

SOUTH CENTRAL KANSAS ECONOMIC  
DEVELOPMENT DISTRICT, INCORPORATED (SCKEDD)

WEATHERIZATION  
GRANT PROGRAM

Serving Barber, Chautauqua, Cowley, Elk, Harper, Kingman, McPherson  
Pratt, Reno, Rice, Sedgwick, Stafford and Sumner counties

**SOUTH CENTRAL KANSAS ECONOMIC  
DEVELOPMENT DISTRICT, INC.**

**200 W. Douglas, Suite 710**

**Wichita, KS 67202**

**Toll-free 1 (800) 658-1742**

**In Wichita, please call (316) 262-7035**

**[www.sckedd.org](http://www.sckedd.org)**

## INFORMATION ABOUT THE PROGRAM

The South Central Kansas Economic Development District, Inc. (SCKEDD) sponsors a Weatherization program for lower-income residents of Barber, Chautauqua, Cowley, Elk, Harper, Kingman, McPherson, Pratt, Reno, Rice, Sedgwick, Stafford, and Sumner counties, with special consideration given to the elderly, the handicapped, and households with children.

Funding for this program is provided by the Departments of Energy and Health and Human Services, and is administered through the State Economic Opportunity Programs.

### WHAT WEATHERIZATION INCLUDES:

- A pre-inspection to determine the amount of work necessary to weatherize the home.
- Heating units receive maintenance/repair or replacement as needed to improve efficiency and eliminate safety hazards.
- Air Conditioners and Refrigerators can be replaced for energy efficiency reasons if necessary.
- Replacing cracked or broken window glass, caulking and/or weather-stripping of doors and windows, insulation of hot water pipes, heat ducts, and water heater, attic ventilation, and other carpentry measures designed to make the house more energy efficient.
- Wall and attic insulation will be considered. This depends on the condition of the wiring and roof, the amount of existing insulation, and the type of wall construction and siding.
- Gable, roof, or soffit vents will be installed, as required.
- A final inspection will be conducted to determine if all of the work has been finished, and has been completed in a professional manner.

### ELIGIBILITY

Eligibility for the weatherization program is based upon any one of three criteria:

1. The total gross annual income for your household does not exceed the maximum listed in the chart below, or
2. You or a member of your household have/has received Temporary Assistance for Families (TAF) payments under Title VI-A within the last 12 months, or
3. You or a member of your household have/has received Supplemental Security Income (SSI) within the last 12 months.

### INCOME GUIDELINES

<b>Family Size</b>	<b>Maximum Income</b>
1	\$ 27,247
2	\$ 35,630
3	\$ 44,014
4	\$ 52,397
5	\$ 60,781
6	\$ 69,164
7	\$ 70,736
8	\$ 74,020

If application is being made based upon income, verification of 3 months' income must be provided. If application is being made based upon eligibility under TAF or SSI, proof, such as a letter from the applicable agency, printouts, check copies/stubs, etc. should be provided as verification.

### **Acceptable Income Verification**

1. A short note from your employer stating the wages paid during the entire three month time period, listing each month and the amount earned for that month;
2. Photocopies of all paycheck stubs from each employer for whom you worked during the three month period;
3. If you are self-employed, you will need to list all revenues and expenses month by month for the three month time period so that a “net income” can be calculated;
4. If you collected any unemployment compensation, send a dated printout from the Kansas Department of Human Resources showing the amounts paid to you;
5. If you collected any Workers Compensation benefits, send a dated letter from your attorney listing all amounts paid to you;
6. A note from the bank indicating any interest paid to you during the time period;
7. A letter from the Veterans Administration indicating the benefits paid, month by month, during the time period;
8. A dated printout from the Department of Social and Rehabilitation Services (SRS) indicating the benefits paid, month by month;
9. A copy of the current benefit letter or dated printout from the Social Security Administration stating what benefits were paid during the past 3 months. SSA has a form SSA-2458 that can be used in place of a letter, or;
10. A short dated and signed note from any person or company, other than those mentioned above, from which you or any member of your household above the age of 18 earned or received income. It must list each month and the amount earned for that month.

Income excludes: Child support payments, college scholarships, 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 person or family who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Income also excludes 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 food produced and consumed on farms, the imputed value of rent received for use of farm land, and such Federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance.

**To apply for the weatherization program, fill out the enclosed application form and return it with the proper proof of income to:**

**South Central Kansas Economic Development District, Inc.  
200 W. Douglas, Suite 710  
Wichita, KS 67202**

**Remember, we can provide weatherization assistance to you more quickly if proof of income is sent with your application.**

**Equal Opportunity is the Law**

**Kansas Weatherization Assistance Program Application Form (Rev. 11/2009)**

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND RETURNED TO THIS OFFICE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # ( ) - \_\_\_\_\_ Work Phone # ( ) - \_\_\_\_\_ Alternate Phone# ( ) - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Age: \_\_\_\_\_ Number in Household: \_\_\_\_\_

**SOURCES OF INCOME AND ASSISTANCE FOR EVERYONE IN THE HOUSEHOLD**

How many of these income types have been received in the household during the past 3 months?  
We must have verification of the income for everyone in the household included with the application.

- |                             |                            |                            |                        |
|-----------------------------|----------------------------|----------------------------|------------------------|
| ____ Gross salary or wages  | ____ Self-Employment       | ____ Retirement or Pension | ____ Social Security   |
| ____ Unemployment           | ____ Workers' Compensation | ____ Dividends or Interest | ____ SSI               |
| ____ TAF (SRS Cash Assist.) | ____ General Assistance    | ____ Alimony               | ____ Net Rental Income |
| ____ Veterans Benefits      | ____ Strike Benefits       | ____ Military Allotment    | ____ Net Royalties     |
| ____ Insurance/Annuity Pmts | ____ Estate or Trust Pmts  | ____ Gambling/Lottery      | ____ Training Stipends |
| ____ Other                  | ____ No Income             |                            |                        |

**List All Persons Living in Household**      How many persons in the household are handicapped? \_\_\_\_\_

<u>Name</u>	<u>Age</u>	<u>Gross Annual Income</u>	<u>Name</u>	<u>Age</u>	<u>Gross Annual Income</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Race of Applicant** (this information is for statistical purposes only)

- Applicant is:     Caucasian    African American    Hispanic    Asian or Pacific Islander  
 Native American    Mixed Race    Other

**Check One of the Following**

"I certify that no member of this household is an alien 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."

"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 my application is approved, I authorize weatherization to be done by this program, and will provide access to my property, as required by weatherization personnel. I also certify that information given by me in this application is true 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 statements.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I live in a: house , mobile home , or apartment .

I own my home , or I rent my home . My home was built in \_\_\_\_\_ (approximate year).

My house is: 1 story  2 stories  3 stories .

My house is scheduled for acquisition/clearance under a government program: Yes  No

My home has been weatherized before: Yes  No  Not Sure . If yes, when? \_\_\_\_\_

I am getting help with my home from other agencies: Yes  No . If yes, please explain below.

**How did you hear about the Weatherization Program?** \_\_\_\_\_

Check either "yes" or "no" for each statement.

	YES	NO
The roof of my home leaks:	<input type="checkbox"/>	<input type="checkbox"/>
I have a working heating system in my home:	<input type="checkbox"/>	<input type="checkbox"/>
I have a forced air furnace (blower & duct work):	<input type="checkbox"/>	<input type="checkbox"/>
I have a wall furnace:	<input type="checkbox"/>	<input type="checkbox"/>
I have a room space heater:	<input type="checkbox"/>	<input type="checkbox"/>
I have a floor furnace:	<input type="checkbox"/>	<input type="checkbox"/>
I have a wood-burning stove:	<input type="checkbox"/>	<input type="checkbox"/>
I have a wood-burning fireplace:	<input type="checkbox"/>	<input type="checkbox"/>
My home is air-conditioned:	<input type="checkbox"/>	<input type="checkbox"/>
I have a window air conditioner:	<input type="checkbox"/>	<input type="checkbox"/>
I have central air conditioning:	<input type="checkbox"/>	<input type="checkbox"/>
My air conditioning runs on:	electricity <input type="checkbox"/>	<input type="checkbox"/> natural gas

**Wall Insulation: Special Instructions from owner:**

**I give my permission** for holes to be drilled in all the exterior walls of my home (or rental property) for installing side wall insulation, and I understand that it will be my responsibility to paint the plugs used to fill these holes. (Vinyl siding will be taken down and put back up after insulation has been done).

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**

**OR, I refuse permission** for holes to be drilled in all the exterior walls of my home (or rental property) for installing side wall insulation, and I do not want the walls insulated.

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**

**KANSAS WEATHERIZATION ASSISTANCE PROGRAM**  
**Administered by South Central Kansas Economic Development District (SCKEDD)**

The services provided to you through SCKEDD on behalf of the Kansas Weatherization Assistance Program 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 with extensive training and experience in specific weatherization techniques. Please be advised that weatherization work items are not intended to enhance or improve the appearance of the home. All work is performed with the intent of reducing energy consumption.

Once SCKEDD has received your application and verified your income to determine eligibility then you are placed on a waiting list to receive a pre-inspection on your home. An appointment will be set for the pre-inspection of your home. 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. Every home is approached using the same method; and all work must be considered cost effective.

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. Should the work item in question be deemed necessary for code compliance and/or health and safety **WORK CANNOT PROCEED** unless that measure is included.

For work items such as wall insulation the homeowner will be asked to sign a damage waiver. This is required because there is a potential for damage due to various factors such as the type and age of existing siding and/or framing as well as interior wall construction.

In order to receive any weatherization work, you *must* agree to allow reasonable access to your home for the pre-inspection, follow up inspections such as Code Inspections of the furnace, or work as deemed necessary by SCKEDD. Failure to make your home available will **VIOLATE ANY AND ALL WARRANTIES ON ALL WORK.**

By signing below, I acknowledge that I have read and understand the information provided to me in this document.

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 1 (800) 658-1742 if you need to appeal

**Applicant Name:** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeowner Signature** (if home is rental) \_\_\_\_\_ **Date** \_\_\_\_\_

## Rental Property Agreement

I, as owner of the residence located at \_\_\_\_\_, Kansas, hereby give permission to the South Central Kansas Economic Development District, Inc (SCKEDD) to weatherize said residence as SCKEDD deems necessary within the Department of Energy regulations in the Federal Register published on January 1, 1986. I also understand that **limited** testing of painted surfaces may take place to determine the concentration of lead-based paint present on surfaces that may be disturbed during weatherization work. This testing will use an XRF device that emits low levels of radiation. The testing will be used to determine what types of weatherization work will be done. I understand that any XRF testing done for the purpose of the weatherization program is not a surface-by-surface paint inspection and it is not a full lead-based paint risk assessment of my home. The XRF testing is solely for the use of the Kansas Weatherization Assistance Program. Lead Safe Weatherization Practices will be followed if any lead-based painted surface is disturbed during weatherization work. I understand that I will receive a summary of the XRF testing results. Federal regulations require that a property owner disclose the presence of any lead-based paint when a dwelling is sold or rented to others. For more information about the disclosure rule, call 1 (800) 424-5323.

In return for weatherization of the aforementioned residence, I as owner, agree not to raise the rent on this property because of the improvements made by SCKEDD for a period of one (1) year following the completion of the weatherization of the dwelling. I, as owner, also understand that this agreement does not disallow an increase in the rent of this property if I do additional repairs at my own expense or the property taxes are increased.

I, as owner, further understand that if the tenants applying for the weatherization work move before the weatherization work is completed, this agreement can be canceled at SCKEDD's discretion.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Owner's Name (printed)

\_\_\_\_\_  
Renter's Signature

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's City, State, Zip Code  
( ) - \_\_\_\_\_

Owner's Telephone#

Michael L. West, Weatherization Director

Legal Aid Society is responsible for arbitrating landlord-tenant disagreements arising from weatherization activities completed on a dwelling. Legal Aid offices are:

**Reno County Legal Aid**  
206 West First  
Hutchinson, KS 67501  
1 (800) 723-6953

**Legal Services of Wichita**  
200 North Broadway, Suite 500  
Wichita, KS 67202  
1 (316) 265-9681

SCKEDD  
Weatherization Program  
200 W. Douglas, Ste. 710  
Wichita KS 67202

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Place postage  
here.

SCKEDD  
Weatherization Program  
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