



Community Action Center

moving people and communities to a positive future

Thank you for your interest in the Weatherization Program. We have included an Application form and a Weatherization Brochure. Please complete the application and return it as soon as possible so that we may begin processing your application. **Please be sure that you answer all questions.**

We also ask that you provide the following documentation to assist our staff in expediting the application process. **If you do not provide this information we will not be able to process your application.**

- Proof of annual income. This includes the gross income of all permanent household members at the time the application is submitted.
 - Three months pay stubs for each job held.
 - All support payments, benefit payments and interest income.

- 1040 form of the most recent year's income tax return. (If you are self-employed the most current year's tax records including the Schedule C Form.)

We greatly appreciate your cooperation. If you have any questions please contact us at (509) 334-9147 or 1-800-482-3991. Thank you.

Sincerely,

Weatherization Program Staff

Enclosures: Weatherization Program Brochure
Application (Complete and Return to CAC with income information)

Weatherization Energy Audit Application

This house is occupied by (please check one): a renter or the owner

Name of occupant: _____ Phone #: _____

Physical Address of house to be weatherized:

Street: _____ City: _____ Zip: _____

Mailing address of occupant (if different from address of house):

Address _____ City: _____ Zip: _____

Complete this section only if you rent:

Monthly Rent Payment: _____

Name of property owner or agent: _____ Phone #: _____

Mailing Address of owner:

Street: _____ City: _____ Zip: _____

All questions below must be answered:

Is the residence a? Mobile Home Single Family House Residence in multi-unit building

If the residence is a mobile is it on a rented lot on property owned by you

Is the residence on? 1 floor 2 floors Other (please explain) _____

Is there a basement? Yes No Is the basement a finished living space? Yes No

What year was the home built? _____

Utility Information:

Name of Service Provider (if applicable) Name on Account if different Account Number

from applicant

Electric: _____

Nat. Gas: _____

Propane: _____

Oil: _____

Wood: _____

Coal: _____

Other: _____

Primary Heat Source _____ Secondary Heat Source _____

Does your furnace have Central Forced Air (with ducts) OR Space Heat (without ducts)

What is your average MONTHLY heating cost for the winter months (November – March)? \$ _____

Have energy conservation or weatherization improvements been installed in the residence in the last 10

years? Yes No Not sure

If yes, what improvements were installed: _____

I am submitting this application for an energy audit and weatherization assistance on the house described above and I authorize the CAC energy auditor to complete an inspection and audit on this house. I understand that there is no fee charged by CAC for the energy audit and it is provided through the energy conservation program for Whitman County.

I certify that the above information is accurate to the best of my knowledge. I give the above listed utility service providers permission to release my account information to this agency or the Washington State Community, Trade and Economic Development for current and future data analysis.

Signature of Applicant

Date

For RENTAL PROPERTY ONLY - Signature of Property Owner or agent

Date

**All question on the application must be answered
Please attach verification of all household income**

Return this form to: **Community Action Center – 350 SE Fairmont Road, Pullman WA 99163**

PLEASE CHECK ALL BOXES THAT APPLY TO YOUR HOME

YES	NO	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your heating source operational?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a fire place? When was the chimney cleaned? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have a fire place does it have a liner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any broken windows?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any holes in the walls (inside or out)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any holes in the floors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have mold or mildew on the floors, walls, and/or ceilings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any electrical problems, such as outlets not working, or fuses/breakers constantly tripping, or open wiring connections?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your water heater work properly? Is it gas <input type="checkbox"/> or <input type="checkbox"/> electric?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a carbon monoxide detector installed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have smoke detectors installed? How many? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your roof leak?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any leaking pipes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any water leaks at the faucets?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the walls?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the ceiling?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there cracks and leaks around doors/windows?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there weather-stripping around windows or doors?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the home have storm windows or insulated glass?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there cracks in the foundation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the water heater wrapped?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the heating ducts wrapped?

In what other areas do you think improvements are needed in your home?

PLEASE NOTE: Income eligibility requirements must be met in order to qualify for a free energy audit and weatherization improvements.

Date: _____ Primary Applicant Signature: _____

**All question on the application must be answered
Please attach verification of all household income**

Name Last, First Middle Initial	Social Security Number	*Sex	Relationship See below	●Birthdate	Age	*Ethnicity See below	Handicapped Yes or No	Work Yes or No

* = Information is voluntary ● = Required only for adults 18 and over

Ethnicity = Aasian – Hispanic – Black – Native American – White – SE Asian – Multiracial – Other

Relationship = Husband – Wife – Child – Partner – Roommate – Other – Self

Mailing address: _____

Income/Benefits: Entire in the amount received per MONTH for all sources of income, including income from rental property.

Employment \$ _____ SSI \$ _____ SSA \$ _____ TANF \$ _____

Unemployment \$ _____ GAU \$ _____ VA \$ _____ Pension \$ _____

Other \$ _____ source(s): _____

If you have no income, explain how your living costs are paid: _____

I certify that I have provided the information and it is accurate to the best of my knowledge. I understand that I may be subject to criminal prosecution if I have knowingly provide false information. I also give my permission for the Community Action Center to request/release information that may result in my receiving or being denied benefits from this assistance request, current/future data analysis, and eligibility determination. I understand and authorize the Community Action Center staff to use my social security number for income verification and to verify the eligibility of my household for assistance.

Date: _____ Primary Applicant Signature: _____

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