



PRIDE

COMMUNITY SERVICES

Empowering Lives. Strengthening Communities.



*Weatherization
Works*

**PRIDE Community Services, Inc.
PO Box 1346
699 Stratton Street
Logan, WV 25601
(304) 752-6868
www.loganpride.com**

BEFORE APPLICATION WILL BE PROCESSED

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO
PRIDE'S WEATHERIZATION DEPARTMENT**

1. PROOF OF INCOME OR ZERO INCOME AFFIDAVIT FOR ALL HOUSEHOLD MEMBERS (18 & OVER)
2. COPY OF ELECTRIC AND/OR GAS BILL WITH ACCOUNT NUMBERS ON THEM
3. SOCIAL SECURITY NUMBER & DATE OF BIRTH FOR ALL HOUSEHOLD MEMBERS
4. PROOF OF OWNERSHIP (examples include)
 - a. DEED/TITLE
 - b. PROPERTY TAX RECORDS WITH STREET ADDRESS
 - c. MUNICIPAL WEBSITE DOCUMENT
 - d. MORTGAGE DOCUMENTS
 - e. INSURANCE DOCUMENTS

West Virginia Weatherization Assistance Program

Occupant Pre-Existing or Potential Health Condition Screening

Client Name: _____

Address to be Weatherized: _____

During the weatherization process your household will be exposed to materials and equipment that may pose a risk to their health and safety. Common weatherization measures may include work on air sealing, insulation, windows, doors, HVAC and ventilation equipment. Known hazards are like those found in a construction environment such as exposure to power tools, excessive noise, dust, temporary odors, etc.

Below is a list of Known Risks associated with having your home Weatherized:

Materials w/ potential allergens:

- Spray Foams
- Caulking
- Adhesives
- Latex
- Duct mastic
- Plastics
- AC Refrigerants
- Insulations

Common Weatherization Risks:

- Exposure to Power tools
- Disturbance of Mold
- Temporary debris
- Dust
- Noise
- Odors

Do you or any member of your household have any known, or suspected, health concerns that could be made worse by exposure to any of the materials or risks listed above?

No: _____ Yes: _____

If Yes, please describe your concerns below:

A member of our agency will discuss any concerns listed during the initial home assessment (Home Energy Audit) and will work with you to develop a plan to minimize risks.

OCCUPANT HEALTH RISK PREVENTION PLAN *(To be filled out by Agency when plan to prevent risk is needed)* To prevent the following Health risk(s):

The Weatherization Agency will:

The Client will:

Client Signature: _____

Agency Signature: _____

Date: _____

Date: _____



Lisha Whitt
Chief Executive Officer

Empowering Lives. Strengthening Communities.

PO Box 1346
699 Stratton Street
Logan, West Virginia 25601
Phone: 304-752-6868
Fax: 304-752-1047
www.loganpride.com

JOB# _____

TYPE OF INCOME:

- _____ SOCIAL SECURITY
- _____ SSI
- _____ BLACK LUNG-SSA
- _____ BLACK LUNG-DOL
- _____ AFDC
- _____ VETERANS BENEFITS
- _____ WAGES/SALARY
- _____ UNEMPLOYMENT
- _____ OTHER (SPECIFY _____)

RECIPIENT OF INCOME

NAME: _____

ADDRESS: _____

SS# _____

INCOME SOURCE

AGENCY NAME AND ADDRESS:

INCOME PERIOD REQUESTED:

I hereby give my permission for PRIDE Community Services to contact the above agency for purposes of verifying the amount of my income for the requested period to determine my eligibility for any and all programs administered by PRIDE Community Services.

SIGNATURE _____

DATE _____

FOR AGENCY USE ONLY

GROSS AMOUNT _____ TYPE _____ PERIOD _____

GROSS AMOUNT _____ TYPE _____ PERIOD _____

GROSS AMOUNT _____ TYPE _____ PERIOD _____

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

DATE

AGENCY NAME

TELEPHONE NUMBER

[Pride Community Services]

DBA FACS Pro Client Intake Form

Intake Date _____ / _____ / _____ <small style="display: inline-block; width: 150px; text-align: center;">MM DD YYYY</small>	Staff Completing Intake _____
--	--------------------------------------

Address // Demographics

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Mailing Address		Physical Address	
	CITY STATE ZIP CODE		CITY STATE ZIP CODE
	COUNTY		COUNTY
Phone	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X____	Message	Phone- (____) ____ - ____ E-mail- _____ <input type="checkbox"/> Block from Search
SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	_____ / _____ / _____ <small style="display: inline-block; width: 100px; text-align: center;">MM DD YYYY</small> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown

Family Type	<input type="checkbox"/> Grandparent(s) (raising grandchildren) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Multiple Adults (no children) <input type="checkbox"/> Single parent – female (living with children) <input type="checkbox"/> Single parent – male (living with children) <input type="checkbox"/> Single person (living alone) <input type="checkbox"/> Single person (living with partner) <input type="checkbox"/> Single person (living with others) <input type="checkbox"/> Two parent household (living with children)	Living Arrangement	<input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> High Energy User <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> HS- Board of Ed. 4 yr. old <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative or Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>		Pension/Retirement	\$ _____ .00
	Alimony	\$ _____ .00	Public Assistance	\$ _____ .00
	Black Lung	\$ _____ .00	Rental Income	\$ _____ .00
	Child Support	\$ _____ .00	Royalties	\$ _____ .00
	Educational Assistance	\$ _____ .00	Social Security	\$ _____ .00
	Employment Earnings	\$ _____ .00	SSI	\$ _____ .00
	Estates/Trusts	\$ _____ .00	State Assistance (IS Gen. Assistance)	\$ _____ .00
	Interest/Dividends	\$ _____ .00	TANF	\$ _____ .00
	Miscellaneous	\$ _____ .00	Unemployment	\$ _____ .00
	Outside Assistance	\$ _____ .00	Veteran's Benefits	\$ _____ .00
	\$ _____ .00	Worker's Compensation	\$ _____ .00	
Non-Cash Benefit	\$ _____ .00	Total Monthly Income	\$ _____ .00	
Non-Cash Benefit	\$ _____ .00			

Employment

Employment Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employer Name: _____
	If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY
		Current Employer Name: _____
		Employed Since: <u> </u> / <u> </u> / <u> </u> MM DD YYYY

Residence Information / Residence Energy Information

Dwelling Type		<input type="checkbox"/> Site Built (built from bottom up) <input type="checkbox"/> Modular Home (no wheels) <input type="checkbox"/> Doublewide <input type="checkbox"/> Mobile Home		<input type="checkbox"/> Mobile Home with add-on <input type="checkbox"/> Row House <input type="checkbox"/> Multi-Family Unit (5 or more homes in 1) <input type="checkbox"/> Duplex (2 homes under 1 roof)		<input type="checkbox"/> 3 to 4 Unit Rental <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Other	
Structure	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Wood Frame	# of Stories	<input type="checkbox"/> 1 story <input type="checkbox"/> 1.5 stories <input type="checkbox"/> 2 stories <input type="checkbox"/> 3 stories <input type="checkbox"/> 4 stories		Do you live in?	<input type="checkbox"/> City/Town <input type="checkbox"/> Suburb <input type="checkbox"/> Rural Area	
			Year of Construction	_____		YYYY	
Smokers in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	Was the dwelling previously Weatherized?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Were DOE funds used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are non-electric, unvented space heaters in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	
If previously Weatherized, was the dwelling subsequently damaged by fire, flood, wind or any other Act of God? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____					Does the Government assist with the rent or mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No How much is monthly Rent or Mortgage Payment? \$ _____	
If dwelling is rented and being Weatherized, what is Owner's Contribution? \$ _____					House Exposure	<input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Shielded	
Primary Heating		<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood		Who is your Primary Heating Vendor?		Vendor _____ Acct. #- _____	
Secondary Heating		<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood		Who is your Secondary Heating Vendor?		Vendor _____ Acct. #- _____	
Cooling Energy		<input type="checkbox"/> Electric <input type="checkbox"/> None Vendor _____ Acct. #- _____		How much is your monthly energy bill?		\$ _____	
Please provide detailed directions to your dwelling.		_____ _____ _____					

Customer Consent Form

DBA FACS Pro Client Intake Form

I, _____ give _____ consent to release, obtain, store and share all pertinent identifying and non-personally identifying social, educational, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will be stored in a secure electronic data system. My information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by _____. I release _____ and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to _____ that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

Customer Signature

Date

Signature of CAA Staff Member

Date

Weatherization Consent Form DBA FACS Pro Client Intake Form V.12.2024.

The following must be attached to this application:

Proof of Income for all Household Members

A copy of the most recent electric utility bill AND A copy of the most recent primary and secondary household heating bill (if applicable)

I, _____, acknowledge that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. By signing below, I authorize the agency indicated above to obtain comprehensive information regarding my past, present, and future utility bills.

Furthermore, I grant consent for the agency to perform weatherization measures on the dwelling listed above, with an understanding that these measures have been thoroughly explained to me. I acknowledge that weatherization measures are subject to change based on federal and state weatherization priorities, as well as existing and future funding limitations.

I understand and accept that I cannot hold the agency liable for any pre-existing program-identified health and safety violations that may not be corrected by the agency Weatherization Program. I also acknowledge that the agency cannot be held responsible for existing conditions prior to weatherization work.

Moreover, I acknowledge that the weatherization crew may need to utilize my electricity to perform the aforementioned weatherization measures.

In addition to the above, I certify that, to the best of my knowledge, all information provided by me is true. I am aware that any falsification of information is subject to prosecution.

Customer Signature: _____ Date: _____

Signature of CAA Staff Member: _____ Date: _____

Additional Household Member

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

SS#	_____ - _____ - _____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____/____/____ MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Transgender Female to Male	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Migrant/Seasonal Worker <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Referred by DHHR <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> HS/EHS – Parent of Child <input type="checkbox"/> HS/EHS – Foster Parent of Child	<input type="checkbox"/> HS/EHS – Dual Custody Agreement <input type="checkbox"/> HS/EHS – Guardian of Child <input type="checkbox"/> Deceased <input type="checkbox"/> Hurricane Katrina Evacuee <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative OR Board Member <input type="checkbox"/> HS/EHS- Over Income Exception	

Income

Monthly Income Sources for Household Member	No Financial Resources <input type="checkbox"/>		Pension/Retirement \$ _____ .00
	Alimony \$ _____ .00	Black Lung \$ _____ .00	Public Assistance \$ _____ .00
	Child Support \$ _____ .00	Educational Assistance \$ _____ .00	Rental Income \$ _____ .00
	Employment Earnings \$ _____ .00	Employment Earnings \$ _____ .00	Royalties \$ _____ .00
	Estates/Trusts \$ _____ .00	Employment Earnings \$ _____ .00	Social Security \$ _____ .00
	Interest/Dividends \$ _____ .00	Employment Earnings \$ _____ .00	SSI \$ _____ .00
	Miscellaneous \$ _____ .00	Employment Earnings \$ _____ .00	State Assistance (IS Gen. Assistance) \$ _____ .00
	Outside Assistance \$ _____ .00	Employment Earnings \$ _____ .00	TANF \$ _____ .00
	_____ \$ _____ .00	Employment Earnings \$ _____ .00	Unemployment \$ _____ .00
	Non-Cash Benefit \$ _____ .00	Employment Earnings \$ _____ .00	Veteran's Benefits \$ _____ .00
	_____ \$ _____ .00	Employment Earnings \$ _____ .00	Worker's Compensation \$ _____ .00
	Non-Cash Benefit \$ _____ .00	Employment Earnings \$ _____ .00	Total Monthly Income \$ _____ .00

Employment

Employment Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Employer Name: _____
	If so what is her/his status? <input type="checkbox"/> Full-time w/ benefits <input type="checkbox"/> Full-time, no benefits <input type="checkbox"/> Left employment <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend <input type="checkbox"/> Temporary <input type="checkbox"/> Termination/Layoff	Employed Since: <u> </u> / <u> </u> / <u> </u> <small>MM DD YYYY</small>
		Current Employer Name: _____
		Employed Since: <u> </u> / <u> </u> / <u> </u> <small>MM DD YYYY</small>

Weatherization Assistance Program Rental Release and Agreement

I, _____ owner of the dwelling unit located at _____
and presently occupied by _____ hereby give my consent to having said dwelling unit weatherized
by (Agency name).

I further agree that for a period of two years, the rent shall not be raised because of the increased value of the dwelling unit solely due to weatherization, unless those increases are demonstrably related to matters other than weatherization work. I understand that in the event of a rent increase, the agency can request justification of such increases and could seek remuneration of the increases. In cases where the cost of heating or cooling the dwelling unit is included in the rent, I further agree that any significant reduction in such costs will be passed on to the occupant in the form of reduced rents.

It is understood that the West Virginia Weatherization Assistance Program (WAP) policy requires this agency to obtain investments from the owner to supplement the weatherization energy conservation services to be performed on the building. The policy states:

1. If an owner of the dwelling unit qualifies for WAP, no landlord contribution is expected.
2. In all other situations, a **mandatory** landlord contribution of 25% of the total cost of weatherization to the sub grantee performing the work is expected.

It is further understood that the agency and the weatherization program cannot be held liable for existing program-identified health and safety violations that are not corrected by the agency. It is also understood that the work to be done shall consist of weatherization activities only, as defined by WAP audit, and that no undue enhancement shall accrue to the value of the dwelling.

A cost estimate of needed weatherization work will be made and supplied to me. I will review the estimate, and upon agreement, will sign so that work can begin. Upon completion of the agreed work, an invoice will be sent to me reflecting the work completed and my costs based on the above-mentioned policy. In the event that costs exceed those estimated, the additional costs will be explained to me and those additional costs negotiated.

Owner Signature

Date

Signature of CAA Staff Member

Date

Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income¹ in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my West Virginia Tax Return for this purpose. My household living expenses have been met over the past twelve (12) months as follows:

Housing Assistance: _____ Date Received: _____
Source of Assistance/Name: _____

Utility Assistance: _____ Date Received: _____
Source of Assistance/Name: _____

Food Assistance: _____ Date Received: _____
Source of Assistance/Name: _____

Cash or Other Assistance: _____ Date Received: _____
Source of Assistance/Name: _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Date: _____

Signature of Zero Income Claimant

NOTARY ACKNOWLEDGEMENT

WITNESS my hand and seal this _____ day of _____ 20__.

My County of Residence: _____
Notary Public -Signature

My Commission Expires: _____
Notary Public -Printed Name

HEAD OF HOUSEHOLD AND AGENCY SIGNATURES

_____ Date: _____
Head of Household Signature

_____ Date: _____
Agency Representative Signature

¹Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings.