IN THE NUMBER of persons for each age group in your household.

\_\_\_\_ 0-2    \_\_\_\_ 3-4    \_\_\_\_ 5-9    \_\_\_\_ 10-14  
\_\_\_\_ 15-17    \_\_\_\_ 18-19    \_\_\_\_ 20-24    \_\_\_\_ 25-34  
\_\_\_\_ 35-44    \_\_\_\_ 45-54    \_\_\_\_ 55-59    \_\_\_\_ 60-64  
\_\_\_\_ 65-74    \_\_\_\_ 75-84    \_\_\_\_ 85 and older

### 11. Is anyone in your household a veteran?

- Yes  No

### 13. What was your total household income last year?

- Less than \$10,000  \$10,000 - \$14,999  
 \$15,000-\$19,999  \$20,000 - \$24,999  
 \$25,000 - \$34,999  \$35,000 - \$49,999  
 Over \$49,999

### 15. What are the MOST important program/services you would like to see continued in your community?

- Early Head Start/Head Start/Childcare  
 Services for People with Disabilities  
 Affordable Housing  
 Emergency Services (Food, Clothing, Shelter, Utilities)  
 Senior Nutrition  
 Prescription Assistance  
 Mental Health Services  
 Public Transportation  
 Weatherization

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TURN OVER TO COMPLETE PAGE 2**

**16. How much does each item rate as a need in your community?** Please check only one rating for each need listed

<b>NUTRITION</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Availability/access to food (grocery store)				
Community Gardens				
Nutrition Education/Healthy Eating				
Need food				

<b>EMPLOYMENT</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Job Training				
Help finding a job				
Higher Paying Jobs or Jobs with Benefits				

<b>HEALTH</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Health Insurance/Affordable Health Care				
Health Education Services				
Mental Health Services				
Substance Abuse Counseling/Treatment				
RX (prescription assistance)				
Child Immunizations				
Teenage Pregnancy/Family Planning				
Elder Care				
Vision				
Dental Insurance/Affordable Dental				

<b>LINKAGES</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Prisoner Discharge Services				
Public Transportation				
Vehicle Repair Assistance				
Access to Services (WIC, SNAP, SSI, Sooner Care)				

<b>INCOME MANAGEMENT</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Free Income Tax Preparation Assistance				
Gambling Counseling				
Budget/Credit/Debit Counseling				

<b>EDUCATION</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Early Childhood Education Programs				
GED Classes				
English as a Second-Language Classes				
Computer Skills Training				
Literacy Classes				
Technical and Vocational Training				
Childcare				

<b>HOUSING</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Decent affordable houses to RENT				
Decent affordable houses to BUY				
Weatherization (Home Energy Improvement)				
Home Repair				
Home Buyer Education				
Handicap Accessibility Housing				
Senior Citizens Housing				
Rental Assistance				
Utility Assistance				

<b>COMMUNITY</b>	<b>No Need</b>	<b>Some Need</b>	<b>Great Need</b>	<b>Don't Know</b>
Safe Neighborhoods, sidewalks, parks				
Homeless Shelter				
Senior Activities				
Recreational Activities				
Youth Activities				
Crime Prevention				
Additional Health Care Facilities (Doctor's Offices, Clinics, Pharmacies)				
Legal Assistance				
Volunteer Opportunities				

Please describe any other need that was not listed above:

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**17. Are you employed:**

- Yes     No

**18. Is your employment:**

- Full Time     Part-Time     Not in Labor Force  
 Student/Full Time     Student/Part-Time

**Thank you for your participation!**