WX-800
(REV. 07/24)

Kentucky Housing Corporation
Weatherization Assistance Program

Application & Prioritization:

Job No:

Points: 0

Service Provider: -

Primary Fuel: -

Own: ☑ **Rent:** ☐

Applicant:

Social Security #: - -

County:

Address:

HUD Assistance: Yes ☐ **No** ☑

Phone #: ( ) -

(If yes, select type) -

House: ☑ **Multi:** ☐ **Mobile:** ☐

Directions:

Ownership Verification Document: **Initials:** **Date:**

Occupant(s) Names:	Sex:	Age:	Social Security #:	Ethnic Group:	Relation To Applicant:	Type of Income:	Monthly Amount:	Verified By:
	Female		- -	-	Applicant	-		
	Female		- -	-	-	-		
	Female		- -	-	-	-		
	Female		- -	-	-	-		
	Female		- -	-	-	-		
	Female		- -	-	-	-		

Number & Type of Occupants:

Elderly: _____
Disabled: _____
Children: _____
Other: _____
Total Occupants: 0

Does this household contain a member who has received cash assistance payment under Title IV (TANF) or XVI (SSI) of the Social Security Act at any time during the twelve (12) month period prior to the determination of eligibility for Weatherization assistance?

Yes ☐ **No** ☑

Total:

Monthly Income: $ 0.00
Annual Income: $ 0.00
% of Poverty

(Divide annual income by 100% of poverty level)

I understand that legal action can be taken in case of false statements, including, but not limited to, repayment for services received under the Weatherization Program. I certify that to the best of my knowledge, the information provided here is correct, and accurately reflects my family size, sources of income, and total amount of income for the preceding twelve (12) months. I also agree to immediately notify the agency of any changes in the above information prior to my receiving assistance.

X _____ _____
Applicant's Signature Date

Re-certification

If it has been more than twelve (12) months, and the applicant has not received service, this section must be signed. Unless the applicant's family size, sources of income, and/or total amount of income has changed, then a new application must be completed.

I certify that to the best of my knowledge, the information provided here is correct, and accurately reflects my family size, sources of income, and total amount of income.

X _____ _____
Applicant's Signature Date

FOR OFFICE USE ONLY

Interviewer: _____ **Date:** _____

WX Director: _____ **Eligible:** **Yes** ☑ **No** ☐ **Date:** _____

KHC Kentucky Housing Corporation
Investing in quality housing solutions.

WX-800 (REV. 06/2022)

Continuation Page
PRIORITY RANKING

FUEL USAGE INFORMATION

Month	Electricity Units Used	Electricity Cost	Primary N/A Unit Used	Primary Cost	Secondary N/A Unit Used	Secondary Cost
July						
August						
Sept						
October						
Nov						
Dec						
January						
Feb						
March						
April						
May						
June						
Total:	0	0.00	0	0.00	0	0.00

Total Annual Energy Cost: $ 0.00

Primary Vendor Name

Street Address

, ,
City , State Zip

Account Number

Customer's Name

HOUSEHOLD POINTS

Total Number of Occupants that Are:

Disabled &/or Elderly: _____ X10 = 0 Points
Children (<) 6: _____ X 5 = 0 Points
Total Family Members: _____ X 1 = 0 Points
Total Household Points: = 0 Points

INCOME POINTS (% OF POVERTY LEVEL)

100%-150% = 1 Points
75%-99% = 2 Points
< 75% = 3 Points
Poverty Level Points: = 0 Points

PRIMARY FUEL TYPE

Elec ☐ =8 Points Coal * ☐ =2 Points
Prop ☐ =6 Points Wood * ☐ =4 Points
Oil ☐ =4 Points
Gas ☐ =3 Points
Primary Fuel Points: = 0 Points

** If household contains only Elderly & / or Disabled, Add (4) points for heating with wood and (6) points for heating with coal.*

FUEL COST POINTS

Water Heating Fuel Gas ☐ Electric ☒ Prop ☐
Does household have air conditioner? Yes ☒ No ☐

0.00 / 0.00 = NaN %
Total Energy Cost / Annual Income

0-5%	=	2	Points	**22-28%**	=	**8**	Points
6-14%	=	4	Points	**29-33%**	=	**10**	Points
15-21%	=	**6**	Points	**> 34%**	=	**15**	Points
				***Zero income**	=	**15**	Points

6 Points or Greater = High Energy User!

Fuel Cost Total Points: = 0 Points

Add points in right hand column for Total Priority Points:

Total Priority Points: = 0 Points

- I acknowledge that my household received assistance for rehabilitation from the HOME Reinvestment Program, Community Development Block Grant (CDBG), or the United States Department of Agriculture (USDA) Loan Programs in the last 15 years. **Yes** ☐ **No** ☒
- Has this dwelling been designated for acquisition or clearance by Federal, State, or Local program within (12) months from scheduled weatherization? Yes ☐ No ☒ If Yes: Month Year
- Has dwelling been weatherized in the past 15 years? **Yes** ☐ **No** ☒ If Yes: Month Year
- Are you an employee (or weatherization contractor) of the agency? Yes ☐ No ☐ If yes, what is your position?
- Are you an immediate family member of an employee (or weatherization contractor) or board member of the agency? Yes ☐ No ☐ If yes, who and what position does the person hold? What is the relationship?

1. I hereby authorize -

(Service Provider)

a. To install every measure listed on the dwelling evaluation checklist on my residence (pursuant to my landlord's approval, if applicable) and agree to pay cost of expended materials and labor if ***I*** stop the work prior to completion;
b. To verify all sources of personal and household income for the purpose of determining my eligibility for theweatherization program;
c. To verify the ownership of the dwelling at the address shown on this application (pursuant to my landlord's approval if applicable)
d. To obtain information pertaining to my heating bills from any and all vendors, past, present, and future, whosupply me with heating fuel or energy;
e. To recover from me (or landlord pursuant to his approval, if applicable) the cost of labor and materials for weatherizing my residence if it is sold within a ***12-month*** period of services being provided; however, I understand that no liens will be placed on this residence related to weatherization;
f. To permit my residence to be inspected by State Monitoring staff;
g. To permit full access to my home and its immediate surroundings by weatherization staff & subcontractors of the service provider during all phases of work related to this program.

2. I have been informed of my rights to file a grievance and the method for obtaining a hearing.

Applicant's Signature Date