



**Oregon Coast Community Action
WEATHERIZATION SERVICES**

**1855 Thomas Ave
COOS BAY, OR 97420
541-435-7750**

WEATHERIZATION INFORMATION SHEET

APPLICATION AND SIGNATURE MUST BE IN INK

- 1) Weatherization is a program for low-income households designed to lower heating costs and make dwellings more energy efficient. Installing materials in the home does this.
- 2) Each household that applies for the program is put on a waiting list and is pulled from that list according to a state required point system. Some of our applicants have had to wait up to two years under this system.
- 3) At the time the name is pulled from the list; our auditor will go to the home to determine the most effective method of conserving energy dollars. Also at this time the auditor will verify that you are still within our income guidelines and will be asking for documentation of monthly gross income. After the auditor determines that both your home and your income are within federal and state guidelines, a work order will be filled out outlining the work that will be performed on the dwelling. Once funding becomes available the materials will be ordered for the job. As soon as they are in and the Weatherization contractor is available, the work will begin.
- 4) We can weatherize both homeowners and renters (with written permission of the landlord). We weatherize homes, mobile homes, duplexes, and apartments. We **DO NOT** weatherize homes that are for sale, or in foreclosure proceedings.
- 5) It is very important that you let us know if you have moved so that we can contact you when your name is pulled from the waiting list. If we cannot reach you by phone or mail when it is your turn, it will be necessary to **delete** your name from our list. Please contact the Weatherization department at Community Action to change the address or phone number. If you do not have a telephone, a message phone would be helpful.
- 6) If you have any additional questions regarding the program, please feel free to call the agency at 435-7750 during office hours. Our office hours are Monday thru Friday 8:00 am to 5:00 pm.

PLEASE KEEP THIS FORM FOR YOUR RECORDS

APPLICATION DATE _____



FOR OFFICE USE ONLY

Method of Verification _____
LIEAP # _____
Total Gross Monthly Income _____
Date Verified _____ Verified By _____

Weatherization Application

APPLICATION AND SIGNATURE MUST BE IN INK

(Failure to include the information on this form may result in a delay in scheduling your weatherization appointment.)

Applicant Name: _____ # In Household: _____ Phone #: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Email Address: _____

Please provide names of all household members as they appear on their Social Security Cards.

1. Name <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____ <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N	Relation Self	Social Security Number:	Highest Grade Completed
	Birth Date	<i>Type of Health Insurance?</i> <i>Health Status:</i>	Race
INCOME: Check all that apply for each individual <input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security/SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Zero Income <input type="checkbox"/> Seasonal/Migrant Farm worker <input type="checkbox"/> Self-Employment <input type="checkbox"/> TANF <input type="checkbox"/> Other _____			Income \$
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Housing

Which of the following represents your living situation? Do you: Own a Home? Rent? Is your home for sale? _____ In foreclosure? _____

Is it a: House Mobile Home/Manufactured Home Duplex/Triplex Apartment

Do you have Sec 8 or HUD? Yes No

How long have you lived at your present address? _____

If renting please provide the following information:

Landlord's name: _____ Landlord's phone number: _____

Energy

What is your primary heat source?: Electric Natural Gas Oil Propane Wood Pellets Other

If other, please list: _____

What is your secondary heat source?: Electric Natural Gas Oil Propane Wood Pellets Other

If other, please list: _____

Have you applied for energy assistance in the last 12 months?: _____

Name of your electricity provider: _____ Account number: _____

What is your average monthly electric bill?: _____

*****Certification and Authorization for Release of Information*****

I/we authorize Oregon Coast Community Action (ORCCA) and Oregon Housing and Community Services to obtain information from any utility providers listed below under "Release of Information" Partners as necessary to verify statements given in this application. I/we understand that any knowing or unknowing failure to provide accurate income or household information may result in denial of service for the next 2 program years. I/we understand that completion of this application is not a guarantee of benefit and that the decision to assist is based on (but not limited to): need, order of application, previous assistance, income qualification and available funding.

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

"Release of Information" Partners

Utilities-Heating Vendors

Farr's True Value

Amerigas

Ferrellgas

Hodge Distributors

Coos-Curry Electric

Pacific Power

Tyree Oil

Goddard Energy

Dedicated Fuels

Bassett-Hyland

City of Bandon

Central Lincoln PUD

Northwest Natural Gas

Knutson's Carpet Hut

Slice Recovery

Any or all previous/current/potential utility vendor