



*Central Oklahoma
Community Action Agency*

PLEASE RETURN APPLICATIONS TO: **COCAA, WX**
429 N. Union
Shawnee, OK 74802-0486
Fax: (405) 273-8490

**ATTENTION
WEATHERIZATION APPLICANTS**

PROOF OF INCOME FOR THE **PAST 12 MONTHS** ON ALL MEMBERS IN THE HOUSEHOLD IS REQUIRED BEFORE YOUR APPLICATION CAN BE PROCESSED. ALL FORMS MUST BE COMPLETED WITH PROPER SIGNATURES. INCOMPLETE APPLICATIONS WILL BE NOTIFIED BY MAIL AND CONSIDERED **PENDING** UNTIL THE APPLICATION IS COMPLETE AND ALL DOCUMENTS SUBMITTED..

EXAMPLES OF INCOME

1. PAY STUB or LETTER FROM EMPLOYER
2. BANK STATEMENT
3. DHS BENEFIT LETTER
4. DISABILITY BENEFIT STATEMENT
5. UNEMPLOYMENT BENEFIT LETTER
6. SOCIAL SECURITY/SSI CHECK STUB
7. TAX RETURN or W-2

PLEASE CONTACT THE WEATHERIZATION OFFICE IF YOU HAVE ANY QUESTIONS @ (405) 878-9500

Serving Cleveland, Lincoln, Logan, Payne, Pottawatomie and Seminole Counties

Central Oklahoma Community Action Agency
429 N Union, Shawnee Oklahoma 74802
Phone: 405-878-9500 Fax: 405-273-8490
www.cocaa.org

Card: _____
Recorded: _____
Office use only



Today's Date: _____

First Name: _____ Last Name: _____ Do you have a referral? Y / N

SS # _____ Assistance Requested: _____ If so, from whom? _____

Gender: M / F Age: _____ Ethnicity: Hispanic Not Hispanic Race:

- African American
- White Asian
- American Indian
- Multi-Race Other

DOB: _____ Education: 0-8 HS Grad/GED
 9-12 12 + 2/4 College grad

Household Size: _____

Mailing Address: _____ Physical Address: _____

City: _____ OK Zip: _____ County: _____ Phone _____

Housing: Rent Own Shelter Other Monthly Amount of Rent: _____

Source of Income and Monthly Amount Total: \$ _____ No Income: _____

Employment: \$ _____ TANF: \$ _____ SSI: \$ _____ Social Security: \$ _____

Pension: \$ _____ Unemployment: \$ _____ Other: \$ _____ Food Stamps: \$ _____

List ALL persons, including yourself, who are living with you at your present address (use back if needed)

Name	DOB	Vet	US citizen	SS Number	Sex	Race	Medical Insurance	Disabled M or P	Relationship to You
									SELF

Applicant Rights and Responsibilities: I understand that I have the right to a fair hearing of any action directly concerning this application. I certify that I have read completely this application, or that it has been read to me. I further certify that all information contained herein is true. I understand that this authorization does not relieve me from full responsibility for the information contained on this application. I also certify that a false statement or false representation made by me for the purpose of obtaining services makes me subject to prosecution under penalty of law. I also authorize Central Oklahoma Community Action Agency to make any and all inquiries to verify the answers I have given, such as release of information listed above to other agencies on my behalf for the purpose of verification in connection with any assistance that may be provided to me.

Applicant's Signature: _____

COCAA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

**WEATHERIZATION PROGRAM
INTERNAL USE**

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

APPLICANT INFORMATION: APPLICATION DATE: _____
Name: _____ Social Security No.: _____
Address: _____ Date of Birth: _____
City: _____ Telephone No.: _____
Directions: _____

What year was your home built: _____
Do you own your own home? Yes ___ No ___ Section 8 Yes ___ No ___
Do you rent? Yes ___ No ___
If so, from whom?
Name: _____ Address: _____ Phone: _____
Do you pay for heating and cooling of your home? Yes ___ No ___
Have you received assistance from the Oklahoma Department of Human Services LIHEAP Program?
Yes ___ No ___
Has your home been previously weatherized by a Community Action Agency?
Yes ___ No ___ If yes, when? _____

SOURCE OF INCOME

Employment ___ Unemployment ___ Disability ___ Social Security ___
SSI ___ AFDC ___ Other ___
Amount of household income for the last twelve (12) months. \$ _____
If employed, give employer's name, address, and telephone number: _____

HOUSEHOLD MEMBERSHIP (INCLUDE APPLICANT):

NAME	OCCUPATION	AGE*	RACE*

*This is voluntary information.

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973; (2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction Act; or (3) who is receiving benefits under Chapter 11 or 15 of Title 38, U.S. Code?
Yes ___ No ___ If yes, please describe: _____

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

FUEL USAGE INFORMATION:

What is the approximate annual cost of heating your house?

Electric \$ _____ Propane \$ _____ Natural Gas \$ _____ Wood \$ _____

HOUSING CONDITION:

1. How many windows are there on your house? _____
How many storm windows do you have? _____
How many windows have cracked or broken panes? _____
2. How many outside doors in your house? _____
Do they need to be replaced or repaired? Yes ___ No ___
Do they need weather strips? Yes ___ No ___
Do they need door sweeps or thresholds? Yes ___ No ___
3. What kind of heating system do you have? _____
Is it vented? Yes ___ No ___
4. Is your ceiling insulated? Yes ___ No ___
Can your ceiling be insulated? Yes ___ No ___
(If not, explain) _____

5. Are your walls insulated? Yes ___ No ___
6. What kind of foundation does your house have? Post & Pillar ___ Solid ___
Do you have large cracks or holes in your solid foundation? Yes ___ No ___
7. What is the exterior of your home (wood, stucco, brick, etc.)? _____
8. What is the year _____ make _____ and model _____ of
your refrigerator?
9. Describe any other conditions at your home which could be improved with weatherproofing.

RELEASE OF ENERGY CONSUMPTION INFORMATION:

I hereby grant permission to the _____ to inspect utility and billing records at the _____ for the address of _____. The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

Date

Signature of Applicant

Date

Witness

WEATHERIZATION PROGRAM AGREEMENT FOR RENTAL UNITS

THIS AGREEMENT, MADE THIS _____ DAY OF _____, 200____, between

Property Owner: _____

Address: _____

City, Zip: _____

Phone: _____

hereinafter called the Owner, and the Community Action Agency (CAA) _____
_____ hereinafter called the Contractor, for work to be completed on the
structure located at:

Address: _____

City, Zip: _____

Occupied by _____, hereinafter called the Tenant.

This Agreement is entered into by and between the above-named Owner, Tenant and the Contractor.

The Contractor has determined that the Tenant's residence is eligible for weatherization improvements (under 10 CFR 440).

A residence is considered "completed" upon completion of the final inspection of the weatherized work by the Contractor.

The parties to this Agreement, for good and valuable consideration, agree that the weatherization improvements are subject to the following conditions:

1. The Contractor agrees to provide weatherization services/improvements to the residence of the Owner that is occupied by the current Tenant.
2. By entering into this Agreement, the Owner and his/her heirs or assigns agree not to raise the rent on the above-described property for a period of 12 months from the date of the completion of weatherization improvements.
3. The Owner also agrees that the Tenant will not be evicted, regardless of type of rental agreement without legal cause (non-payment of rent, etc.) for a period of 12 months from the date of the completion of weatherization improvements.
4. If this Agreement is not adhered to by the Owner and/or the rent is raised, the cost of the weatherization improvements shall be reimbursed by the Owner to the Contractor.
5. If the Tenant is leasing a low-income, federally subsidized residence, this Agreement shall supersede any and all rental contract agreements between the Owner and the other State and/or federal agency.

6. The parties to this Agreement agree that no undue or excessive enhancement shall be provided to the rental unit or building due to this weatherization assistance.
7. The Owner agrees to rent the premises at the current rate of \$_____ per _____ for a minimum of 12 months from the date of completion of weatherization improvements.
8. The Owner and Tenant agree to release and hold harmless the State of Oklahoma, its agents, officers, and employees and the above-named CAA, its agents, officers and employees from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

This Agreement constitutes the full and complete agreement between the parties.

Owner

Date

Weatherization Coordinator/Director

Date

Tenant

Date

The original document stays with the Contractor, one copy to the Owner and one to the Tenant.

OCCUPANT AGREEMENT

The Weatherization Assistance Program shall be defined as an U.S. Department of Energy funded program that increases the energy efficiency of dwellings owned or occupied by low-income persons. The programs serve to reduce the total residential energy expenditures, and improve the health and safety of the home.

I, _____, certify that I am the occupant of the property located at _____ in _____ County in the State of Oklahoma.

I further certify that I give my permission to _____
Community Action Agency

and their subcontractors to perform any and all work related to the Weatherization Assistance Program activities at the property listed above.

I certify that there are no pre-existing medical conditions that will be exacerbated by the performance of weatherization activities. I also certify that the activities to be performed were fully described to me, including moisture and hazardous material problems, and I am fully aware of the measures to be installed, the labor involved to install those measures, and the anticipated results.

I release and hold harmless the State of Oklahoma, its agents, officers and employees, and the **Community Action Agency**, named above, from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

Signature of Occupant

Witness

**INTERNAL WEATHERIZATION PROGRAM USE
INDOOR AIR QUALITY AND SAFETY CHECKLIST**

NAME: _____

ADDRESS: _____

YES NO

- _____ _____ 1. Has your furnace filter been cleaned or replaced in the past six months?
_____ _____ 2. Have you had your home tested for radon?
_____ _____ 3. Do you have mold or mildew problems during the winter?
_____ _____ 4. Do your bathrooms have working exhaust fans and are they used?
_____ _____ 5. Do you have and use your kitchen exhaust fan (not re-circulating type) when using the stove or oven? _____ When was the last time the grease filter was cleaned? _____
_____ _____ 6. Is your clothes dryer vented indoors? Do you dry damp clothes indoors?
_____ _____ 7. Is the basement or crawlspace below your home frequently damp or wet?
_____ _____ 8. Are the following items typically stored inside your home?
 Paints, solvents, grease, oil, etc.
 Pesticides, herbicides, bug bombs, etc.
 Gasoline cans, gasoline lawn mowers, chain saws, etc.
 Kerosene or kerosene space heaters
_____ _____ 9. Do you use a wood stove, fireplace or unvented space heaters during the winter?
_____ _____ 10. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellowish rather than solid blue?
_____ _____ 11. Do you regularly use any of the following potentially toxic chemicals in your home?
 Strong cleaning products
 Pest killers, insect sprays, flea bombs, etc.
 Room Deodorizers
_____ _____ 12. Do any family members have indoor hobbies using glue, paint, varnish, etc.?
_____ _____ 13. Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?
_____ _____ 14. Does anyone smoke inside your home?
_____ _____ 15. Does a fine white dust or powder regularly appear on the floor or furniture beneath textured ceilings or old pipe and duct insulation?
_____ _____ 16. Is anyone in your household experiencing any of the following symptoms?
 Chronic headaches
 Burning or watery eyes
 Breathing difficulties
 Chronic drowsiness
 Asthma or bronchitis
 Dizziness
 Repeated nausea

- _____ 17. Are the symptoms reported by more than one member of the household?
- _____ 18. Are the symptoms more severe in those who spend the most time indoors at home?
- _____ 19. Are the symptoms most severe in household members younger than 4 or older than 60 years of age?
- _____ 20. Do the symptoms become less severe when away from the house? About how many hours seem to make a difference? _____
- _____ 21. Do the symptoms exhibit a seasonal pattern?
- _____ 22. Do you use a humidifier during the winter (free-standing or furnace-mounted)?
- _____ 23. Do you have indoor pets?
- _____ 24. Do you live in a manufactured home or mobile home?
- _____ 25. Have any of the following things been added or done to your home recently?
- Newly constructed or extensive remodeling or painting in the past 3 years?
 - New plywood or particle board paneling or subflooring?
 - New carpets, draperies or upholstered furniture?
 - New kitchen cabinets, teak or oak veneer or plastic laminate furniture?
 - Extensive weatherization, including blown-in wall insulation?
 - Changes in your gas or oil heating system (80%+ efficiency furnace, new water heater or new chimney for furnace, water heater or wood stove)?
- _____ 26. Is the draft of your wood stove or fireplace weak, even after the first few minutes?
- _____ 27. Is there anything else in or about your home you may suspect may contribute to poor indoor air quality, excessive moisture or be a physical hazard to the occupants?
- _____ 28. Is there evidence of rodents or rodent droppings in your home, attic, crawlspace, heating ducts or other enclosed areas in or around your home?

Please explain:
