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 cannot 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:

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
<th>Unknown/</th>
<th>Age</th>
<th>Relationship</th>
<th>Social Security</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Disabled</th>
<th>Health Insurance</th>
<th>Military Status</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>to you (son, daughter, spouse, friend, etc.)</td>
<td>Number (Last 4 digits only)</td>
<td>Code</td>
<td>Code</td>
<td>(Yes, No)</td>
<td>Yes, No</td>
<td>Veteran, Active Military, Unknown</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Code</td>
<td>Code</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Code</td>
<td>Code</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Household Income:

Current Housing Type:
- [ ] Own
- [ ] Rent
- [ ] Other Permanent Housing
- [ ] Homeless
- [ ] Other – Describe:
- [ ] Unknown/Not reported

Household Type:
- [ ] Single Person
- [ ] 2 Adults No Children
- [ ] Single Parent Female
- [ ] Single Parent Male
- [ ] 2 Parent Household
- [ ] Non-related Adults with Children
- [ ] Multigenerational
- [ ] Other
- [ ] Unknown/Not reported

Health Insurance Sources (if individual has health insurance, indicate source):
- [ ] Medicaid
- [ ] Medicare
- [ ] State Children’s Health Insurance Program
- [ ] State Insurance for Adults
- [ ] Military Health Care
- [ ] Direct Purchase
- [ ] Employment Based
- [ ] Unknown/Not reported

Work Status (Individuals aged 18 and above):
- [ ] Full-time
- [ ] Part-time
- [ ] Migrant Seasonal Farm Worker
- [ ] ST Unemployed ≤ 6 months
- [ ] LT Unemployed > 6 months
- [ ] Unemployed (not in labor force)
- [ ] Retired
- [ ] Unknown/Not reported

Household Income: (Please check all that apply and indicate below sources of other income and non-cash benefits)
- [ ] Employment Only
- [ ] Employment & Other Income Source
- [ ] Employment & Other Income Source & Non-Cash Benefits
- [ ] Employment & Non-Cash Benefits
- [ ] Other Income Source Only
- [ ] Other Income Source & Non-Cash Benefits
- [ ] No Income
- [ ] Non-Cash Benefits Only
- [ ] Unknown/Not reported

Other Income Sources:
- [ ] TANF
- [ ] SSI
- [ ] SSDI
- [ ] VA Service Connected Disability Compensation
- [ ] VA Non Service Connected Disability Pension
- [ ] Other Disability Insurance
- [ ] Worker’s Compensation
- [ ] Retirement Income from Social Security
- [ ] Pension
- [ ] Child Support
- [ ] Alimony or other Spousal Support
- [ ] Unemployment Insurance
- [ ] EITC
- [ ] Other
- [ ] Unknown/Not reported

Non-Cash Benefits:
- [ ] SNAP
- [ ] WIC
- [ ] LIHEAP
- [ ] Housing Choice Voucher
- [ ] Public Housing
- [ ] Permanent Supportive Housing
- [ ] HUD-YASH
- [ ] Other

Childcare Voucher

Affordable Care Act Subsidy

Is anyone in your household related to an LHDC employee or board member? [ ] Yes [ ] No

Is anyone in your household a current LHDC employee or board member? [ ] Yes [ ] No

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 your home? ______ Yes ______ No
   If yes, explain: ______________________________________________________________

8. Are there 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 INDI CATED:

Previous Weatherization Services: I hereby certify that, to the best of my knowledge, my home has not previously had work performed 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 tasted 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 from 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 and 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 these 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.

______________________________________________  ________________________
Applicant Signature                             Date

______________________________________________
Applicant Printed Name