



## WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

Lincoln Hills Development Corporation (LHDC) operates the Department of Energy Weatherization Assistance Program (WAP). Services are provided through State and Federal funding. There is no cost to the household for services. If a home is leased, the owner must agree to weatherization services and provide his or her portion of the costs prior to beginning any work on the home.

This program is designed to reduce energy consumption and improve health and safety standards for those who live in the home. Households served by the Weatherization Assistance Program must be income eligible and the home must meet program standards to be weatherized. A home energy audit performed by LHDC is not a guarantee that weatherization measures will be implemented on the home. The weatherization program is not intended to be a general home maintenance program.

LHDC will make periodic and final inspections of the work to determine if measures have been done in a manner pursuant to program standards. This work will include the use of air measuring equipment before, during, and after weatherization. This will require all doors and windows to be closed during the test.

When contacted by LHDC or its contractors, please make every effort to keep your appointment. Contact LHDC as soon as possible if you can not keep an appointment. If you or your representative are not at home, you will be placed back on the waiting list.

### PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

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

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

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

Phone: (home) \_\_\_\_\_ (cell/other) \_\_\_\_\_

E-mail: \_\_\_\_\_

Best Time to Visit: \_\_\_\_\_

Have you applied and been approved for the Energy Assistance Program (EAP) within the past 12 months? \_\_\_\_\_ If YES, please skip to PAGE 3.

\_\_\_\_\_ If NO, please complete the household information on NEXT PAGE.

If you have NOT applied and been approved for the Energy Assistance Program within the past 12 months, please complete the following information:

ENTER CODES IN APPLICANT INFORMATION COLUMNS BELOW														
Ethnicity Codes (Enter below)		Race Codes (Enter below)		Education Level ONLY for those 14 & older (Enter below)										
A. Hispanic, Latino or Spanish Origins		A. American Indian/Alaska Native		A. 0-8 <sup>th</sup> Grade		E. 2 or 4 Year College Graduate								
B. Not Hispanic, Latino or Spanish Origins		B. Asian		B. 9 <sup>th</sup> -12 <sup>th</sup> Grade/Non-Graduate		F. Graduate of other Post-Secondary School								
C. Unknown/Not reported		C. Black/African American		G. Multi-race (2 or more of others)		G. Unknown/not reported								
		D. Native Hawaiian/Other Pacific Islander		H. Unknown/not reported										
APPLICANT INFORMATION														
Household Members First and Last Name (PLEASE COMPLETE ALL INFORMATION FOR EVERY HOUSEHOLD MEMBER) (use back of form if more than 8)	Male Female Other Unknown/ not reported	Date of Birth (xx/xx/xxxx)	Age	✓ if aged 14-24 and Neither working or in school	Relationship to you (son, daughter, spouse, friend, etc.)	Social Security Number (Last 4 #'s only)	Ethnicity Code (see codes above)	Race Code (see codes above)	Disabled (Yes, No or Unknown)	Education Level: (see codes above) 14-24 25+	Health Insurance Yes*, No or Unknown	Military Status: Veteran, Active Military, Unknown	Annual Income	
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
Total Annual Household Income:														
CURRENT HOUSING TYPE										Other - Describe:				Unknown/not reported
HOUSEHOLD TYPE														
HEALTH INSURANCE SOURCES (if individual has health insurance, indicate source)														
* Single Person										<input type="checkbox"/> Homeless <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Single Parent Female <input type="checkbox"/> 2 Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational <input type="checkbox"/> Other <input type="checkbox"/> Unknown/not reported				
Medicaid										<input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown/not reported				
Full-time										<input type="checkbox"/> Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> ST Unemployed: < 6 months <input type="checkbox"/> LT Unemployed: > 6 months <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported				
HOUSEHOLD INCOME (Please check ALL that apply and indicate below sources of other income and non-cash benefits)														
<input type="checkbox"/> Employment Only <input type="checkbox"/> Employment & Other Income Source <input type="checkbox"/> Employment & Other Income Source & Non-Cash Benefits <input type="checkbox"/> Employment & Non-Cash Benefits Only <input type="checkbox"/> Non-Cash Benefits Only <input type="checkbox"/> Unknown/not reported														
OTHER INCOME SOURCES														
<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSI <input type="checkbox"/> VA Service-Connected Disability Compensation <input type="checkbox"/> VA Non-Service Connected Disability Pension <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony or other Spousal Support <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> EITC <input type="checkbox"/> Other <input type="checkbox"/> Unknown/not reported														
SNAP										<input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-YASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other <input type="checkbox"/> Unknown/not reported				

Is anyone in your household related to an LHDC employee or board member? Yes \_\_\_ No \_\_\_  
 Please provide the following documentation:  
 \*Social Security Cards for All Members of Your Household  
 \*Proof of Income for the Past Three (3) Months  
 \*Proof of Homeownership (for homeowners) or Signed Landlord Agreement (for renter)

LHDC is requesting the above information for statistical purposes only. LHDC provides services to clients regardless of race, sex, color, religion, age, ancestry, national origin, veteran status, sexual orientation, genetics, or disability. I understand this and agree to share my information for LHDC's statistical and data entry purposes.

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

**PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR HOME:**

1. Type of Home:  Single Site Built  Mobile Home  Multi-Family

2. Approximately what year was your home built: \_\_\_\_\_

3. Are ALL utilities connected and working?  Yes  No

4. Do you have a Fuse or Breaker Box?  Fuses  Breaker Box

5. What is your primary heat source:

Natural Gas Furnace  LP Gas Furnace  Electric Furnace

Electric Baseboards  Wood Stove  Oil Furnace

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

Does your primary heat source work?  Yes  No

6. What type of water heater does your home have?

Natural Gas  LP Gas  Electric

Does your water heater work?  Yes  No

7. Are you remodeling/renovating any part of you home?  Yes  No

If yes, explain: \_\_\_\_\_

8. Are their any large holes in the floor, ceiling, and/or walls?  Yes  No

If yes, explain: \_\_\_\_\_

9. Does your roof leak?  Yes— Minor Leaks  Yes—Major Leaks  No

Does your home have gutters and/or downspouts?  Yes  No

10. Does water come into your home's basement or crawlspace?

Yes  No

11. Is there any mold or mildew inside or outside the home?  Yes  No

**PLEASE REVIEW THE FOLLOWING INFORMATION AND INITIAL/SIGN AS INTICATED:**

Previous Weatherization Services: I hereby certify that, to the best of my knowledge, my home has not previously had work preformed on it though the Weatherization Assistance Program at any time after September 30, 1994 for Department of Energy funding. If weatherization staff determine, through a visual inspection of my home, that the home has received previous weatherization services I understand that I may not be eligible to receive additional services.

Initial: \_\_\_\_\_

Unvented Heating Appliance Policy: If unvented heating appliances are being used in your home, you should be aware of the hazards involved in their usage. The fact that unvented byproducts of combustion are staying in your home should be of concern. In addition to the unknown health effects from long-term exposure, these unvented gases could contain carbon monoxide. Carbon Monoxide cannot be seen, smelled, or tested and exposure to it can be fatal. Before being weatherized, you home may have enough air leaking in through cracks and crevices to dilute these gases from unvented appliances to the point that they have not been a problem. However, once your home has been weatherized, and air leaks have been sealed, the undiluted flue gases may now become hazardous. In addition, flue gases contain quite a bit of water, which will become a problem after your home is weatherized. You may find that moistures condenses and runs down walls and windows. Doors and windows may not close properly because the moisture causes the wood to expand.

Because of these two issues, it is the policy of LHDC to NOT weatherize any home with an unvented heating appliance inside the home. All unvented heating appliance MUST be removed form the home prior to any weatherization work being completed. I certify that I will NOT return any unvented heating appliance to my home after it has been weatherized.

Initial: \_\_\_\_\_

Consent for Weatherization Work: I certify under the penalties for perjury and fraud that the information provided in this application is correct ant true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify theses statements. I am a resident of Indiana and an applicant for the Weatherization Assistance Program. I acknowledge any services and/or materials added to my dwelling will be a gift without consideration or payment by me. If I am a renter, I acknowledge my landlord will have some financial involvement in the program. I give permission to the State of Indiana and LHDC to obtain information from my energy supplier, including information about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana , LHDC, its contractors, or any other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible to receive Weatherization services and may be required to repay any assistance and/or benefits that I have received based on any such misrepresentation or omission.

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**Applicant Signature**

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**Date**

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**Applicant Printed Name**