

KANSAS WEATHERIZATION ASSISTANCE PROGRAM

Serving Allen, Barber, Bourbon, Chautauqua, Cherokee, Cowley, Crawford, Elk, Harper, Kingman, Labette, Linn, McPherson, Montgomery, Neosho, Pratt, Reno, Rice, Sedgwick, Stafford, Sumner, Wilson and Woodson Counties.

CLIENT APPLICATION

Program provided by:

**SOUTH CENTRAL KANSAS ECONOMIC DEVELOPMENT
DISTRICT, INC. (SCKEDD)
9730 E. 50th St. N.
Bel Aire, KS 67226**

For Questions, please call (316) 262-7035

<http://www.sckedd.org>



**EQUAL HOUSING
OPPORTUNITY**

INFORMATION ABOUT THE PROGRAM

The South Central Kansas Economic Development District, Inc. (SCKEDD) sponsors a Weatherization program for lower-income residents of Allen, Barber, Bourbon, Chautauqua, Cherokee, Cowley, Crawford, Elk, Harper, Kingman, Labette, Linn, McPherson, Montgomery, Neosho, Pratt, Reno, Rice, Sedgwick, Stafford, Sumner, Wilson and Woodson Counties.

Funding for this program is provided by the Department of Energy and the Department of Health and Human Services. It is administered through the Kansas Housing Resources Corporation.

APPLICATION COMPLETION CHECKLIST

Before you can submit your application for assistance, be sure you:

- Read and understand the What Weatherization Does section.
- Read and understand the Program Eligibility section.
- Read and understand the Income Verification section. You must submit proof of income with the application.
- Complete the Kansas Weatherization Assistance Program Application Form and Sign. If you are a renter or in a rent-to-own contract, the homeowner must also sign the Application Form as well as the Wall insulation disclosure.
- Complete and sign the Fuel Release Form. This is required to receive Weatherization Assistance.
- Complete the Affidavit of No Income if one or more members of your household (including yourself) have not received any income for the past 12 months.
- If you are a renter or in a rent-to-own contract, complete the Rental Property Agreement with your landlord.
- If you receive wages, you may wish to bring the Employment Verification Form to your employer to complete in lieu of providing copies of paystubs.

Feel free to contact our office with any questions pertaining to this Program or this Application. Our telephone number is (316) 262-7035.

APPLICATION SUBMISSION CHECKLIST

Please enclose the following items when you submit your application. If any of these items are missing your application will be **severely delayed**.

- Signed and Completed Kansas Weatherization Assistance Program Application Form
- Proof of Income Documentation
- Signed Fuel Release Form
- Signed Rental Property Agreement if you rent or are in a rent-to-own contract
- Signed Zero-Income Affidavit if a member of your household claims zero income

WHAT WEATHERIZATION INCLUDES

Each home is different, therefore, different measures are prescribed based on a multitude of factors.

Weatherization work can (but may not always) include:

- A housing inspector will visit your home to provide a preliminary inspection. At this time, state-approved software is used to determine weatherization measures to be completed.
- Existing heating units receive maintenance/repair. Replacement may occur under some circumstances.
- Glass replacement on windows in which the glass has been broken or cracked. Caulking and/or weather-stripping of doors will be done as needed. Insulation of hot water pipes, heat ducts, and water heater may be done as well.
- Attic ventilation and other carpentry measures designed to make the house more energy efficient.
- Wall and attic insulation will be considered. It will depend on the condition of the wiring and the roof, the amount of existing insulation, and the type of wall construction and siding.
- Gable, roof, or soffit vents may be installed as required.
- Lastly, a final inspection will be conducted by a housing inspector to determine if all necessary work has been finished and completed in a professional manner.

PROGRAM ELIGIBILITY

You must meet all of these requirements to be eligible to receive Weatherization Assistance:

1. You and your household must occupy the home you are applying under in order to receive assistance through this Program. All utilities including electric and gas service must be present and active.
2. Your house cannot be designated for acquisition or clearance by a federal, state or local program within 12 months from the date weatherization would be scheduled to be completed.
3. If your house has been weatherized before by a federal, state, or local weatherization program,
 - a. Your house is disqualified if Weatherization took place after September 30th, 1994, unless the house has been damaged by fire, flood, or act of God and repair of the damage to weatherization materials was not covered by insurance.
 - b. If you received weatherization assistance between September 30, 1975 and September 30, 1994, you may receive further assistance but we will be unable to repeat weatherization measures previously performed
4. Your household income meets the requirements specified in the Kansas Housing Resources Corporation State Plan. Specifically, your household must either:
 - a. Contain a member that has received either Temporary Assistance for Families (TAF) payments under Title VI-A, Supplemental Security Income (SSI) payments, or assistance from the Low Income Energy Assistance Program within the last 12 months.
 - b. In total, does not exceed the following maximum income levels based upon household size.

Family Size	Maximum Income (LIEAP)*	Maximum Income (DOE)*
1	\$15,444	\$23,760
2	\$20,826	\$32,040
3	\$26,208	\$40,320
4	\$31,590	\$48,600
5	\$36,972	\$56,880
6	\$42,354	\$65,160
7	\$47,749	\$73,460
8	\$53,157	\$81,780

*The Weatherization program receives funding from two sources. Each source has a separate waiting list and a separate set of program features.

INCOME VERIFICATION

To be eligible for the Weatherization Assistance Program, you must prove that you qualify based on one of the two criteria specified on the previous page. To do this, you and **every member of your household over the age of 18** must submit acceptable Proof of Income to our office. Use these guidelines to determine what is acceptable as Proof of Income.

1. If you receive **wages**, include one of the following:
 - a. A signed Employer Verification Form (enclosed), signed by you and your employer. Provide one form for each member of your household that receives wages.
 - b. Photocopies of all paycheck stubs for the most recent three month period. Enclose one set of paycheck stubs for each employer that you and/or any member of your household received wages from. Any paycheck stub you submit must disclose your gross wages.
2. If you are **self-employed**, you will need to provide a list or spreadsheet of all revenues and business expenses month-by-month for the most recent three month period. Your income for the purposes of this program will be your gross income minus your business expenses that are ordinary and necessary.
3. If you have collected **unemployment benefits**, send a dated printout from the Kansas Department of Human Resources (Labor) showing the amounts paid to you. If you do not have a dated printout, you may substitute an award letter that you have received within the last year.
4. If you have collected any **Workers Compensation** benefits, send a letter from your attorney listing all amounts that have been paid to you.
5. If you were paid any **interest**, include the three most recent bank statements that you have received or a transaction printout from your bank for the most recent year.
6. If you received **veteran's benefits**, include a letter from the Veteran Administration indicating how much you have received within the past three months. If no printout from the VA is available, you may substitute an award letter that you have received within the past year.
7. For **cash assistance**, include a dated printout from the Kansas Department for Children and Families (SRS) indicating the type and amount of benefits paid, month by month, for the most recent three month period.
8. If you received **Social Security or SSI**, include an eligibility letter that you have received within the past year. If you do not have an eligibility letter, you may substitute a printout from the Social Security Administration detailing the benefit payments you receive on a monthly basis.
9. If you received a distribution from an IRA, 401(k), or other form of **retirement benefits**, include a statement from the fund that discloses the monthly distribution amount.
10. For **any other source of income** not excluded below, include a short, signed and dated note from any third party or company, other than those mentioned above, from which you or any member of your household above the age of 18 earned or received within the past three month period. Your note must list the amount received for each month.
11. If you or any member over the age of 18 received **no income** from any included source, you must sign a No Income Affidavit (enclosed).

NOTE: You must provide appropriate income documentation with your application.

Income, for the purposes of this Program, excludes: capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

Kansas Weatherization Assistance Program Application Form

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____ County: _____

Street Address: _____ City: _____ ZIP: _____

Mailing Address: _____ City/State: _____ ZIP: _____

Telephone #: (____) ____ - _____ Work #: (____) ____ - _____ Alternate #: (____) ____ - _____

E-mail Address: _____

SOURCES OF INCOME AND ASSISTANCE FOR EVERYONE IN THE HOUSEHOLD

Check all types of income that were received by you and each member of your household over the age of 18 within the past 12 months. You must include proof of each type of income with this application. **Please note W-2 forms are NOT accepted through this program as a form of income documentation.**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Salary or Wages | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Interest or Dividends | <input type="checkbox"/> Rent or Royalties |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Worker's Comp. | <input type="checkbox"/> Military Pay | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cash Assistance | <input type="checkbox"/> Pensions & Annuities | <input type="checkbox"/> Social Security | <input type="checkbox"/> No income |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Trust Distributions | <input type="checkbox"/> SSI | (attach affidavit) |

HOUSEHOLD COMPOSITION

List all persons (**including yourself**) currently living in your house and complete all fields on each member.

Full Name	Age	Disabled? (Y/N)	Type of Income?



NOTE: If you indicate that you receive **NO INCOME** you **must** complete the Zero Income Affidavit form contained in this application package

STATISTICAL INFORMATION

This data is used only for statistical purposes. SCKEDD or the Kansas Weatherization Assistance Program does not discriminate based on gender, race, ethnicity, or origin.

Race of Applicant (check only one):

- | | |
|--|--|
| <input type="checkbox"/> Caucasian (White) | <input type="checkbox"/> Native American |
| <input type="checkbox"/> African American (Black) | <input type="checkbox"/> Mixed Race |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian or Pacific Islander | |

Gender of Applicant (check only one):

- Male
- Female

DWELLING INFORMATION

Complete all the information below regarding the house to be weatherized under this Program. This must be the dwelling with the street address provided on the previous page and you must currently be living there.

Dwelling Type (check one)	My house is:	I am a:	Construction Year:
<input type="checkbox"/> Single Family House	<input type="checkbox"/> 1 Story	<input type="checkbox"/> Homeowner	_____
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> 2 Stories	<input type="checkbox"/> Renter*	_____
<input type="checkbox"/> Duplex/Triplex/etc.	<input type="checkbox"/> 3 Stories	<input type="checkbox"/> Rent-to-Own*	(approximate)
<input type="checkbox"/> Apartment	<input type="checkbox"/> Split-Level	*You must complete the enclosed Rental Agreement	

_____ My house is scheduled for acquisition or clearance under a governmental agency?
 _____ My house has been weatherized before (If so, when? _____)
 _____ I am receiving help with my house from another agency. (Details: _____)

Answer all of the following questions about your home (Yes or No)

<input type="checkbox"/> I have a working heat source	<input type="checkbox"/> My home is air conditioned
<input type="checkbox"/> I have a forced air furnace	<input type="checkbox"/> I have central air conditioning
<input type="checkbox"/> I have a wall furnace	<input type="checkbox"/> I have a window air conditioner
<input type="checkbox"/> I have a floor furnace	<input type="checkbox"/> I have mold in my house
<input type="checkbox"/> I have a space heater	<input type="checkbox"/> I am aware of lead paint existing in my house
<input type="checkbox"/> I have a wood burning stove	<input type="checkbox"/> I have a roof leak
<input type="checkbox"/> I have a wood burning fireplace	<input type="checkbox"/> I have a plumbing leak

WALL INSULATION

Do you give permission for holes to be drilled in all the exterior walls of your home (or rental property) for the purpose of installing insulation into the side walls? If so, do you also understand that it will be your responsibility to paint the plugs used to fill these holes? Vinyl siding, if applicable, will be taken down and put back up after insulation has been completed.

YES, I understand and give my permission:

 Homeowner's Signature

 Date

NO, I understand but do not give my permission:

 Homeowner's Signature

 Date

ALIEN CERTIFICATION

All applicants MUST initial appropriate selection

_____ I certify that every member of this household is a lawful United States Citizen.

_____ I certify that the following member(s) of this household are alien(s) whose status has been adjusted to lawful temporary or permanent resident under section 245A (Amnesty Aliens) or 210A (Replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986. If you checked this option, please provide the names of those aliens:

 List name, if applicable

 List name, if applicable

 List name, if applicable

 List name, if applicable

APPLICANT SIGNATURE

Read all of the following information before signing.

Once SCKEDD has received your application and verified your income to determine eligibility, you are placed on a waiting list to receive a preliminary inspection. When it is your turn, an inspector will contact you to set up a time for your inspection. The inspector will visit your home to gather the necessary information which must be entered into a computer program approved by the U.S. Department of Energy and the State of Kansas. This program provides SCKEDD with a list of approved measures designed to reduce the energy consumption of your home. Each house is inspected in a similar manner and input in the audit software in a similar manner. However, due to the inherent differences in each building structure, the energy audit software may approve different measures for each house. After inspection, an appointment is then set for a SCKEDD weatherization crew to arrive to perform the work that has been approved for your home. Before any work is started, the crew supervisor will go over the list of work items with the homeowner. If there are no objections, the crew will proceed with the work. In cases where the homeowner objects to having any work item performed, the crew supervisor will contact the project inspector to discuss the objection before any work is started. If the housing inspector determines that the item objected is required for your health and safety then we will be unable to do any of the items.

The services provided to you through the Kansas Weatherization Assistance Program provided by SCKEDD are intended solely to reduce the energy consumption needs of your household. SCKEDD receives a limited amount of money and the Weatherization program regulations and guidelines limit the use of grant funds to specific approved measures which have been shown to reduce energy consumption. The work is performed by SCKEDD staff or subcontractors who have received extensive training and experience in specific weatherization techniques. Please be advised that all weatherization work items are not intended to enhance or improve the appearance of the home. If my application is approved, I authorize the weatherization of my home to be completed by this program and will provide reasonable access to my property as required by weatherization personnel. If I disallow reasonable access to my home I understand that my application will be deferred and any and all warranties on work items already performed will be void.

By signing below, I certify that I have read all information contained in this application and understand my rights and responsibilities as a client under the Kansas Weatherization Assistance Program. I also certify that the information given by me in this application is a true and accurate representation to the best of my knowledge. By signing this application, I understand that I may be civilly and/or criminally liable under Federal and State law for making any false or fraudulent representations. I also understand that any person that applies for the Kansas Weatherization Assistance Program has the right to appeal any denial, delay or limitation of service under the grant program. Call 316-262-7035 if you need to appeal.

Applicant's Signature: _____ **Date:** _____

Homeowner's Signature: _____ **Date:** _____
(if different from applicant)

FUEL RELEASE FORM

Please complete this form. It is required to receive Weatherization Assistance

Applicant's Name: _____ County _____

Address: _____ Telephone No. _____

City, State, Zip: _____

UTILITY INFORMATION

HEATING FUEL SUPPLIER:

ELECTRIC SUPPLIER:

Name: _____ Name: _____

Address: _____ Address: _____

Bill to: _____ Bill to: _____

Account #: _____ Account #: _____

This release shall apply to the above energy providers and any subsequent energy provider(s) formed through merger or acquisition therewith.

Do you use the same supplier for both heating and electric? Yes No

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies: **Kansas Weatherization Assistance Program, Low Income Home Energy Assistance Program, and South Central Kansas Economic Development District, Inc.**

I understand that this information will be used only to provide data for the above named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

This Release shall apply for 3 years following the date of its execution.

Client Signature

Date

AFFIDAVIT OF NO INCOME

Each member of your household 18 years of age and older who has not received any income from any source other than excluded sources within the last year must complete this affidavit. For rules about what constitutes income, refer to the information below.

By signing, in the presence of a Notary Public, I certify under penalty of perjury that: (a) I am not presently employed, nor have been employed within the last year AND (b) I did not receive any income from any source within the past year except that which is excluded under the rules of this Program (displayed below).

Signature of Household Member	Printed Name	Date

This form must be notarized by a Notary Public:

County of _____

State of _____

This instrument was acknowledged before me on ___ day of _____ 20___ by _____

_____ Notary Public's Signature	_____ My Commission Expires
------------------------------------	--------------------------------

by _____
 by _____
 by _____
 by _____
 Signature of Household Member(s)

Income includes money, wages, and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). Income includes regular payments from social security, railroad retirement, unemployment compensation strike benefits from union funds, workers' compensation, veterans' payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Income excludes capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. **Note:** Child Support Payments and College Scholarships are excluded.

EMPLOYMENT VERIFICATION FORM

If you receive wages, take this form to your employer to complete. You may submit paystubs for the most recent three month period in lieu of completing this form.

EMPLOYEE INFORMATION

To be completed by Applicant

Applicant's Name and Address:

Your Employer's Name and Address:

Dates of Employment: From: _____ To: _____

EMPLOYER INFORMATION

To be completed by the Applicant's employer

Employee's Job Title: _____

Most Recent Regular-Time Wage: _____ per _____

(If an hourly wage, how many regular time hours per week on average? _____)

Most Recent Overtime Wage: _____ per _____

(If an hourly wage, how many overtime hours per week on average? _____)

Indicate additional compensation type and amounts, on average, per week (Including, but not limited to, tips, sales commissions, piece rate, or shift differentials)

Has the employee received any pay increases within the past twelve months? If so, describe amount of increase and effective date:

SIGNATURE

I authorize the release of my wage and employment information to SCKEDD.

Under penalty of perjury, I hereby attest that all information provided is correct to the best of my knowledge. I understand that all fields are to be completed and if there is a blank field I have indicated that the information is not applicable to the employee

Employee Signature

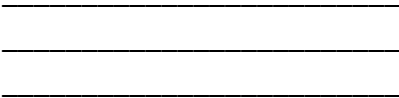
Date

Employer Signature

Date

Employer Phone Number

SCKEDD
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