



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.

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 and, if so, when? _____

**LINCOLN HILLS DEVELOPMENT CORPORATION
WEATHERIZATION ASSISTANCE PROGRAM
APPEAL AND EQUAL OPPORTUNITY RIGHTS**

You have the right to have your weatherization program application considered without regard to race, color, religious creed, national origin, political beliefs, sex, or marital status. You have the right to appeal any decision made regarding the raising of rents due solely to the weatherization assistance. You also have the right to appeal any decision regarding your application by requesting, within five days of the questioned decision, that the decision be reviewed by the Chief Operating Officer of Lincoln Hills Development Corporation (LHDC). Appeals must be in writing and addressed to LHDC as follows:

Chief Operating Officer
Lincoln Hills Development Corporation
302 Main Street – P.O. Box 336
Tell City, IN 47586

The Chief Operating Officer will review the appeal with the LHDC Executive Director who will consider any evidence presented at the time of application and/or at the time of appeal and inform you of their decision within five working days. After rendering the decision, the Chief Operating Officer will attach a statement of the decision along with any supporting documentation presented by you to the application form and forward it to Indiana Housing and Community Development Authority (IHCDA). If you desire to appeal the decision further, you may do so by writing to IHCDA within 30 days, attaching any further documentary evidence you wish to provide to your letter requesting an appeal. All such appeals will be considered within 48 hours of the receipt of all pertinent documentation, and you will be informed by letter of the outcome within five days. Please address all appeals to IHCDA as follows:

Indiana Housing and Community Development Authority
DOE Weatherization Appeal
30 South Meridian Street, Suite 1000
Indianapolis, IN 46204

RIGHTS TO APPEAL

All applicants have the right to appeal a decision made regarding eligibility for the Weatherization Program and other determinations relative to any phase of the Weatherization process.

EQUAL OPPORTUNITY

LHDC provides services to clients regardless of race, sex, color, religion, age, ancestry, national origin, veteran status, sexual orientation, genetics, or disability. LHDC is Equal Opportunity Employer.

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 INDICATED:

Previous Weatherization Services: I hereby certify that, to the best of my knowledge, my home has not previously had work performed on it through the Weatherization Assistance Program at any time in the last fifteen (15) years 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, your 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 moisture 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 appliances 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. 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



Indiana Housing & Community Development Authority

Indiana Weatherization Home Health Screening Questionnaire

Release of Liability and Waiver of Claims

Client Name: _____ Job ID: _____

NOTICE: In performing Weatherization services, all products used must be approved by the U.S. Department of Energy. It is recognized that some products may have an odor that some people may find objectionable and that there is potential for negative health consequences in some people. Additionally, Weatherization services often stir up pre-existing dust and other contaminants in the home. If a person residing in the home believes they may be sensitive to, or otherwise object to the use of the materials listed below or to other common construction materials, or to the disturbance of pre-existing dust or other contaminants in the home, then it is required that the primary applicant disclose this information to the Weatherization contact prior to work beginning within the home.

FOR AND IN CONSIDERATION of the State of Indiana, the Indiana Housing and Community Development Authority (IHCDA), and _____, hereafter referred to as Weatherization Administrator, its agents and employees assisting in the provision of weatherization services to our dwelling, I/WE DO HEREBY RELEASE the State of Indiana, the Indiana Housing and Community Development Authority, and the Weatherization Administrator its agents or employees, and contractors from any liability that may results from the use of products or from the dust produced during Weatherization measures.

Please indicate the products that may NOT be used in your home. Please be aware there may be some products for which there are no reasonable or acceptable substitutions. Circling some of the items on the list may mean that we are unable to perform some energy savings measures; some health and safety measures; and that your home may have to be deferred for work. If there are any questions about the products, please request additional information about how and where the product will be utilized. You may request the Safety Data Sheets or additional information from Weatherization service staff. If you are unsure, please consult your physician for guidance. Weatherization staff are not trained in health issues and cannot answer health related questions or provide advice.

Please circle any products listed below that are **NOT** to be used in your home:

- latex acrylic or silicone caulk sealant
- adhesive tape products
- spray-on adhesives
- ductwork sealants
- wall spackle patch or dry wall mud
- gas pipe sealant, pvc primer, or glues
- interior paint or primer products
- exterior paint or primer products
- vinyl or plastic products or sheeting
- rigid foam insulation
- fiberglass insulation
- cellulose insulation
- spray foam products
- LED light bulbs
- any products with volatile organic and non-organic compounds (VOC or VC)

Please list any other products Weatherization Services may not utilize in, on, or near your home

I, _____, **have NO objections** to proceeding with any and all Weatherization measures. I hereby agree to hold harmless and release IHEDA and the Weatherization Administrator, its agencies, and contractors from any liability resulting from the Weatherization services.

I, _____, **have objections** to proceeding with any and all Weatherization measures. I hereby agree to hold harmless and release IHEDA and the Weatherization Administrator, its agencies, and contractors from any liability resulting from the Weatherization services.

My signature below denotes that I fully understand the above waiver and its release of liability. I have chosen to go forward with the weatherization process.

Client Signature: _____ Date: _____

Client Name: _____ Phone: _____

Address: _____

City, Zip: _____

Agency Representative: _____ Date: _____

Lincoln Hills Development Corporation (LHDC)

Customer Services Survey

12/2024

THANK YOU FOR TAKING TIME TO ANSWER THIS SURVEY. *Your responses will remain confidential.*

Program (check all that apply): Energy Assistance Head Start Birth – 5 Health Insurance Navigation
 Housing Housing Choice Voucher Housing Counseling IDA Resource Coordination
 RSVP Senior Farmer's Market Weatherization Other: _____

1. What County, in Indiana, do you receive LHDC services? _____
2. How did you learn of the service you received from LHDC? (check all that apply)
 Family/Friend Website Facebook Instagram LinkedIn Printed Fliers/Brochures Newspaper
 Referral from an Agency: _____ other: _____
3. How would you rate the quality of services you received? Excellent Very Good Good Fair Poor
If less than Good, please explain: _____
4. How would you rate the ease of access to our services? Very Easy Easy Difficult Very Difficult
Please explain: _____
5. How long did it take to receive our services after the initial contact with LHDC?
 Less than one week One to two weeks Two to three weeks More than three weeks
6. What did LHDC do well while providing services to you? _____
7. What could LHDC have done better, if anything? _____
8. Are there other services that you need that LHDC currently does not provide? _____
9. Based on your experiences, how likely would you be to refer a friend to LHDC for services?
Definitely Would 10 9 8 7 6 5 4 3 2 1 Definitely Would Not
10. Have the services you received helped you to deal more effectively with your needs? Yes No
11. How beneficial do you think LHDC has been to you, other individuals, families, and the community?
Very Beneficial 10 9 8 7 6 5 4 3 2 1 Not Beneficial
12. If you were to seek help again, would you come back to our agency? (check one)
 Yes, Definitely Probably Undecided Probably Not Definitely Not
13. Is there someone on our staff who was especially helpful to you? If yes, staff name: _____
14. Does the lack of reliable transportation make it difficult for you to seek services, attend school, or get to and from a job? No Yes (enter contact info below)
15. Do you have a consistent and reliable source of monthly income? Yes No (enter contact info below)
16. Are you interested in exploring employment or educational opportunities? No Yes (enter contact info below)
17. Do you or your family have medical bills that make it hard to pay living expenses? No Yes (enter contact info below)

If you would like someone from LHDC to follow up with you on any of your answers, enter your contact information below.

Name

Email Address

Phone Number

Options for returning completed survey:

➤ Scan to Complete Online

➤ Scan & Email: info@LHDC.org

➤ Mail to LHDC (see other side)

➤ Crawford County Drop-Off Location

LHDC – Joan Ritchie Center
508 West 5th Street
English, IN 47118

➤ Perry County Drop-Off Location

LHDC - Larry K. Kleeman Center
302 Main Street
Tell City, IN 47586

➤ Spencer County Drop-Off Location

LHDC – Terry Davis Center
501 Washington Street
Rockport, IN 47635



https://www.surveymonkey.com/r/LHDC_2024-2025

Linnain Hills Development Corporation (LHDC)

Customer Service Survey

THANK YOU FOR TAKING TIME TO ANSWER THIS SURVEY. YOUR FEEDBACK WILL BE USED TO IMPROVE OUR SERVICES.

PLEASE CHECK ONE BOX FOR EACH SERVICE YOU RECEIVED FROM LHDC. (If you received multiple services, please check all that apply.)

P&WP Senior Farmers Market Weatherization Other

Housing Housing Choice Voucher Housing Counseling HR Resource Development

Energy Assistance Health Screen Health Insurance Navigation

1. What County, if different, do you receive LHDC services?

2. How did you get the service you received from LHDC? (Check all that apply.)

Referral from a provider Facebook Instagram LinkedIn Facebook Website Other

3. How would you rate the quality of services you received? (Check all that apply.)

Excellent Very Good Good Fair Poor

If not your best, please explain:

4. How would you rate the ease of access to our services? (Check all that apply.)

Very Easy Easy Fair Difficult Very Difficult

5. How long did it take to receive our services after the initial contact with LHDC?

Less than one week One to two weeks Two to three weeks More than three weeks

6. Did LHDC do what you were expecting to you?

7. Would LHDC have done better, if possible?

8. Are there other services that you feel LHDC currently does not provide?

9. Based on your experience, how likely would you be to refer a friend to LHDC for services?

10. Overall, would you recommend LHDC to others? (Check all that apply.)

Yes No Maybe

11. How beneficial do you think LHDC has been to you? (Check all that apply.)

Very Beneficial Beneficial Somewhat Beneficial Not Beneficial

12. If you were to seek help again, would you contact LHDC? (Check all that apply.)

Yes No Maybe

13. If there someone on our staff who was especially helpful to you, please provide their name.

14. Does the lack of website translation make it difficult for you to seek services, attend school, or get to work from home? (Check all that apply.)

Yes No Maybe

15. Do you have a consistent and reliable source of monthly income? (Check all that apply.)

Yes No Maybe

16. Are you interested in exploring employment or volunteer opportunities? (Check all that apply.)

Yes No Maybe

17. Do you or your family have medical bills that make it hard to pay living expenses? (Check all that apply.)

Yes No Maybe

18. If you would like to contact LHDC to discuss any of your questions, please provide your contact information below.

Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

LHDC Survey
P.O. Box 336
Tell City, IN 47586-0336

Place
Stamp
Here



Lincoln Hills Development Corporation SERVICE REFERRAL FORM



Phone: 1-800-467-1435 • Website: www.lhdc.org

LHDC offers a variety of programs in the communities we serve including housing, education, health insurance navigation, and more...to help you, your family, your friends, and your neighbors.

Please check the service(s) you would like to receive additional information about:

- Weatherization Assistance Program:** LHDC administers the Weatherization Program in Crawford, Perry, and Spencer counties. Basic services include weather-stripping, insulation, caulking, and other means to improve energy efficiency.
- Rental Assistance:** LHDC administers the HUD Housing Choice Voucher (Section 8) rental assistance program in Crawford, Gibson, Perry, Spencer, Vanderburgh, and Warrick counties. The HCV program offers rental subsidies to eligible renters.
- Retired Senior Volunteer Program (RSVP):** This program provides a variety of volunteer opportunities for residents of Crawford, Perry, and Spencer counties age 55 and over. Volunteers are placed at volunteer stations depending upon the interests and needs of the volunteer.
- Head Start Birth-5:** Head Start and Early Head Start provide comprehensive child development services for children from birth to 5 years of age and pregnant women in Crawford, Harrison, Perry, and Spencer counties.
- Housing & Housing Management:** LHDC owns and manages affordable housing in Crawford, Dubois, Harrison, Perry, Spencer, and Warrick counties.
- Housing Counseling:** As a HUD certified Housing Counseling Agency, LHDC provides assistance to eligible households in locating and qualifying for assisted rental units, assisting first-time homebuyers, helping prevent foreclosures and eviction, promoting fair housing rights and fair housing choice, and serves as an advocate for borrowers.
- Health Insurance Navigation:** Partnering with Covering Kids and Families Indiana (CKF), LHDC provides health insurance outreach and enrollment services in Crawford, Harrison, Lawrence, Orange, Perry, Spencer, and Warrick counties.
- Senior Farmers Market Program (SFMNP):** SFMNP provides vouchers to eligible elderly and disabled households in Crawford and Perry counties to purchase fresh, locally grown food at Farmers' Markets.
- Employment Resource Coordination:** LHDC can provide assistance with obtaining employment, including assistance with job search coaching, resume development, interviewing skills, job referrals, employment supplies and support, and workshops.
- Resource Coordination:** Resource Coordinators will work with individuals that can benefit from assistance with housing, income and employment, access to healthcare, support systems, education, linkage to transportation, food, assistance with completing SNAP food assistance applications, and moving from crisis stabilization to success planning.
- Individual Development Account (IDA):** IDA is a three-year, matched savings account program. For each dollar saved, up to \$500 per year, the state of Indiana will match it three-to-one. Funds can be used for an approved asset purchase, such as a vehicle or home purchase, post-secondary or job training, or to start/expand a small business.
- Energy Assistance Program:** EAP provides a one-time benefit to assist eligible households in Crawford, Harrison, Perry, and Spencer counties with the high cost of heating their homes during the winter. EAP is available to both renters and homeowners.

Your signature is consent for LHDC to contact you with additional information about the programs you have checked.

Signature: _____ Printed Name: _____

Address: _____

Phone Number: _____ E-mail: _____

LHDC Mission - Reducing poverty to improve lives and communities in southern Indiana.

LHDC Vision - We believe in economic and social justice for all people across southern Indiana... *now and always.*

EQUAL OPPORTUNITY: LHDC provides services to all regardless of age, sex, race, color, religion, disability, veteran status, genetics, national origin, ancestry, sexual orientation, gender identity, pregnancy, or familial status. The agency is an Equal Opportunity Employer.

Internal Routing Process for Follow-up: Supervisor > Program Director > Director of Services for Families and Individuals

