

**THIS PAGE IS FOR YOU TO KEEP  
READ THOROUGHLY**

**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 anytime of the year. Don't wait until the weather cools down to have your heating checked. Elective 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!

Weatherization Coordinator

Stacy Cressel

[scressel@mountaincap.org](mailto:scressel@mountaincap.org)

276-783-7337 option 3

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### WHAT TO EXPECT THROUGHOUT THE WEATHERIZATION PROCESS

#### **Application Process:**

- Fill out the weatherization application *completely* with all required documents (proof of income, ownership, and an energy bill).
- Renters will additionally need a completed landlord agreement form.
- Bring in your completed application to the Mountain CAP office (if you are unable to come into the office, you may mail or email with documents).
- After your application is processed and eligibility determined, an approval letter will be sent to your residence.
- A Mountain CAP staff member will be in contact with you to set up an initial energy audit of your home based on your priority score, which is derived from the application information you provide.
- If you change addresses, phone numbers, or other pertinent information after you submit your application, you **MUST** call our office and inform us of the changes.
- **Please note:** we CANNOT provide weatherization services to any home that has been weatherized by Mountain CAP since September 30, 1994.

\*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.

#### **Initial Energy Audit:**

- Mountain CAP's energy auditors will assess your home and determine what energy improvements can be made. This process typically takes 2-3 hours.
- The initial energy audit follows State mandated guidelines and is home specific.
- Following the initial audit and before any work can begin, a Service Agreement form must be **signed and returned** by the property owner.
- If at any point you have questions, call Mountain CAP at 276-783-7337 option 3 or email [scressel@mountiancap.org](mailto:scressel@mountiancap.org)

Mountain Community Action Program, Inc. is an equal opportunity employer and program.



## **THIS PAGE IS FOR YOU TO KEEP**

### **Contractor Timeline:**

- After the signed *Services Agreement* form is received by Mountain CAP, work will commence on your home.
- If a measure calls for HVAC or other services, a contractor certified to perform these measures will visit your home to evaluate, clean, and tune the heating system(s). It is possible that additional contractors will visit your home if called for, such as a plumber or electrician to perform minor repairs.
- Weatherization staff will perform the bulk of the energy efficiency work which the energy auditor called for based on the home's needs and the State guidelines.

### **Final Energy Audit:**

- Once the work is completed by all contractors, Mountain CAP energy auditors will return to inspect all the work and determine if the home passes inspection. They will be re-testing the home for efficiency and taking pictures of the work performed by the contractors. This process takes approximately 2 hours.
- If the home passes inspection, it will be counted as a completed unit.
- If the home does not pass final inspection, additional work will be required to meet the Weatherization Standards, and follow-up visits will be made by Contractors and Mountain CAP's Weatherization Staff to ensure the highest-level quality of work.

### **Follow-up Procedures:**

- It is possible that the Virginia State Weatherization Office may randomly select your home for a follow-up inspection. The State wants to see the work Mountain CAP has performed and check for quality control. This is typically only within one year of receiving weatherization services.
- After one year of having your home weatherized, a Mountain CAP staff person will contact you to request an energy bill to verify savings. This will be the final contact made by Mountain CAP.

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

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Energy related crisis</li> <li>• Disabled individual in the household</li> </ul> | <ul style="list-style-type: none"> <li>• A child 7 years of age or younger</li> <li>• A person 60 years of age or older</li> </ul> | <ul style="list-style-type: none"> <li>• No heating within the home</li> <li>• Length of time an approved application is on the waiting list.</li> </ul> |
|---|--|--|

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.

## WEATHERIZATION APPLICATION CHECKLIST

The following items must be included with your signed, completed application in order for us to proceed. Please check off as completed.  
**DO NOT** include any documentation that contains social security numbers!

☐ **Proof of Income immediately prior to application date (provide all where applicable):**

- ✓ Copies of check stubs, or a written statement signed by the employer on company letterhead, or tax returns for **Current Tax Year**.
- ✓ **Social Security Administration annual award letter.**
- ✓ **Supplemental Security Administration (SSI) annual award letter.**
- ✓ Veterans Administration annual award letter.
- ✓ Pension documentation.
- ✓ Unemployment benefits record.
- ✓ Proof of income from DSS on their letterhead.
- ✓ A signed and notarized statement must be provided for persons in the household age 18 and older reporting **No Income**.

☐ **Proof of Ownership (Choose one):**

- ✓ Copy of deed.
- ✓ Mortgage payment coupon.
- ✓ Lifetime estate documentation.
- ✓ Tax bills.
- ✓ Copy of title if mobile home.

**The address on the verification must be the same as the address on the application.** For lifetime estate documentation a statement must be written, notarized and filed with the clerk of court stating that the applicant has lifetime rights to the property to be weatherized.

☐ **Previous electric and fuel costs (DO NOT SEND RECEIPTS, we need the portion of your bill that highlights energy usage for the year).**

- ✓ Copy of the most recent electric bill and/or a copy of a fuel bill
- ✓ If using wood or kerosene, a written and signed statement will be accepted.

☐ **Fill out and/or authorize attachments found at the end of this application.**

☐ **If renting:**

- ✓ Landlord-Tenant Agreement (attached). Must be signed and included with application.

☐ **Sign and date the application.**

**Attach all documents and bring, mail or email to:**

**Mountain CAP**  
**Attn: Weatherization**  
**602 S. Iron Street, Marion, VA 24354**  
**Fax: 276-783-3721**  
[seressel@mountaincap.org](mailto:seressel@mountaincap.org)

**Mountain CAP  
Weatherization Application**

PERSONAL INFORMATION (Please Print)						
First	MI	Last	Birth Date	Gender	Email	Best Contact Method
				<input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Phone #		Work Phone #		Cell Phone #		Other Phone Contact (give name)
HOUSING INFORMATION						
Physical Address		Mailing Address		City	County	Zip
Specific Directions (Include landmarks, road names, house color, etc.):						
Applicant's Race		Applicant's Education (Highest Grade Completed)		Applicant Disabled	Applicant Health Insurance	Applicant Marital Status
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Multi <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> 0 to 8 <sup>th</sup> Grade <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> Grade <input type="checkbox"/> High School/GED <input type="checkbox"/> 12+ Grade <input type="checkbox"/> College Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced or Separated <input type="checkbox"/> Widowed

### ADDITIONAL HOUSEHOLD MEMBERS

Name (Please Print)	Date of Birth	Race	Gender	Relationship to Applicant	Marital Status	Type of Health Insurance	Veteran	Disabled Yes or No	Highest Grade Completed
			<input type="checkbox"/> Male <input type="checkbox"/> Female						
			<input type="checkbox"/> Male <input type="checkbox"/> Female						
			<input type="checkbox"/> Male <input type="checkbox"/> Female						
			<input type="checkbox"/> Male <input type="checkbox"/> Female						
			<input type="checkbox"/> Male <input type="checkbox"/> Female						
			<input type="checkbox"/> Male <input type="checkbox"/> Female						
			<input type="checkbox"/> Male <input type="checkbox"/> Female						
			<input type="checkbox"/> Male <input type="checkbox"/> Female						
			<input type="checkbox"/> Male <input type="checkbox"/> Female						

### INCOME INFORMATION PER HOUSEHOLD MEMBER

Name of Household Member	Gross Income Per Month	Source	Source Codes
			A - Employment      F - SSI/SSD
			B - Unemployment    G - Pension
			C - Social Security    H - Other
			D - TANF
			E - Child Support



Age of Home - Year Built?	Rooms	Dwelling Type:	Exterior of Home (check all that apply):	Housing Type (check all that apply):	The home I live in has (check all that apply):	Previous Weatherization?
	Total # of rooms:	<input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 family units <input type="checkbox"/> 5 or more units	<input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Aluminum <input type="checkbox"/> Other (explain below)	<input type="checkbox"/> Ranch (one level) <input type="checkbox"/> Bi-level <input type="checkbox"/> Tri-level <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Single-wide mobile <input type="checkbox"/> Double-wide mobile <input type="checkbox"/> Mobile Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Cabin or Log <input type="checkbox"/> Other (explain below)	<input type="checkbox"/> Finished basement <input type="checkbox"/> Unfinished basement <input type="checkbox"/> Crawlspace	<input type="checkbox"/> Yes When? _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
How long have you lived here?	Total # of bathrooms:					
	Total # of bedrooms:					
Do rent or own?	<input type="checkbox"/> Rent <input type="checkbox"/> Rent to Own <input type="checkbox"/> Own			Type of Roof:	<input type="checkbox"/> Pitched Roof <input type="checkbox"/> Flat Roof	
Are there any major repairs needed? Please share below:						

Primary Heat Source	Secondary Heat Source	Condition	Hot Water Heater	Cooking Stove/Oven	Air Conditioning	Fuel Type (check all that apply)
<input type="checkbox"/> Furnace <input type="checkbox"/> Baseboard Heat <input type="checkbox"/> Monitor <input type="checkbox"/> Wood Stove <input type="checkbox"/> Portable Heater <input type="checkbox"/> Other _____	<input type="checkbox"/> Furnace <input type="checkbox"/> Baseboard Heat <input type="checkbox"/> Monitor <input type="checkbox"/> Wood Stove <input type="checkbox"/> Portable Heater <input type="checkbox"/> Other _____	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> Non-working	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____

Why do you need Weatherization or heating/air repair or replacement?




List any significant problems with home that you are aware of with a brief explanation.

- ☐ Electrical \_\_\_\_\_ ☐ Under Construction \_\_\_\_\_
- ☐ Plumbing \_\_\_\_\_ ☐ Mold \_\_\_\_\_
- ☐ Roof Leaks \_\_\_\_\_ ☐ Holes in floor \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Is there a life threatening risk to your health that is related to your heating or air conditioning?

☐ Yes ☐ No If yes, please describe:

Do you have a medical condition that may be adversely affected by weatherization materials? ( Example COPD)

☐ Yes ☐ No If yes, please describe:

**Office Use Only**

Based on the information and documentation received the applicant is: ☐ **ELIGIBLE** ☐ **NOT ELIGIBLE**

Weatherization Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We will need access to all rooms in the home as well as attic, crawlspaces and/or basement.  
Please ensure that all of these areas are clear and easily accessible.**

#### HOME OWNERSHIP INFORMATION

Housing Status	Landlord Name (If applicable)	Landlord Phone # (If applicable)	Landlord Address (If applicable)
<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Life Estate			
<p><b>PLEASE NOTE: IF YOU ARE A RENTER, THE LANDLORD AGREEMENT MUST BE COMPLETED AND SIGNED BEFORE ANY WORK CAN BE DONE ON THE PROPERTY.</b></p>			

The information provided by me to establish my eligibility is true and accurate to the best of my knowledge. I consent to the independent verification of this information by the agent of Mountain Community Action Program, Inc. or its governmental funding source. I further consent to the inspection of my house by authorized personnel of the agency for the purpose of estimating and performing the weatherization of repair work.

I grant permission to Mountain Community Action Program, Inc. or its designee to inspect heating, fuel and utility billing records for my home for up to two years before and after the performance of the weatherization work for the sole purpose of obtaining data required for the evaluation of energy conserving effectiveness or the work done, and direct the pertinent and fuel companies to make records available to Mountain Community Action Program, Inc. or its designee.

I also grant permission to Mountain Community Action Program, Inc. to take photographs of my home for the administrative or advertising purposes in promoting the Weatherization Program. I also grant permission to Mountain Community Action Program, Inc. to share my information internally with other programs.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Mountain CAP offers other programs and services that you may qualify for. Please answer the following questions for yourself or anyone in your household:

- 1) Are you interested in or currently taking classes at the community college or University? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 2) Are you looking for full-time employment? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 3) Do you have any children that need after school or day care? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 4) Do you have a high schooler that will be a first time college student or needs help navigating career options after high school? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 5) Do you need help with income taxes? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 6) Are you interested in financial management and/or owning your own home? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 7) Are you interested in taking entrepreneurial classes online or in-person? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 8) Do you have or would you like to have a home garden and grow your own vegetables? \_\_\_\_\_ YES \_\_\_\_\_ NO
- 9) Have you been affected by COVID? \_\_\_\_\_ YES \_\_\_\_\_ NO

(Please use the space to briefly explain).

Any other needs? \_\_\_\_\_

# **Mountain Community Action Program, Inc.**

## **MEDIA RELEASE FORM**

I hereby give permission to Mountain Community Action Program, Inc., to interview, photograph and/or videotape me. It is my understanding that this photograph/interview or portions thereof will be used for public view. I agree to participate in these projects without financial remuneration, and I understand that this releases Mountain Community Action Program, Inc. from any future claims, as well as from any liability, arising from the use of the said photograph/interview.

Name of Applicant: \_\_\_\_\_  
(please print or type)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **Mountain Community Action Program AMBASSADORS**

Mountain CAP relies heavily on financial support from local donors. Their contributions make our services to you possible. It is very important to let our donors know where their money is going and the difference it is making in people's lives. Would you be willing to help us increase our donations so that we can help more people? Please check below what you would be willing to do to help:

\_\_\_\_\_ I would be happy to speak at an event about my personal experience and how Mountain CAP has helped me.

\_\_\_\_\_ I will write my personal story to be included in newsletters or programs for Mountain CAP.

\_\_\_\_\_ I will post positive comments on Mountain CAP's Facebook page.

\_\_\_\_\_ I would be happy to write personalized Thank You notes to donors.

\_\_\_\_\_ I will volunteer at an event sponsored by Mountain CAP.

Name of Applicant: \_\_\_\_\_  
(please print or type)



## 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 (2) year after the date of weatherization work is completed.

Owner/Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Renter Applications Only

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

- ☐ **The 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.
- ☐ **The landlord hereby agrees to have weatherization work done, but DOES NOT AGREE to pay \$1,089.15 towards the expense of the work.** 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.

Landlord 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) Mountain Community Action Program, Inc. to release to its designees information about my account and about weatherization materials or appliances installed on the property at the address below.

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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.

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Owner Name: \_\_\_\_\_ Owner Signature: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**OCCUPANT PRE-EXISTING HEALTH**  
**CONDITIONS QUESTIONNAIRE**

- 1. Do you have any general breathing problems? Are you on oxygen or is anyone in the home?** Examples include COPD, asthma, upper respiratory, emphysema, allergies, etc. (Please explain.)
  
- 2. Do you have any known sensitivity to volatile organic compounds (VOC's)?** Examples include strong smelling materials, new carpet, cleaners, paint, caulks, spray foam, mastic, etc.
  
- 3. Have you ever been hospitalized for any allergic reactions?**
  
- 4. Are there any other household members or frequent visitors that have known health conditions that may be affected by the weatherization work?**
  
- 5. If needed, do you have any friends or relatives that you can stay with while the weatherization takes place?**

\*Some of the products that are used during the weatherization process to improve your home's efficiency have settle/cure times and can potentially cause allergic reactions. We want to make you aware of potential hazards. Please notify a Mountain CAP representative if at any point in the process you have questions or concerns. We are here to help.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

VAWX-10  
01-87

VACAA  
VIRGINIA WEATHERIZATION PROGRAM

**PRIVACY ACT**

Under section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552a (e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information; whether disclosure is voluntary; the principle purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. You may retain this statement for your records.

**Authority**

The specific authority for the maintenance of this report is on sections 416 and 417 of the Energy Conservation and Production Act, Pub. L 94-38S. These sections direct the Department of Energy (DOE), which is sponsoring this program, to monitor the effectiveness of the program and to require the local Weatherization Program implementing the program to keep records to enable DOE monitoring.

**Voluntary**

**Your responses to the request for this information is entirely voluntary.**

**Principal Purpose**

The Information will be used by the Weatherization Program to implement the weatherization program, it will be used by DOE to monitor the effectiveness of this program.

**Routine Uses**

The information which you provide may be used in monitoring and evaluating the effectiveness of the program. In addition, the information may be used in Investigative, enforcement, or prosecutorial proceedings.

**Effects by providing the requested Information:**

Should you decline to provide the information requested on the Application for Services & Eligibility Certification, your dwelling cannot be considered for weatherization assistance.

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Date on which a copy was provided to the client

Date on which Agency copy was filed



## Mountain Community Action Program, Inc. 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
- 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.

### **Health Risks:**

Unvented space heaters produce and expel by product 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 Unvented Space Heater Policy.

**Client Name (Printed):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Mountain Community Action Program, Inc. Door and Window Policy**

Door and window replacement for houses and mobile homes is not an installation standard required by the Department of Energy (DOE) funded program.

Doors and windows will only be purchased and installed as a measure to reduce air leakage when the energy audit determines the effectiveness.

New Doors and windows will become the property of the homeowner at the time of the installation.

Customers will be responsible for advising the weatherization crew members of any problems at the time of installation and no re-works are to be done after the job completion is signed.

Many times replacement doors and windows will not match the existing size and in this event a replacement of similar size may be installed. In the event that the newly purchased unit is unsatisfactory, the previous door or window will be re-installed.

New materials will not operate the same as those that have been replaced. The age and condition of the home as well as the care and future repair will determine the continued effectiveness of the replacement.

I have read and understand the Door and Window Replacement Policy.

**Client Name (Printed):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PROPOSED ENVELOPE MEASURES**

Below is a list of possible penetrations that may be made in order to comply with VA Weatherization Installation Standards. No holes will be made in the envelope unless necessary to perform a specified task (see below). All envelope penetrations created by Mountain CAP and its associated contractors will be sealed before completion of weatherization services. Mountain CAP does not fix preexisting water leaks in roof surfaces, mobile home under pinning, or any major structural holes.

- In order to diagnose the home thoroughly, very small pilot holes (approx. 3/16"-1") may have to be drilled in inconspicuous areas to check for things like insulation and pressure boundaries. Whenever possible we avoid drilling holes and use alternative methods, however sometimes it is necessary. Holes are filled or plugged to avoid air leakage after inspection.
- It may be determined that the wall cavities can cost effectively receive additional insulation and in order to do so holes will be drilled in your walls between the stud bays and insulation will be inserted via these holes. We will attempt to match the plugs to veneers as closely as possible but variance will be inevitable.
- All water heaters should possess a temperature and pressure valve (T&P valve) that is piped outside or to the ground whenever possible for safety reasons. A hole will likely have to be drilled to the exterior to allow the pipe to pass through the building envelope so that in the event the valve goes off it will not flood the home.
- It may be determined that additional exhaust ventilation is required to conform to the Weatherization Installation Standards. Kitchen, bath, and/or dryer venting may be required to go through the roof or sidewall in order to accommodate proper exhaust ventilation.
- Minor electrical or plumbing repairs, if applicable, may require penetrations to be drilled.

By signing this document, you have been informed and give consent to one or more of the above listed measures in order to comply with Weatherization Installation Standards.

**Landlord/Owner(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PRE-RENOVATION FORM

This sample form may be used by renovation firms to document compliance with the Federal pre-renovation education, and renovation, repair, and painting regulations.

### Occupant Confirmation

#### Pamphlet Receipt

I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

---

Printed Name of Owner-occupant

---

Signature of Owner-occupant

---

Signature Date

### Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- ☐ **Declined** - I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- ☐ **Unavailable for signature** - I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

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Printed Name of Person Certifying Delivery

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Attempted Delivery Date

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Signature of Person Certifying Lead Pamphlet Delivery

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Unit Address

**Note Regarding Mailing Option**—As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.