



Weatherization Educational Outreach Program (WEOP) Income Verification

Number of People Living in Household	1	2	3	4	5	6	7	8
Income	\$21,200	\$24,200	\$27,250	\$30,250	\$32,700	\$35,150	\$37,550	\$39,950

Are You a MILITARY VETERAN or does a Military Veteran live in Your Home?

Yes No

Do you meet the definition of ELDERLY/FRAIL ELDERLY: "Older persons, 70 years or older, LIVING ALONE, who are afflicted with physical or emotional disabilities that may interfere with their ability to independently perform activities of daily living."

Yes No

The Property MUST HAVE A 100% HOMESTEAD EXEMPTION to be considered for this Program.

TO FIND OUT IF YOU QUALIFY, please complete the information (below):

PLEASE PRINT:

Name of Homeowner: _____

Address: _____

Zip: _____ Telephone: _____ Date of Birth: _____

1. Number of people living in household: _____
2. Total Household Income: \$_____ (circle one: Weekly Monthly Yearly)

CIRCLE YOUR ANSWER FOR THE FOLLOWING:

3. I own and currently live in the home located at the address listed above. YES NO
4. My monthly electric bill averages: Less than \$50 \$50 to \$150 \$150 to \$300 Over \$300

By signing this application, I hereby attest that all information given here is true, to the best of my knowledge.

Signature – Homeowner

Today's Date

REPAIR APPLICATION & CHECKLIST

Please provide the following documents with your repair application:

- Application for Housing Assistance – completed and signed (attached).
- Authorization to Release Information – signature only (attached).
- Homeowner Questionnaire (attached).
- Consent to Inspection (attached).
- Copy of Driver’s License or other Photo ID – all adults in household.
- Copy of Social Security Card for ALL household members.
- Proof of current income:
 - Past 3 months of pay stubs for ALL working adults (18 & older),
 - Benefit Statement for Social Security, AFDC, Retirement, etc.
 - This is the statement received from the provider outlining your current monthly benefit, we cannot use the form sent to file your taxes the previous year.
- Proof of homeownership – Copy of Deed or Homestead Exemption Certificate.
- Copy of Energy Bills for most recent month.
- Copy of Disability documentation if seeking a priority advantage on the applicant waiting list (i.e. copy of your disability award letter, letter from Doctor, or copy of Handicap Parking Permit).

Return all forms to:

Fort Pierce Utilities Authority
Customer Service
206 South 6th Street
Fort Pierce, FL 34950
(772) 466-1600



The Fair Housing Act prohibits discrimination in real estate related transactions, or in the terms or conditions of such a transaction, because of race, color, religion, sex, disability, familial status, or national origin. The federal agency that is responsible for enforcing this law is the U.S. Department of Housing and Urban Development. If a person believes that they have been discriminated against in violation of this law, they should contact the U.S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.



WEATHERIZATION FACTS

The Weatherization Assistance Program can only be utilized to make very specific improvements to your home to improve overall energy efficiency and the Low Income Emergency Home Repair Program assistance can only be used to address minor emergency repairs or provide for accessibility measures. Our Weatherization Quick Facts information sheet has been attached to further explain the program.

In effort to keep you fully informed, we would like to advise that there is an eight step process from evaluating applicant and unit eligibility to completion of eligible repairs under the program:

1. A completed application and supporting documentation is received from the applicant.
2. The completed application package is reviewed for preliminary eligibility by the program coordinator and priority is assigned based on program criteria.
3. The homeowner is notified of the preliminary approval and a unit inspection is scheduled.
4. The unit inspection is conducted by the administering agency, an inspection report is completed and if the unit is deemed eligible, a work order is prepared.
5. If the unit is eligible, the applicant is notified of repairs to be made and the administering agency authorized the contractor to make repairs.
6. The pre-approved repairs are made under a State Licensed and Insured Contractor.
7. A final inspection is completed on the unit by the administering agency and the homeowner approves completed work.
8. Within two months of the repairs, the homeowner will provide the administering agency with a copy of recent energy bills for the program file.

FOR OFFICE USE ONLY
 Date Received _____
 Time _____
 Income Leve (VL) (L) (MOD)

Application for Weatherization Assistance

All questions must be answered. Incomplete application will not be accepted for review.

APPLICANT INFORMATION

Full Name		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Physical Address		(Street, City, State, Zip)
Mailing Address		
Home Phone #	Work Phone #	Cell Phone #
Birth Year	Place of Birth	Age
Last 4 numbers of SSN:	Last 4 numbers of DL#	State
Are you an American Citizen? : <input type="checkbox"/> Yes : <input type="checkbox"/> No		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced* <input type="checkbox"/> Widowed <input type="checkbox"/>
If No, are you a permanent resident? <input type="checkbox"/> Yes : <input type="checkbox"/> No Alien # _____ Attach copy of INS status documents.		

CO-APPLICANT INFORMATION

Full Name		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Physical Address		(Street, City, State, Zip)
Mailing Address		
Home Phone #	Work Phone #	Cell Phone #
Birth Year	Place of Birth	Age
Last 4 numbers of SSN:	Last 4 numbers of DL#	State
Are you an American Citizen? : <input type="checkbox"/> Yes : <input type="checkbox"/> No		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced* <input type="checkbox"/> Widowed <input type="checkbox"/>
If No, are you a permanent resident? <input type="checkbox"/> Yes : <input type="checkbox"/> No Alien # _____ Attach copy of INS status documents.		

*** Copy of final divorce decree and child support agreement must be submitted with application.**

List everyone living in household including applicant. Proof of income for all adults in the household must be provided as part of the application.				
Name of Household Member	Birth Year	Age	Disabled	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Are you related to any representative of this organization? <input type="checkbox"/> Yes : <input type="checkbox"/> No If yes, name and relationship: _____
How did you hear about this program? <input type="checkbox"/> LHEAP Referral <input type="checkbox"/> Friend <input type="checkbox"/> Brochure <input type="checkbox"/> Media <input type="checkbox"/> Other
Have you ever applied to and/or received assistance from INPHI before? <input type="checkbox"/> Yes : <input type="checkbox"/> No If yes, when? _____

EMPLOYEMENT AND INCOME

APPLICANT EMPLOYMENT INFORMATION:

Employer	Start Date	
Employer Address		
Employer Phone #	Employer Fax #	Weekly Gross Income _____

If less than 2 years with current employer, please provide previous employer information (use blank sheet for more than one):

Employer	Start Date	End Date	Weekly Gross Income \$ _____
Employer Address	Employer Phone #	Employer Fax #	

CO-APPLICANT EMPLOYMENT INFORMATION:

Employer	Start Date	
Employer Address		
Employer Phone #	Employer Fax #	Weekly Gross Income _____

If less than 2 years with current employer, please provide previous employer information (use blank sheet for more than one):

Employer	Start Date	End Date	Weekly Gross Income \$ _____
Employer Address	Employer Phone #	Employer Fax #	

List the income received during the past 12 months from all sources by ALL members living in the household

Income Source	Income (Applicant)	Income (Co-Applicant)	Income (Other)	Document Provided
Gross Wages				
Unemployment				
Retirement				
Self-Employment				
AFDC				
Social Security				
SSI				
Child Support				
Other (List Source)				

Do you currently pay child care? Yes : No If yes, amount: \$ _____ : Weekly Monthly
 Do you currently pay child support? Yes : No If yes, amount: \$ _____ : Weekly Monthly

FAMILY ASSETS

Family assets include the value of real property, savings, Certificate of Deposit (CD), market value of stock, bonds and other capital investments. Do you have any of the following? If so, please fill the current value of these items.

Bank:	Checking Balance: \$	Savings Balance: \$
Bank:	Checking Balance: \$	Savings Balance: \$
Cash value of stocks: \$	Cash value of bonds: \$	Cash value of CDs: \$

PROPERTY OWNED

Year Built:	Market Value: \$	Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No
Year Built:	Market Value: \$	Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No

I do hereby certify that the housing I occupy/will occupy under this program will be my permanent residence. I further certify that I do not and will not maintain a separate residence or ownership in a property in a different location.

By signing this application, I hereby certify that the income and assets reporting procedures for determining adjusted income have been explained to me by the organization, and that I have reported accurately all the income received and assets owned by the this household unit. I understand that this information will be used by the organization for the sole purpose of determining adjusted income which is used for determining my eligibility for assistance. I understand that all amounts requested were to be GROSS figures and that these amounts were to include all assets and income received by all members of the household.

If you change, omit, or deliberately withhold information in order to become eligible for any program in which this organization participates, you will be committing an act of fraud, and may be subject to penalties under law. The information you provide is subject to verification. Should the organization discover any false or misleading information supplied by the applicant on this application, the applicant will be rejected.

CLIENT APPEAL PROCEDURES – if you have a complaint or problem about any program or any decision that is made in reference to your application that has not been satisfactorily handled by the staff, you may have the complaint or problem reviewed in accordance with this Agency’s written appeals procedures which are posted and available to you.

By signing this application, you declare that all of your responses are true and complete and authorize the organization to verify this information. Any false statement on this application can lead to rejection or your application.

Signature Applicant: _____

Signature Co-Applicant: _____

Date: _____

Date: _____

What is your Ethnicity? Hispanic or Latino Not Hispanic or Latino
 What is your Race? American Indian/Alaskan Asian White
 Black or African American Native Hawaiian or Pacific Islander

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 What is your Race? American Indian/Alaskan Asian White
 Black or African American Native Hawaiian or Pacific Islander

The information solicited on the application is requested by the grantee in order to assure that Federal Law prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, family status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

The Fair Housing Act prohibits discrimination in real estate related transactions, or in the terms or conditions of such a transaction, because of race, color, religion, sex, disability, familial status, or national origin. The federal agency that is responsible for enforcing this law is the U.S. Department of Housing and Urban Development. If a person believes that they have been discriminated against in violation of this law, they should contact the U.S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.

AUTHORIZATION TO RELEASE INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release any information necessary to verify my application for the purpose of determining eligibility status for federal, state and locally assisted housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by federal, state, and local funding agencies as needed to determine eligibility for programs administered by CITY OF FORT PIERCE AND/OR FORT PIERCE UTILITIES AUTHORITY.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be required include but are not limited to:

Identity and Martial Status	Employment Income and Assets
Medical or Child Care Allowance	Credit and/or Criminal Activity
Residence and Rental Activity	Guardianship or Legal Custody of Household Minors

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked or who may ask us to release the above information include but are not limited to:

Past and Present Employers	U.S. Citizenship and Immigration Services
Previous Landlord	Credit providers and Credit Bureaus
Child Care Providers	Banks and other Financial Institutions
Welfare Agencies	Schools and Colleges
State Unemployment Agencies	Medical/Pharmaceutical Providers
Utility Companies	Law Enforcement Agencies
Retirement Systems	Courts and Post Office
Social Security Administration	Child Support Enforcement Agencies
Veterans Administration	Federal Emergency Management Agency (FEMA)

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file at the CITY OF FORT PIERCE and will stay in effect for one year and one month from the date signed.

SIGNATURE

_____	_____	_____
Applicant	Print Name	Date
_____	_____	_____
Co-Applicant	Print Name	Date
_____	_____	_____
Adult Household Member	Print Name	Date

**WEATHERIZATION ASSISTANCE PROGRAM
APPLICANT CONSENT TO INSPECT FORM**

Fort Pierce Utilities Authority (FPUA) to inspect the unit located at _____
Fort Pierce, FL, occupied by: _____.

APPLICANT CONSENT TO INSPECTIONS

If it is determined that the performance of weatherization measures will increase the energy efficiency of your home, Fort Pierce Utilities Authority (FPUA) agrees to perform the necessary weatherization activities in accordance with the following requirements:

- A. Your income eligibility and proof of ownership have been verified to meet program guidelines
- B. Signed consent of Co-owner agreement, if someone else’s name appears on deed,
- C. Only weatherization activities that will make the home more energy efficient by reducing the infiltration of air will be performed,
- D. Total cost of weatherizing this unit cannot exceed the dollar amount allowed by federal and state regulations for each dwelling.
- E. Housing rehabilitation, remodeling, reconstruction or other housing repairs are not weatherization and WILL NOT be done by this program,
- F. The homeowner will be required to sign a completed Release Form after the completion of work.

I have read and understand the terms and conditions governing my participation in the Weatherization Assistance Program and consent to have the above addressed unit weatherized in accordance with those requirements.

Applicant Signature

Date

Co-Applicant Signature

Date

OWNER'S QUESTIONNAIRE & PROPERTY HISTORY

1. Occupant's Name _____ Date _____
1a. Are you or anyone living here: Disabled Handicapped
1b. Adverse health conditions: _____
2. Are you the Owner: Yes No
3. How long have you lived here: _____ years.
4. Is the unit a: House Amount of most recent electric bill: \$ _____
a. If unit is house: CBS Wood
b. Age of house: _____ years ___ don't know
c. Number of bedrooms: _____ bathrooms: _____
d. Number of people living in home: _____
e. Approximate square footage: _____
5. Any pets? Yes No Dogs Cats
6. Best day for inspection: M T W TH F Time of day: AM PM

ROOFING

7. How old is main roof: _____ years. ___ don't know. Other roof areas: _____ years ___ don't know.
8. Have you had any leaks or problems? YES NO When and where: _____

HEATING

9. What type heating do you have _____ number of units: _____ approximate age: _____ yrs.
10. Have you had any heating problems? YES NO What type? _____
11. Are there any living areas that don't have heating? YES NO Where: _____

COOLING

12. Do you have central air: YES NO Are there any areas without cooling: YES NO
13. Number of units: _____ approximate age: _____ years.
14. Have you had any cooling problems? YES NO What type: _____

ELECTRICAL

15. Do you know if there is any aluminum wiring in the house: YES NO Don't Know
16. Have you experienced any electrical problems? YES NO What type: _____
17. Has the system been upgraded: YES NO How _____

PLUMBING

18. How do you get your water: Municipal/Public Private Well
19. Where does your waste go: Municipal/Public Sewer Septic Tank Cesspool
20. If Septic Tank, have you had any problems or done any repairs: YES NO
What type: _____ Last Serviced: _____
21. If Private Well, have you had any problems? YES NO
Age of pump/tank: _____ When was the last water analysis performed? _____ Results: _____
22. Have you experienced any problems with water pressure, volume, or with drainage YES NO
What type: _____

23. Have you experienced any plumbing leaks including shower stalls: YES NO
What areas were affected? _____

HOT WATER

24. What type of water heater do you have: electric gas solar other _____
Number of units: _____ Approximate Age: _____

25. Have you had any problems with the amount and/or temperature of the hot water: YES NO
If yes, explain: _____

WOOD DESTROYING INSECTS

26. Are you aware of any present or past wood destroying insects: YES NO
If yes, when and where: _____
Was damage, if any, repaired? YES NO Explain: _____

27. Has the house been treated for wood destroying insects: YES NO
If yes, when and by whom: _____
Did they afford you a warranty: YES NO Length of warranty: _____

28. Have you had any air quality problems due to insect treatment: YES NO Explain: _____

HURRICANE PROTECTION

29. What type of hurricane shutters do you have? Accordion Panel Plywood None

30. If accordion or panel, what year were they installed? _____

31. Did you receive a My Safe Florida Home Inspection? YES NO
If yes, what is the number listed on report (top left corner usually): _____

MISCELLANEOUS

32. Are you aware of any foam insulation in exterior walls? YES NO

33. How old is your refrigerator _____ Any current problems?: _____

34. Do you have any gas appliances? YES NO If yes, LP Natural Gas Don't Know

35. Are you aware of any high level or other concerns related to air, water or material content in this house, such as asbestos, radon or lead paint? YES NO Explain: _____

36. Are you aware of any other past or present conditions which may have affected the habitability or structural stability of this property: YES NO Explain: _____

37. Have you made any significant structural or system repairs or changes in the time you have owned the house? YES NO Explain: _____

38. Other Comments: _____

Signature _____ Date _____

Signature _____ Date _____

**NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
WEATHERIZATION EDUCATIONAL & OUTREACH PROGRAM (WEOP)**

The following disclosure is being made pursuant to section 119.07(5), Florida Statutes.

Social Security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Education Outreach Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identify.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by Fort Pierce Utilities Authority and City of Fort Pierce for the purpose specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law.

Second 119.07(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by Federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to a commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connect with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Assistance Program.7

Applicant's Signature

Date



*Weatherization Works
in Florida*

Florida
Weatherization
Assistance Program

**Energy Conservation
Guidelines**

You may conserve energy and save money by following these suggestions:

- Pay electric bill on time to avoid late fees or interest charges.
- Be aware of your energy costs and set a goal to reduce consumption.
- Set thermostat at a constant temperature:
 - 78 degrees (Fahrenheit) or higher for cooling
 - 70 degrees (Fahrenheit) or lower for heating
- Use ceiling fans to supplement cooling. Raise the thermostat setting 3 to 4 degrees.
- Clean or replace filters each month.
- Keep windows and exterior doors closed while the a/c or heating system is operating.
- Turn off lights, fans and television when not in use.
- Avoid excessive trips and keep the refrigerator door closed properly.
- Wash and dry full loads. Use a clothesline when possible.
- **Never** use stove burners for heating your home.

**Notice of Collection of Social Security Numbers
Low Income Home Energy Assistance Program (LIHEAP)
Community Services Block Grant (CSBG)
Weatherization Assistance Program (WAP)**

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Low Income Home Energy Assistance Program and Community Services Block Grant. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and **Economic Opportunities Council of Indian River County, Inc.** (Recipient) for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Low Income Home Energy Assistance Program and/or the Community Services Block Grant Program.

Signature of Applicant	Date	Signature of Agency Staff	Date
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