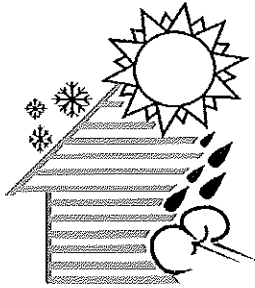


Home Weatherization Program

**THIS PROGRAM IS FREE TO QUALIFIED RESIDENTS
and will lower your energy bills by an estimated 20-30%!!**



If you qualify for our program, you may receive the following FREE services:



*Home Energy Audit
Attic Insulation
Diagnostic Air Flow Testing
Heater Inspection, Service, Repair or Replacement
Weather Stripping & Caulking
Window & Door Repair or Replacement
Refrigerator Evaluation
Energy Conservation Education*

Who is eligible??

*Delaware County Residents
Homeowners & Renters*

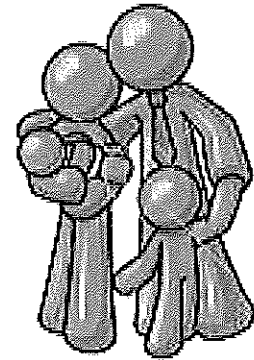
If anyone in your home has received SSI, LIHEAP or cash assistance within the last 12 months, you are automatically qualified for our services.

You are also eligible if you meet the following income guidelines:

<i>Family Size</i>	<i>Income</i>
<i>1</i>	<i>\$21,660</i>
<i>2</i>	<i>\$29,140</i>
<i>3</i>	<i>\$36,620</i>
<i>4</i>	<i>\$44,100</i>
<i>5</i>	<i>\$51,580</i>

Each additional member add \$7,480

** Income guidelines are subject to change by the federal government.*



Call for an application or print one from our website. You can also apply in person at our Essington office between the hours of 8 a.m. & 4:30 p.m.

94 Jansen Avenue, Essington, PA 19029

Phone 610-521-8770

www.caadc.org

*Funding for this program is provided by:
PA Department of Community & Economic Development
American Recovery & Reinvestment Act.*



Community Action Agency of Delaware County, Inc.

Helping People. Changing Lives.

COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

94 Jansen Avenue Essington, PA 19029 Phone: 610-521-9247 Fax: 610-521-8928

1. APPLICATION:

Please complete and sign the application.

Automatic Eligibility: This applies to 3 situations (verification on agency letterhead required):

1. If any member of the household receives or has received cash assistance from **DPW** at any time within the past 12 months.
 2. If any member of the household receives or has received **SSI** (supplemental security income) at any time within the past 12 months.
 3. If any member of the household has received **LIHEAP** at any time within the past 12 months.
- Please send verification of the benefit that you or a family member receives along with your application. If you need a copy of your DPW or LIHEAP benefit, please call DPW Customer Service at 610-447-3248. For SSI benefits please call 1-800-772-1213.

2. INCOME:

- Please provide proof of income for all adult household members for the previous (12) months. For example, if your application is dated 10/01/09, then you need to provide income verification from 10/01/08 through 10/01/09.
- The employer, agency, or organization that provides your income must submit a letter on company letterhead that is **dated** and covers the **gross amount of income** for the 12 months prior to your application date.
- **PAY STUBS AND COPIES OF CHECKS ARE UNACCEPTABLE.**
- Verification of Social Security benefits may be obtained by calling Social Security at 1-800-772-1213.
- If anyone has received unemployment compensation during the past 12 months, a letter from the Unemployment Office is necessary. You must also submit a Benefit Payment History printout from the Unemployment Office.
- Although CHILD SUPPORT ***does not count*** as income under this State & Federal funded program, it still must be submitted along with the application.
- An **Affidavit of No Income** is required for anyone age 18 & over who had no income at any period of time within the past 12 months of the application date. This affidavit must be **Notarized**.

3. OWNERSHIP:

If you own your home, we require proof of ownership. Please send a copy of your deed or your real estate tax bill.

RENTERS:

If you rent, you and the owner/landlord must sign the enclosed rental agreement.

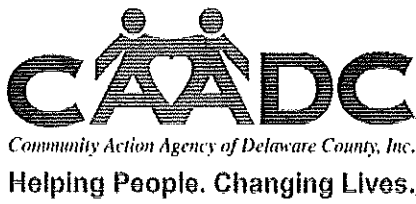
4. PERMISSION FORM/PRIVACY ACT INFORMATION FORM:

The owner must sign the **Permission Form**. The owner and renter must sign the **Privacy Act**.

5. HEATING AND HOME ENERGY USAGE:

- In order to process your application, we need to determine your heating and home energy usage.
- You must include a copy of your most recent PECO statement. Please be sure to include all pages of your PECO statement including the **Usage Profile** graph.
- If you use oil heat, please contact your oil company and request an official printout of the amount of oil purchased over the previous 12 months. If you are applying in 10/2009, then we need the amount of oil purchased from 10/2008 to 10/2009.
- Please sign the **Release for Energy Usage Verification.**

WE CANNOT ACCEPT FAXED APPLICATIONS!



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

94 Jansen Avenue Essington, PA 19029 Phone: 610-521-9247 Fax: 610-521-8928

**Application
HOUSEHOLD INFORMATION**

NAME: _____

PROPERTY DATA: Unit Status _____ Owner Occupied _____ Renter _____

ADDRESS: _____

(IF IT APPLIES) Name of Apartment Complex or Trailer Park: _____

TELEPHONE #S: HOME _____

IF YOU RENT YOUR HOME:

WORK _____

LANDLORD'S NAME: _____

ALTERNATE _____

ADDRESS: _____

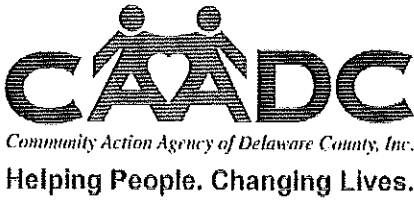
TELEPHONE #: _____

HOUSEHOLD MEMBERS AND GROSS HOUSEHOLD INCOME INFORMATION:

Please list all income from all household members for the past 12 months (Include name and address from all jobs, Social Security, SSI, Welfare, Workman's Compensation, Unemployment Compensation, Child Support, Interest and Rental Income, Retirement/Pensions, and any other source of income.)

Names of ALL Persons in Household		Relation to client	Social Security #	Sex	Age	Date of Birth	Disabled Yes/No	Income Source Name, Phone#, and Amount
LAST	FIRST							
		SELF						

ANY APPLICANT PREGNANT OR EXPECTING? Yes _____ No _____



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

94 Jansen Avenue Essington, PA 19029 Phone: 610-521-9247 Fax: 610-521-8928

**Application
HOUSING INFORMATION**

- 1. Type of Home: Single ____ Double ____ Row ____ Mobile Home ____ Location of Apartment _____
- 2. Does the roof leak? Yes ____ No ____ Minor/Major Problem? _____
- 3. Heating System: Oil ____ Gas ____ Electric ____ Kerosene ____ Coal ____ Wood ____ Age of heating system ____ years
Date of last cleaning _____ Service Contract _____ Fuel Dealer _____
ATTENTION OIL HEATERS: Need at least ¼ tank of oil for the Heater Test on the day of the Inspection.
Does the heater work? Yes ____ No ____ Have you received LIHEAP? Yes ____ No ____
- 4. Has work been done by: Weatherization _____ What year? _____
- 5. Major problems _____
Any unfinished rooms? Yes ____ No ____ Any renovations underway? Yes ____ No ____
- 6. Is this house up for sale? Yes ____ No ____

WARNING

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OF MISREPRESENTATION TO A DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE, THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. I/WE UNDERSTAND THAT ANY DELIBERATELY FALSE STATEMENTS MADE IN THIS APPLICATION WILL MAKE ME/US INELIGIBLE FOR WEATHERIZATION SERVICES.

I/WE GIVE OUR CONSENT TO HAVE THIS INFORMATION INCLUDED (AS APPROPRIATE) IN THE MASTER FILE RECORDS OF DELAWARE COUNTY WEATHERIZATION PROGRAM. ACCESS TO THIS INFORMATION TO ANY OTHER PERSONS MAY BE PROVIDED ONLY BY MY/OUR WRITTEN CONSENT.

I/WE GIVE OUR CONSENT FOR STAFF MEMBERS OF THE WEATHERIZATION PROGRAM AND THEIR SUBCONTRACTORS TO ENTER MY/OUR HOME FOR THE PURPOSES OF ESTIMATING THE AMOUNT AND COST OF MATERIALS NEEDED AND INSTALLING THE NECESSARY MATERIALS. I/WE UNDERSTAND THAT AN INSPECTOR FROM THE WEATHERIZATION PROGRAM WILL ENSURE THAT THE WORK WAS PERFORMED CORRECTLY, ACCURATELY, AND IN A TIMELY MANNER.

ALL PARTIES AGREE TO INDEMNIFY AND HOLD HARMLESS THE DELAWARE COUNTY WEATHERIZATION PROGRAM FROM ANY LIABILITY RESULTING FROM THE WORK PERFORMED UNDER THIS AGREEMENT.

I/WE ARE AWARE THAT THIS IS AN APPLICATION ONLY, AND THAT OUR ELIGIBILITY FOR SERVICES PROVIDED THROUGH THIS PROGRAM HAS NOT YET BEEN DETERMINED.

APPLICANT'S SIGNATURE: _____ DATE _____

APPROVED BY: _____ DATE _____

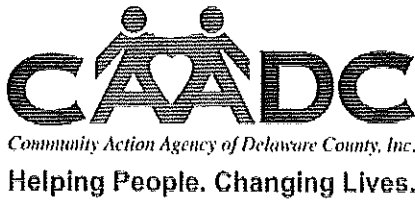
SUPERVISOR APPROVAL: _____ DATE _____

DO NOT WRITE BELOW THIS LINE

ELIGIBILITY:

TANF ELIGIBLE: ____ SSI ELIGIBLE: ____ LIHEAP ELIGIBLE: ____ INCOME ELIGIBLE: ____

TOTAL INCOME: _____ FROM: _____ TO _____



RENTAL AGREEMENT

Tenant _____ Owner _____

Address _____ Address _____

It has come to our attention that your tenant may be eligible to receive the benefit of a Federal Program to help save and conserve energy. The Delaware County Weatherization Program, a government funded organization and the Low-Income Energy Assistance Program will provide improvements to the premises. Caulking, weather stripping, insulation of the attic, venting, replacing panes of glass, hot water heater wrap and pipe wrap are available. A test will also be performed on the home's Gas or Oil heater to make sure it is operating efficiently.

The owner understands there is absolutely no charge for this service now or in the future. The owner further understands that neither the Agency nor its representatives shall be liable for any personal injury or for any damage to personal or real property resulting from their efforts to weatherize this home. An agreement is signed by both the owner and the tenant to insure that the rent shall not be raised for a period of twelve (12) months following the completion of the work because of the installation of energy conservation materials provided by the Weatherization Assistance Program. (Exception: increase in taxes may cause the rent to increase, not to exceed the cost of the tax increase). Also to prohibit the eviction of the client for a period of one year due to improvements, and as long as the client complies with all ongoing obligations and responsibilities owed to the property owner.

Please sign and return this form along with proof of ownership to the property to the above address as soon as possible. If you have any questions, please call us.

OWNER _____ DATE _____

TENANT _____ DATE _____



Community Action Agency of Delaware County, Inc.

Helping People. Changing Lives.

COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

94 Jansen Avenue Essington, PA 19029 Phone: 610-521-9247 Fax: 610-521-8928

RELEASE FOR INCOME VERIFICATION FORM

I, _____ the undersigned, hereby authorize
(Name)

_____ to release without liability
(Employer, Public Assistance, Social Security, etc.)

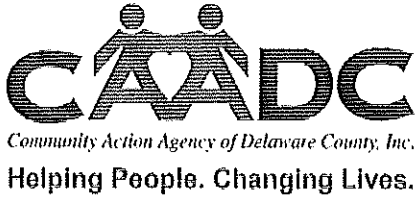
to the **COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION DEPARTMENT** any and all information they may request concerning my gross income, wages, salaries, benefits, pensions, and dividends in connection with my application for weatherization to determine my eligibility for the program.

Please verify on company letterhead all gross income for the past year-to-date period beginning _____ and ending _____.

Signature:

Name Printed:

Date:



COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION

94 Jansen Avenue Essington, PA 19029 Phone: 610-521-9247 Fax: 610-521-8928

AFFIDAVIT OF NO INCOME

To: Community Action Agency of Delaware County, Inc.

From: _____

I, _____, did not have any income from
Your Name

_____ to _____
MONTH/YEAR MONTH/YEAR

Signature
(Must sign in front of Notary)

DO NOT WRITE BELOW THIS LINE

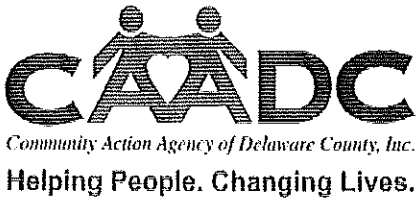
Commonwealth of Pennsylvania

County of _____

Sworn to and subscribed before me this

_____ day of _____ 20____.

Notary Public



RELEASE FOR ENERGY USAGE VERIFICATION FORM

I, _____ the undersigned, hereby authorize

(applicant)

_____ to release without liability

(Utility Supplier, PECO, Oil Company, Propane Company, etc.)

to the **COMMUNITY ACTION AGENCY OF DELAWARE COUNTY, INC. WEATHERIZATION DEPARTMENT** any and all information they may request concerning my **current energy usage** in connection with my application for weatherization to determine estimated heating and home energy usage as stated in the Weatherization Assistance Program Directive 2007-03.

- **Please include your most recent PECO statement. Please include all pages of your statement, including the Usage Profile Graph.**
- **If you use oil heat, please submit a statement from your oil company reporting on the number of gallons of oil you purchased over the previous 12 months.**

PECO Account Number:

Signature:

Name Printed:

Date:
