

Kentucky Housing Corporation Weatherization Assistance Program

Application & Prioritization:

Job No: _____

Points: _____

Service Provider:	Primary Fuel:
Applicant:	Own:
Social Security #: - - -	Rent:
Address:	County: _____
Phone #: () - - -	HUD Assistance: Yes No
Directions:	<i>(If yes, select type)</i>
	House: Multi: Mobile:

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

Number & Type of Occupants:		Total:
Elderly: _____ Disabled: _____ Children: _____ Other: _____ Total Occupants: _____	<i>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?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Monthly Income: _____ Annual Income: _____ % of Poverty _____ <i>(Divide annual income by 100% of poverty level)</i>

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
<p>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.</p> <p>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.</p>

X _____
Applicant's Signature Date

FOR OFFICE USE ONLY

Interviewer: _____ **Date:** _____

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



**Continuation Page
PRIORITY RANKING**

FUEL USAGE INFORMATION (OHFWULFLW\ 3ULPDU\ 6HFRQDU\)XHO%XUQQ)XHO%XUQQ							HOUSEHOLD POINTS Total Number of Occupants that Are:		
Month	Units Used	Cost	Unit Used	Cost	Unit Used	Cost	Disabled &/or Elderly: _____ X10 = _____ Points		
July							Children (<) 6: _____ X 5 = _____ Points		
August							7RWDO)DPLOQHPEHU BBBB, BBBB BBBB 3RLQV		
Sept							7RWDOXVHROG3RLQV _____ Points		
October							INCOME POINTS (% OF POVERTY LEVEL)		
Nov							100% -150% = 1 Points		
Dec							75% -99% = 2 Points		
January							< 75% = 3 Points		
Feb							Poverty Level Points: = _____ Points		
March							PRIMARY FUEL TYPE		
April							Elec <input type="checkbox"/> =8 Points Coal * <input type="checkbox"/> =2 Points		
May							Prop <input type="checkbox"/> =6 Points Wood * <input type="checkbox"/> =4 Points		
June							Oil <input type="checkbox"/> =4 Points		
Total:							Gas <input type="checkbox"/> =3 Points		
Total Annual Energy Cost: \$							Primary Fuel Points: = _____ Points		
Primary Vendor Name							* If household contains <u>only</u> Elderly & / or Disabled, <u>Add (4)</u> points for heating with wood and (6) points for heating with coal.		
Street Address							FUEL COST POINTS		
City, State Zip							Water Heating Fuel Gas <input type="checkbox"/> Electric <input type="checkbox"/> Prop <input type="checkbox"/>		
Account Number							Does household have air conditioner? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Customer's Name							_____ / _____ = _____ %		
							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: = <input type="text"/> Points		
							Add points in right hand column for Total Priority Points:		
							Total Priority Points: = <input type="text"/> Points		

1. I hereby authorize _____ (Service Provider)
- D 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;
 - E To verify all sources of personal and household income for the purpose of determining my eligibility for the weatherization program;
 - F To verify the ownership of the dwelling at the address shown on this application (pursuant to my landlord's approval if applicable)
 - G To obtain information pertaining to my heating bills from any and all vendors, past, present, and future, who supply me with heating fuel or energy;
 - H 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;
 - I To permit my residence to be inspected by State Monitoring staff;
 - J 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