

CAP of Western Indiana - Weatherization Application

The weatherization programs goal is to reduce energy costs by performing upgrades to your home at no cost to you. This can be air sealing, insulation, water heating, furnace, and lighting measures. In order to do this, health and safety measures are completed to ensure occupant/worker safety and building longevity. Homes should be free of moisture and have work areas (attic, crawl/basement, mechanical, and duct registers) clean and free of obstructions.

Eligibility is determined by a number of factors starting with gross household income under 200% poverty. If you rent, the landlord must agree to the program. For more information on weatherization services visit our website at: www.capwi.org/services/housing/weatherization. Or call our main office at 765-793-4881.

Household Information

DATE: _____

First and Last Name	Date of Birth	Gender (M - F)	Social Security Number	Ethnicity ¹	Race ²	Insurance ³	Income ⁴	Last Grade Completed	Disabled (Y - N)
<i>Head of Household:</i>									
<u>1- Ethnicity</u> A. Hispanic or Latino B. Not Hispanic		<u>2- Race</u> A. African American B. White C. Multi-Race D. Other E. Native American		<u>3- Insurance (Health)</u> A. Medicare B. Medicaid C. Hoosier Healthwise D. Medicaid Select E. Other F. None		<u>4- Income</u> A. Employment B. Social Security C. SSI D. TANF E. Unemployment F. Veterans Benefits G. Pension H. Child Support I. Dividends/Interest J. Self-Employment K. Odd Jobs/Other L. None			

Phone Number: _____ Alternate Number (Optional): _____

Email (optional): _____ Would like information about other services we offer? Y / N

Utility Information

Gas Company: Vectren / NIPSCO / Other: _____

Name on Account: _____

Account Number: _____

Electric Company: Duke / NIPSCO / _____ REMC / Other: _____

Name on Account: _____

Account Number: _____

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 Community Action Program Inc. of Western Indiana 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 or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and Community Action Program Inc. of Western Indiana to obtain information from my energy supplier, including about my energy usage.

I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I hereby release the State of Indiana, Community Action Program Inc of Western Indiana and their subcontractors from any liability whatsoever resulting from delivery of these activities.

I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Weatherization and may be required to repay any assistance and/or benefits that I have received.

By signing below, I agree to the above conditions and the accuracy of information provided.

Clients Signature: _____

Date: _____

Clients Printed Name: _____