CAP of Western Indiana - Weatherization Application

The weatherization programs goal is to reduce energy costs by performing upgrades to your home at <u>no cost</u> 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 Securit Number	ty	Ethnicity ¹	Race ²	Insurance ³	Income ⁴	Last Grade Completed	Disabled (Y - N)	
Head of Household:												
1- Ethnicity A. Hispanic or Latino B. Not Hispanic	B.W C.M D.Ot	rican American hite ulti-Race	A. Me B. Me C. Ho		4- Income A. Employment B. Social Security C. SSi D. TANF E. Unemployment F. Veterans Benefits			irity ment	k 1 1	G.Pension H.Child Support I. Dividends/Interest J. Self-Employment K. Odd Jobs/Other L. None		
Phone Number:			Alt	ternate Numbe	r (Op	tior	nal):_					
Email (optional):				Would like info	ormat	ion	abou	ıt othe	er ser	vices we offer	? Y / N	

Income Information

All individuals and their income must be included for this program. Please provide proof of your total household GROSS INCOME (before deductions) from all assets and earned income indicated below:

Employment:	\$		Pe	nsion:	\$				
Self-Employment:	\$		So	cial Security:	\$				
SSI or SSDI:	\$		Ve	teran's Benefits:	\$				
Child Support: \$			Unemployment:		\$				
Interest/Dividends:	\$		Ot	her:	\$				
TOTAL HOUSEHOLE	O ANNUAL (GROSS INCOME: \$							
		<u>Hou</u>	se Infor	mation					
Do you own your h	ome? 🛚	\square YES, name is on deed	d/mortgag	ge 🔲 NO, rent	or buying on contract				
If NO, The landlord mu	st complete th	ne landlord authorization for	m. Please p	rovide landlord and r	rental information below.				
If YES, Fill out the left of	olumn and pro	ovide proof of ownership wit	h copy of de	eed, current taxes, m	ortgage statement, or insurance				
				0 / / 0 /					
				Rental Property Information:					
			Address:						
City/State/Zip:				City/State/Zip:					
Vaartha hama		دله معم							
Year the home wa									
How long have yo		at this address?							
What is the type of home?				factured / Single	e Family Site Built / Multi-family				
Are all utilities on (gas, electric, water, LP)?				_ No					
Is the home for sale or under construction?				Yes No					
Are there any plu	mbing or r	oof leaks?	Yes	No If yes,	explain:				
How do you <u>heat</u>	the home	? (Check all that apply)		How do yo	u <u>cool</u> the home? (Check all that apply)				
☐ Forced air fur	Forced air furnace			☐ Central Air					
☐ Boiler System	☐ Fireplace			☐ Heat Po	ump				
☐ Electric space heaters ☐ Outdoor Wood Stove			Stove	☐ Window AC					
☐ Gas space heaters ☐ Other:				_ None					
Additional Notes:									

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 prand true. I understand that I may be required to verify these statements. Community Action Program Inc. of Western Indiana to make contact with these statements. I am a resident of Indiana and an applicant for the Western Indiana and Indiana and Indiana and Indiana I	and hereby give my consent to the any necessary persons to verify
I acknowledge any services or materials provided to my household will be payment by me. I give permission to the State of Indiana and Community Indiana to obtain information from my energy supplier, including about n	Action Program Inc. of Western
I understand that the State of Indiana may use information provided on t evaluation and analysis. I hereby release the State of Indiana, Community Indiana and their subcontractors from any liability whatsoever resulting f	Action Program Inc of Western
I also acknowledge that if I misrepresent or fail to disclose any information become ineligible from receiving Weatherization and may be required to that I have received.	
By signing below, I agree to the above conditions and the accuracy of info	ormation provided.
Clients Signature:	Date:
Clients Printed Name:	