



Weatherization Application

Job # _____

COMMUNITY SERVICES CONSORTIUM/ CSC WEATHERIZATION PROGRAM—Serving Linn, Benton, & Lincoln Counties
2995 Ferry St SW ♦ Albany, Oregon 97322 ♦ (phone) 541-738-0958 ♦ (fax) 541-791-8665

Name _____ Date _____

Physical Address _____ City, Zip _____

Mailing Address (if different) _____

Main Phone _____ 2ND Phone _____ Email _____

Directions to your home _____

Best Day to schedule work at your home (Monday through Thursday) _____

HOUSEHOLD

Total # of people _____ # of adults _____ # of people 60 or older _____ # of disabled people _____ # of children 6 or younger _____

of people in household who are White _____ Hispanic _____ African American _____ Asian _____ Native Hawaiian/ Pacific Islander _____

Native American _____ Which tribe? _____

HOME INFORMATION

Mobile Home House Duplex Tri-plex 4-plex Other _____ Size of Home _____

We are unable to weatherize individual apartments at this time.

Rent Own **Applicant's name must be on title or home will be considered a rental.**

Landlord's Name & Address _____

Landlord's Phone # _____

Year Built _____ How long at this address? _____

Is home for sale or in foreclosure? Yes No

Water heater is electric gas **Refrigerator** is owned by homeowner landlord renter

Attic insulated? Yes No **Walls?** Yes No **Underfloor?** Yes No **Does the Roof Leak?** Yes No

HEATING SYSTEM Tell us about your heating system

Electric: furnace baseboard cadet heater ceiling heat heat pump space heaters

Natural Gas: furnace wall heater stand alone boiler

Oil/Propane: furnace stand alone boiler **Wood:** wood stove pellet stove

What is your highest monthly heating bill? _____ Does your Heating System work? Yes No If No, explain:

Your UTILITY COMPANIES

Pacific Power Central Lincoln PUD Consumers Power NW Natural Other _____

Electric Account # _____ **Natural Gas Account #** _____

Have you received help with your utility bill through Energy Assistance? Yes No If yes, when? _____

ADDITIONAL INFORMATION you want us to know: _____

INFORMATION RELEASE

I authorize my utility companies to release my utility account information to Community Services Consortium/ CSC Weatherization Program—prior to weatherization and including additional usage collected a year after weatherization completion. I give permission for CSC Weatherization to share my information with other CSC programs when appropriate, for the purpose of offering additional assistance.

Applicant Signature _____

Signature of Person whose Name is on Utility Bill (if different than applicant) _____

Weatherization Services Agreement

Owner/ Tenant Agreement: In consideration for the Weatherization services provided by Community Services Consortium (CSC), I agree to the following:

1. I hereby release and hold harmless CSC, its staff, and any contractors hired by CSC from any and all liabilities, claims, damages, losses and expenses not related to installation of weatherization measures.
2. I understand CSC may test for radon and perform radon mitigation services. I hereby fully release and hold CSC harmless for any claim in any way connected to or concerning radon.
3. The weatherization workers and contractors will be given access for weatherization work and inspections, and permitted to use, at no cost, lights, heat, power, and water necessary to carry out and complete the work.
4. Dry Rot Disclaimer: In the event that dry rot/structural issues exist in areas intended for window or furnace replacement, the Weatherization Program will halt work immediately, notify the homeowner/ landlord, and not be held responsible. Repair is the sole responsibility of the homeowner/ landlord, and any necessary dry rot repairs must be completed prior to Weatherization workers completing the work.

Owner/ Landlord: By my signature below, I certify that I am the owner, landlord, or authorized agent for the property listed above and, as such, give permission to Community Services Consortium (CSC) to weatherize this property. I understand that normal materials and labor will be provided free of charge and that no liens will be placed on the property as a result of this service. I verify that the residence is not currently for sale or designated for acquisition or foreclosure. If the property is put up for sale or designated for acquisition or foreclosure, I will notify CSC.

If a rental property:

- The refrigerator is the property of the landlord renter
- If the value of the dwelling is increased as a result of weatherization services, I will not on this basis alone raise the current tenant's rent for at least one year from the date the work is completed.
- As long as the tenant is in compliance with the duties and obligations of the rental agreement, I will not evict him/ her for at least one year from the date the work is completed.
- If I sell the property during the one-year term following completion of work, I will inform CSC in writing. If the purchaser does not assume this agreement, I will be responsible for reimbursement of weatherization costs on a pro-rated basis.

Special Instructions

Owner/ Landlord Name *(print)*

Date

Address

Phone Number

X _____
Owner Signature *Owner/ Landlord of House or Mobile Home (Name on Title)/ Authorized Agent*

X _____
Tenant (Renter) Signature

Required Information

COMMUNITY SERVICES CONSORTIUM/ CSC WEATHERIZATION PROGRAM—Serving Linn, Benton, & Lincoln Counties

Applicant's Name _____ Address _____

Date of Birth & Social Security # for Every Person in Household

of people in household _____ List every person in your household (including children)

	Legal Name	Date of Birth	Social Security Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

When it is your turn on our Wait List, we will collect your current income information. The information you provide will be used to determine if you are eligible for weatherization services. This program is voluntary. If you choose to apply for services you must give all required information. During the application processing we may need to ask you for more information in order to determine your eligibility.

APPLICANT DISCLAIMER AND RELEASE

I understand the information I provide will be used to determine and verify my eligibility for weatherization. I understand that if I feel my application was unjustly denied, I may be entitled to a fair hearing if requested within 30 days of the date of denial. If I feel I have been discriminated against by the local provider, I may appeal to Oregon Housing and Community Services (OHCS). My signature gives consent for offices of the state and federal governments, their designated subcontractors, and the utilities or home energy suppliers to share information, including information about my account.

X

Signature of Applicant

Date

Agency Certification: The above named applicant has met the income eligibility requirements for the State of Oregon Low Income Weatherization Assistance Program and is authorized to receive weatherization assistance.

CSC Staff Signature

Date

CSC Weatherization Program ♦ 2995 Ferry St SW ♦ Albany, Oregon 97322 ♦ 541-738-0958