Mountain Community Action Weatherization Program
Application for Services

What is weatherization?

Weatherization reduces energy costs for families by improving the efficiency of their homes, while also assessing and eliminating related health and safety issues.

Mountain Community Action’s Weatherization program is designed to lower monthly fuel costs by making a home more fuel efficient, and to make homes safer and more comfortable at no cost to the client.

Energy improvements are based on a site-specific energy audit as approved by the Department of Housing and Mountain Community Action Program may include:

- Monitoring and remedy of unsafe conditions (carbon monoxide emissions, back draft conditions, fire hazards, and bad wiring)
- Diagnostic tests to evaluate areas of heat loss
- Inspection, replacement, or repair and installation as needed of attic and wall insulation, caulking around windows, weather-stripping of doors, and other measures to prevent heat loss
- Indoor air quality checks
- Inspection of heating equipment for safe and efficient operation and insulation of hot water heaters and pipe to prevent frozen pipe ruptures

How does it work?

Weatherization measures are delivered to single-family and mobile homes. Our Weatherization technicians use energy audits to determine which energy efficiency measures are most appropriate and cost-effective for each home.

How much does it cost?

Nothing. Weatherization is a FREE service for qualified applicants.

When can it be done?

Weatherization services can be performed any time of the year. Don’t wait until the weather cools down to have your heating checked. Effective air sealing and insulation may also dramatically reduce your home’s heat build-up on those hot summer days, so contact Mountain CAP today to improve your family’s comfort!

Housing Director- Tommy Boardwine

Email- tboardwine@mountaincap.org

Phone- (office) (276) 783-7337 ext: 229

Organizational Development/Housing Specialist- Brook Vernon

Email- bvernon@mountaincap.org

Phone- (office) (276) 783-7337 ext: 227
****Use the following checklist to complete the application.****

Thank you for your interest in the Virginia Weatherization Assistance Program. This program is designed to help lower fuel bills while conserving energy. **It is not an emergency heating or cooling equipment repair or replacement program.** You may contact your local Department of Social Services regarding the Crisis Heating Equipment Repair and Replacement Program and the Cooling Equipment Repair and Replacement Program.

**Please fully complete the application. Incomplete applications will delay the approval process!**

_____ Please provide documentation from the Department of Social Services if you have received any of the following benefits within the last 6 months.

- COOLING Assistance – CRISIS Assistance – FUEL Assistance

_____ You must provide documentation of all household income. Types of acceptable income documentation in the case of employment include copies of pay stubs or a letter from employers. If income is received from sources such as Social Security, TANF, or Retirement Pensions, acceptable documentation includes a copy of a benefit check or a letter from the benefit source describing the benefit amount. If you receive direct deposit of these, a copy of a recent bank statement or a letter from the bank stating what is deposited, is acceptable. If a household member has not had any source of income for the previous 12 months or if any of the income is inconsistent, a notarized statement must be provided to that effect. **If a notarized statement is needed, you must contact the office to determine what is required.**

_____ You must provide documentation for proof of ownership. The person whose name is on the land record documents is considered to be the owner. Documentation of ownership may include a copy of the DMV title or personal property tax bill in the case of a mobile home, or a copy of a recent real estate tax bill or Deed of Trust in the case of a non-mobile home.

_____ You must sign the application on Pages 5 and 6. If you are a renter, the property owner **MUST** sign the Owner/Tenant agreement and one of the options listed in the “Renter Application Only” section at the bottom of Page 6.

_____ Please provide a copy of your electric bill and your fuel bill. Please provide the portion of the bill that shows energy usage. **DO NOT SEND RECEIPTS OF PAYMENTS.**

Applications for our program will be added to the waiting list **once the application is completed and approved.** **PLEASE KEEP IN MIND WE HAVE A YEAR-ROUND WAITING LIST.** If your application is incomplete, you will be notified in writing and given a deadline to complete the application. Please use the checklist. All of the information is needed for a complete application.
**Mountain Community Action Weatherization Program**  
**Application for Services**

Applicant Name: ___________________________ Phone: (276) ________ - ________

Total number of people living in home: ________ Female head of household: Yes ________ No ________

Alternate phone: (____) ________ - ________ Contact Name for this number: ____________________________

Email: ____________________________

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<tr>
<th>Household Member Full Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Type of Healthcare</th>
<th>Relation to Applicant*</th>
<th>Disabled (Yes or No)</th>
<th>Highest Level of Education</th>
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*Spouse – Child – Foster Child – Grandchild – Parent – Grandparent – Other Relation – Not Related

Actual Address: ____________________________

Street: ____________________________  Town/City: ____________________________  County: ____________________________  Zip: ____________________________

Mailing Address: ____________________________

Street: ____________________________  Town/City: ____________________________  County: ____________________________  Zip: ____________________________

How long have you been living at this address? ____________________________

Have you ever received prior weatherization assistance at this address? Yes ________ No ________ If yes, when? ____________________________

**What type of building is your home?**

Mobile (trailer) _____  Doublewide _____  Site (stick) Built _____  Townhouse _____  Duplex _____

Condo (w/condo fees) ________

What year was your home built? ____________________________

Do you: Rent _____  Own _____  Rent to Own _____ your home? If you have a mobile home, do you lease the land? Yes _____ No _____

If you rent your home, please fill out information below about your landlord:

Landlord Name: ____________________________  Phone: (____) ________ - ________

Landlord Address: ____________________________  Town/City/County: ____________________________  Zip: ____________________________
Heating / Cooling Equipment and Utilities:

What is your primary type of heating equipment?
Baseboard _____ Furnace _____ Heat Pump _____ Boiler _____ Wood/Pellet Stove _____
Vented Space Heater _____ Unvented Space Heater _____ Other (Explain) __________________________
Do you have additional types of heating equipment? Yes _____ No _____ If yes, what type (see above): ______________________

What is your primary type of cooling equipment?
Window units _____ If so, how many _____ Heat pump _____ Central Air Conditioning _____

What type of fuel do you use for:
Primary Heating: Electric _____ Gas _____ Oil _____ Propane _____ Kerosene _____ Wood/Pellet _____ Other _____
Additional Heating: Electric _____ Gas _____ Oil _____ Propane _____ Kerosene _____ Wood/Pellet _____ Other _____
Cooling: Electric _____ Other (Explain) __________________________
Hot Water Heater: Electric _____ Gas _____

Total Amount of Income: Income must be provided at a minimum for the most recent month, or for the previous 12 months. Please see instruction page for more detailed explanation.

**Any member of the household 18 years of age or older must be listed below. If a household member listed below has not had any source of income for the previous 12 months or if any of the income is inconsistent, a notarized statement must be provided to that effect.**

<table>
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<tr>
<th>Name</th>
<th>Source of Income (employer, Social Security)</th>
<th>Amount/Frequency</th>
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Total Family Income
AMI:
Interviewer Certification (Housing Director)
Interviewer’s signature below certifies observation of documentation as in this application and certification that the information provided herein is true, accurate and complete to the best of the interviewer’s knowledge.

Signature: _____________________________ Agency: _____________________________ Date: ____________

Applicant Certification
Applicant’s signature below authorizes release of any information in support of this application to or from other organizations from which the applicant has or may request assistance. The applicant certifies that the information is true, accurate and complete to the best of the applicant’s knowledge and understands that false information may result in breaking the law and could result in prosecution.

Signature: _____________________________ Date: ____________

The following information is requested for Mountain Community Action’s reporting purposes and will not be used to determine eligibility. You are not required to provide this information but are encouraged to do so.

I do not wish to provide this information. ________
(Initials)

Active Military: Yes ____ No ____ Veteran: Yes ____ No ____

Race (If more than one race, please check each one that applies):

American Indian ____ Asian ____ African American ____ Native Hawaiian/Pacific Islander ____ White ____ Hispanic ____

How did you hear about us? ____________________________________________

________________________________________________________________________

Office Use Only (Housing Director)

Based on the information and documentation received, the applicant is ELIGIBLE ________.
Based on the information and documentation received, the applicant is NOT ELIGIBLE ________.

Signature: _____________________________________________ Date: _____________________________
Agreement by Owner and/or Tenant

The undersigned as Owner/Landlord hereby certifies that he/she is the owner of the property located at:

(Street address, PO Box, locality)

and does hereby authorize the Virginia Department of Housing and Community Development (DHCD) and Mountain Community Action (Local Administrator) to make repairs and improvements as necessary to the said property for the purpose of weatherization.

Owner/landlord and tenant hereby releases and agrees to indemnify and hold harmless DHCD and Local Administrator, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

Owner/landlord and tenant authorizes DHCD and Local Administrator, if either so desires, to receive statements from the fuel supplier of the property as to the quantity of the fuel that has been used at the property in each of the past three (3) years and for the three (3) years subsequent to the performance of the weatherization work. The information would be used to determine the cost effectiveness of the weatherization program.

Owner/landlord and tenant agrees to provide DHCD and Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner/landlord and tenant certifies that he/she intends to occupy the property for at least one (1) year after the date of weatherization work is completed.

Owner/Landlord Signature: ___________________________ Date: ______________

Tenant Signature: ___________________________ Date: ______________

Renter Applications Only

OWNER/LANDLORD MUST CHECK AND SIGN ONE OF THE TWO OPTIONS BELOW.

☐ The owner/landlord hereby AGREES to pay $1,089.15 towards the expense of the work. Owner/landlord shall not raise the rent for the period of TWO YEARS or terminate the lease without reason demonstrably related to matters other than the weatherization assistance provided on behalf of the tenant.

Owner/landlord Signature: ___________________________ Date: ______________

☐ The owner/landlord hereby agrees to have weatherization work done, but DOES NOT AGREE to pay $1,089.15 towards the expense of the work. Owner/landlord shall not raise the rent for the period of TWO YEARS or terminate the lease without reason demonstrably related to matters other than the weatherization assistance provided on behalf of the tenant.

Owner/landlord Signature: ___________________________ Date: ______________
Mountain Community Action’s Weatherization Assistance Program Selection Procedures for Prioritizing Services

Mountain Community Action, unless prohibited by its funding sources, considers the following situations as priority:

- Energy related crisis
- Disabled individual in the household
- A child 17 years of age or younger in the household
- A person 60 years of age or older in the household
- Length of time an approved application is on the waiting list.

This policy is in accordance with the current guidance from the Department of Housing and Community Development. Prioritization procedures will follow the policy that is in effect at the time of an application’s approval.

Please provide directions to your house:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Sketch a Map:
Mountain Community Action Program

Unvented Space Heater Policy

Mountain Community Action Program will not permit any weatherization work where the completed dwelling unit is heated with an unvented gas- and/or liquid-fueled space heater as the primary heat source. This policy applies to unvented natural gas-fired space heaters, unvented propane-fired space heaters, and unvented kerosene space heaters. Mountain Community Action Program strongly encourages removal of all unvented gas and liquid-fueled space heaters and replacement with vented, code-compliant heating systems as a prerequisite to weatherization. However, Mountain Community Action Program will allow unvented gas or liquid-fueled space heaters to remain, as secondary heat sources, in single-family houses provided they are code-compliant. Mountain Community Action Program allows this flexibility to provide clients with an emergency back-up source of heat in the event of an electrical power outage.

Unvented space heaters produce and expel byproducts of combustion into the home. Carbon Monoxide (CO) gas is poisonous and can cause a host of health conditions, including, but not limited to, death. Unvented space heaters also produce elevated levels of moisture in the home, which could expedite mold and mildew growth, especially after the home has been weatherized.

Mountain Community Action Program shall not be held responsible for any damages to the home or potential health risks associated with these devices. By signing this policy, the homeowner understands the risks of continuing to use these devices post-weatherization.

I have read and understand the Space Heater Policy.

Client Name (Printed): ______________________________

Client Signature: _______________________________ Date: _________

Agency Representative Signature: ______________________ Date: _________
Appalachian Power Low Income Program Application

Customer Release of All Claims and Authorization to Use Data

In consideration of the receipt and installation of weatherization materials and appliances, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit and forever discharge Appalachian Power Company, their affiliated companies, officers, agents, employees, successors and assigns of each of them, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against Appalachian Power Company, their affiliated companies and each of their officers, agents, employees, successors and assigns, on account of, or in any way arising out of the weatherization materials or appliances provided as well as the installation and use thereof.

I authorize (Agency Name) ____________________________ to release to its designees information about my account and about weatherization materials or appliances installed on the property at the address below.

________________________ __________________________
Print Name: ___________________________ Customer Signature: ___________________________

________________________
Telephone Number(s): ___________________________

________________________
Full Address: ___________________________

________________________
City, State, Zip: ___________________________

________________________
Customer Account Number: ___________________________ Date: ___________________________

***If applicant home is being rented, property owner must complete the information below.

Property Owner Release of All Claims and Authorization to Use Data

In consideration of the receipt and installation of weatherization materials and appliances, I, the Property Owner at the address below do hereby release, acquit and forever discharge Appalachian Power Company, their affiliated companies, officers, agents, employees, successors and assigns of each of them, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against Appalachian Power Company, their affiliated companies and each of their officers, agents, employees, successors and assigns, on account of, or in any way arising out of the weatherization materials or appliances provided as well as the installation and use thereof.

________________________
Owner Name: ___________________________ Owner Signature: ___________________________

________________________
Owner Telephone Number(s): ___________________________

________________________
Owner Address: ___________________________

________________________
City, State, Zip: ___________________________