

WEATHERIZATION ASSISTANCE APPLICATION

CAPECO WEATHERIZATION

721 SE 3rd, Suite D
Pendleton, OR 97801
541-278-5697 or 1-800-752-1139

Name: _____ SSN: _____ Phone: _____

Street Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Complete the following section for each member of your household (including yourself):

Name	Social Security Number	Date of Birth	Primary Language	Gender	Ethnicity	Race	Oregon Tribe	Highest grade in school completed	Disabled	Veteran	Homebound	Non-Cash Benefits
Your name here												

Number of household members: _____

Do you receive Energy Assistance?: ___ yes ___ no

Do you receive SNAP Benefits?: ___ yes ___ no

Have we weatherized your home before?: ___ yes ___ no If yes, when? _____

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HOME INFORMATION

Mobile Home House Duplex Tri Plex Size of Home _____

OWN (**Owner complete page 5**)

RENT (**Landlord/Authorized Agent complete page 6**)

Applicant's name must be on the title or the home will be considered a rental.

Landlord's Name and Address: _____

Landlord's Phone Number: _____

Year Built: _____ How long at this address? _____

Water Heater: electric gas

Refrigerator is owned by: homeowner landlord renter

Attic Insulated: yes no **Walls:** yes no **Underfloor:** yes no

HEATING SYSTEM

Electric: furnace baseboard cadet heater ceiling heat heat pump space heaters

Natural Gas: furnace wall heater stand alone boiler

Oil/Propane: furnace stand-alone boiler **Wood:** wood stove pellet stove

What is your highest monthly heating bill: _____

Does your Heating System work: yes no

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APPLICANT DISCLAIMER AND RELEASE

I understand that these programs are voluntary; if I choose to apply for weatherization assistance, I must provide all required information. During application processing I may be asked for more information in order to determine my eligibility.

I understand that the information I provide to complete this application will be used to determine and verify my eligibility for weatherization assistance and for the purposes of referral, research, evaluation, and analysis.

I understand that if I feel my application was unjustly denied or not processed in a timely manner, I may be entitled to a fair hearing if requested within 30 days of the completion date of the application or date of denial. Any such request for a hearing must be in writing and delivered or mailed to the local service provider.

In addition to any appeal rights from such hearing granted by the local service provider, I may contact the Oregon Housing and Community Services Department (OHCS) within 30 days of the service providers hearing decision to request that OHCS review the decision for material deficiencies.

The request for OHCS review must be in writing and delivered by email to energyservices@oregon.gov or mailed to 725 Summer St NE Suite B, Salem OR 97301. Review by OHCS, and the manner thereof, is at the sole discretion of OHCS.

I understand that the property cannot be, and is not currently, for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs.

I declare, under penalty of perjury, that the information I provided to complete this application is true and correct.

My signature gives consent for other offices of the state and federal governments, their designated subcontractors, and the utility(ies) or home energy supplier(s) identified in this application to share information related to my application including information about my account(s) including, but not limited to, account number, account name, service address, annual usage or consumption, and annual costs. I agree to hold harmless and/or release such organizations from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

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I authorize my utilities and/or my fuel suppliers/vendors to release my account information to OHCS and to the service provider for the purposes of providing weatherization assistance. I am the account holder or the customer's authorized agent for the utility, fuel supplier, and/or fuel vendor service accounts(s) identified in this application.

I understand the information I provide will be used to determine and verify my eligibility for weatherization. I understand that if I feel my application was unjustly denied, I may be entitled to a fair hearing if requested within 30 days of the date of denial. If I feel I have been discriminated against by the local provider, I may appeal to Oregon Housing and Community Services.

My signature gives consent for offices of the state and federal governments, their designated subcontractors, and the utilities or home energy supplies to share information, including information about my account.

Applicants Signature

Date

Other Applicants Signature

Date

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RESIDENT HOME OWNER CERTIFICATION

I, _____, **certify that I am the owner of the address listed on page one of this application.**

I have enclosed the following documentation of ownership: current Property Tax Statement or Deed or Contract of Sale.

I further grant permission to allow weatherization and base load measures to be performed on the property listed on page one of this application in accordance with the following conditions: The Energy Services Department of CAPECO will determine the measures to be installed based on anticipated energy savings, cost effective criteria and State Regulations. Due to limited funding, the Weatherization Program may only be able to install SOME of the listed measures.

- | | | |
|----------------------------------|--------------------------------------|---------------------------------|
| 1. Air infiltration | 2. Furnace retrofit | 3. Wall insulation |
| 4. Ceiling insulation | 5. Floor insulation | 6. Duct sealing |
| 7. Duct insulation | 8. Entry door repair/replace | 9. Window repair/replace |
| 10. Water pipe insulation | 11. Ensure proper ventilation | 12. Combustion safety |

Window measures DO NOT include cosmetic treatment of trim.

I understand that the property cannot be, and is not currently, for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs.

Owners

Signature..... : _____ **Date:** _____

Printed Name of Owner.. : _____

Address..... : _____

Phone Number..... : _____

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LANDLORD AND/OR AUTHORIZED AGENT CERTIFICATION

I, _____, **certify that I am the Landlord/
Authorized Agent of the following address:**

Address: _____

City, State, Zip Code: _____

Renter's name: _____

I have enclosed the following documentation of ownership: current Property Tax Statement or Deed or Contract of Sale.

I further grant permission to allow weatherization and base load measures to be performed on the property listed above in accordance with the following conditions: The Energy Services Department of CAPECO will determine the measures to be installed based on anticipated energy savings, cost effective criteria and State Regulations. Due to limited funding, the Weatherization Program may only be able to install SOME of the listed measures.

- | | | |
|----------------------------------|--------------------------------------|---------------------------------|
| 1. Air infiltration | 2. Furnace retrofit | 3. Wall insulation |
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| 10. Water pipe insulation | 11. Ensure proper ventilation | 12. Combustion safety |

Window measures DO NOT include cosmetic treatment of trim.

If the dwelling is a rental unit, then I, the Owner/Authorized Agent, agree not to increase rent to low income tenants as a result of conservation/weatherization measures installed.

I, the Landlord/Authorized Agent, understand that the property cannot be, and is not currently, for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs.

Additionally, I acknowledge that Oregon Law requires landlords to keep rentals in a habitable condition and that participation in the CAPECO Weatherization Program is contingent on the rental unit being maintained in a habitable condition (ORS 90.320).

Authorized Signature..... : _____ **Date:** _____

Printed name of Landlord/Authorized Rep: _____

Address..... : _____

Phone #..... : _____

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Utility Release of Information Form

I hereby authorize the following Utility Provider(s) to release my account information to CAPECO. It is my understanding that this information will be used for Energy Assistance or Weatherization Services. All information will remain confidential.

Electricity Utility Name

Account Number

Secondary Utility Name

Account Number

Printed Consumers Name

Home Phone

OR

Service Address

City

State

Zip

Consumers Signature

Date