

## **Application Must Have:**

**You must use blue or black ink to fill out application**

1. \_\_\_\_ **Proof of income** for each person 18 and older  
(examples: for SS & SSI-, copies award letter. If employed-  
last two pay stubs). **If someone is over 18 and has had no  
income for the last twelve months provide a written  
statement!**
2. \_\_\_\_ **Sign everything**
3. \_\_\_\_ **Occupant agreement**
4. \_\_\_\_ **Rental agreement** (if rental)
5. \_\_\_\_ **Must have message number if you don't have a home  
phone number or cell phone.**
6. \_\_\_\_ **Heat source energy comparison** (electric and gas, other  
than ONG: must call company and request energy comparison.  
ONG: May send copy of bill if you give permission for us to  
get comparison off of the internet.)

Weatherization DOES NOT do Roof Replacement. If you have  
roof leaks please contact us.

**\*\*\*\*\*Before your application can be processed, all of the  
above must be turned in. \*\*\*\*\***

Return Application to:  
Attn: Weatherization  
C.A.R.D., Inc.  
P. O. Box 947  
Claremore, OK 74018  
341-5000 ext. 378 or  
Fax 343-1816

**WEATHERIZATION ASSISTANCE PROGRAM APPLICATION**

Please fill application out completely. Anything left blank could slow the application process down.

Applicant Information:

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

County \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Other Contact # \_\_\_\_\_

Directions to your home: \_\_\_\_\_

What year was your home built? \_\_\_\_\_ Do you own your own home? ( )Y or ( )N

Section 8? Y or N Mobile Home? Y or N Do you pay for heating & cooling? Y or N

Do you rent? Y or N If so, from whom? Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you received assistance from the Oklahoma Department of Human Services LIHEAP Program? ( ) Y ( ) N If yes, LIHEAP or DHS Case # \_\_\_\_\_

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 \_\_\_ TANF \_\_\_

other \_\_\_ Amount of household income for the last twelve (12) months \$ \_\_\_\_\_

Household membership **(INCLUDING APPLICANT- LIST ALL!)**

Name	Occupation	Birth date	Age	Race
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 & 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

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Fuel Usage Information: What is the annual cost of heating your house?

Electric \$ \_\_\_\_\_ Propane \$ \_\_\_\_\_ Natural Gas \$ \_\_\_\_\_ Wood \$ \_\_\_\_\_

Housing Conditions:

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- 1) How many windows are there in your house? \_\_\_\_\_  
How many storm windows do you have? \_\_\_\_\_  
How many windows have cracked or broken panes? \_\_\_\_\_
  - 2) How many outside doors are there in your house? \_\_\_\_\_  
Do they need to be replaced or repaired? ( ) Yes ( ) No  
Do they need weatherstrips? ( ) Yes ( ) No  
Do they need door sweeps or thresholds? ( ) Yes ( ) No
  - 3) What kind of heating system do you have? Wall or furnace \_\_\_\_ Central \_\_\_\_ Other \_\_\_\_\_  
Is it vented? ( ) Yes ( ) No
  - 4) Is your ceiling insulated? ( ) Yes ( ) No  
Can your ceiling be insulated? ( ) Yes ( ) No  
If not, explain \_\_\_\_\_  
Does your roof leak? ( ) Yes ( ) No
  - 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, brick, stucco, etc) \_\_\_\_\_
  - 8) Describe any other conditions at your home which could be improved with weatherproofing
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**Release of Energy Consumption Information:**

I hereby grant permission to the Community Action Res. & Dev. to inspect utility and billing records at the electric &/or gas company 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: \_\_\_\_\_

If you heat with ONG, ONG acct. number: \_\_\_\_\_

### WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

Release of personal income information:

In order to determine my eligibility for the Weatherization Program, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department of Commerce (ODOC) or its designee to have access to my financial records in my possession or in the possession of any other entity prior to the starting date of the work to be done. I waive my right to privacy or confidentiality.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Income certification (to be completed by CAA Staff):

Source: \_\_\_\_\_

Comments: \_\_\_\_\_

Verified by: \_\_\_\_\_  
Signature Date

Note:

In accordance with the Policies at the Oklahoma Department of Commerce, you are hereby informed that you have the right of appeal of the decision made on this Application and you have the right to expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of this agency, who will furnish you with a copy of the Appeals Procedure established under the guidelines of Title 74 of the Oklahoma Statutes (1991), Section 5023.

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## Indoor Air Quality and Safety Checklist

Name \_\_\_\_\_

Address \_\_\_\_\_

YES

NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your furnace filter been cleaned or replaced in the past six months?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you had your home tested for radon?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have mold or mildew problems during the winter?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do your bathrooms have working exhaust fans?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have and use your kitchen exhaust fan (not recirculating type) when using the stove or oven? ____ When was the last time the grease filter was cleaned? ____   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your clothes dryer vented indoors?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is the basement or crawlspace below your home frequently damp or wet?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the following items typically stored inside your home: Circle and/or explain<br>Paints, solvents, grease, oil, etc?<br>Pesticides, herbicides, bug bombs, etc.<br>Gasoline cans, gasoline lawn mowers, chain saws, etc.<br>Kerosene or kerosene space heaters |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you use a wood stove, fireplace, or unvented space heaters during the winter?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellowish rather than solid blue?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you regularly use any of the following potentially toxic chemicals in your home? Circle and/or explain<br>Strong cleaning products<br>Pest killers, insect sprays, flea bombs, etc.<br>Room deodorizers   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do any family members have indoor hobbies using glue, paint, varnish, etc.?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you (or a neighbor) regularly warm up a car/truck very close to your house or inside an attached garage (even with the garage door open)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Does anyone smoke inside your home?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Does a fine white dust or powder regularly appear on the floor or furniture beneath textured ceilings or old pipe and duct insulation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Is anyone in your household experiencing any of the following symptoms? Circle and/or explain<br>Chronic headaches<br>Burning or watery eyes<br>Breathing difficulties<br>Chronic drowsiness<br>Asthma or bronchitis<br>Dizziness<br>Repeated nausea             |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 in the 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 any type of humidifier during the winter?
- \_\_\_\_\_ 23. Do you have indoor pets?
- \_\_\_\_\_ 24. Do you live in a manufactured home or mobile home?
- \_\_\_\_\_ 25. Have any of the following been added or done to your home recently? Circle and/or explain  
 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 evidence of rodents or rodent droppings in your home, attic, crawlspace, heating ducts or other enclosed areas in or around your home?
- \_\_\_\_\_ 28. 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?

Please explain:

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WEATHERIZATION PROGRAM AGREEMENT FOR RENTAL UNITS (Homeowners DO NOT need to fill this 2 page form out)

This agreement made this \_\_\_\_\_ day of \_\_\_\_\_ between

Property  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City,  
State, \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

hereinafter referred to as the Owner and the Community Action Agency (CAA),  
Community Action Resource and Development, Inc. hereinafter called the Contractor.  
For work to be completed on the structure located at:

Address: \_\_\_\_\_

City, State, 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 a tenant's residence is eligible for weatherization improvements (under 10CFR 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) 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 federal subsidized residence, this Agreement shall supersede any and all rental contract agreements between the Owner and 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 provided.

7) The Owner agrees to rent the premises at the current rate of \$ \_\_\_\_\_ per \_\_\_\_\_ for minimum of 12 months from the date of completion of weatherization improvements.

8) The Owner and the Tenant agrees to release and hold harmless the State of Oklahoma, its agents, officers and employees, and the above named Community Action Agency, 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: \_\_\_\_\_

Contractor Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

OCCUPANT AGREEMENT

I, \_\_\_\_\_, certify that I am the occupant of the property located at (street address):

\_\_\_\_\_

(town and zip code)

: \_\_\_\_\_

in (county) : \_\_\_\_\_ county in the State of Oklahoma.

I further certify that I give my permission to Community Action Resource & Development, Inc. and their sub-contractors to perform any and all work regarding the weatherization of the property listed above.

Weatherization shall be defined as the application of any material obtained for the purpose of improving energy efficiency on the property listed above. I release and hold harmless the State of Oklahoma, 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.

\_\_\_\_\_  
Signature of Occupant

\_\_\_\_\_  
Date

### Housing CAPilot Program

**Answer the following questions completely. Failure to provide correct information may result in denial of services.**

Social Security # \_\_\_\_\_ Name \_\_\_\_\_

Address/City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Household type:** Single parent female \_\_\_\_\_ Single parent male \_\_\_\_\_ Two parent household \_\_\_\_\_ Single person \_\_\_\_\_ Two adults/no children \_\_\_\_\_ Other \_\_\_\_\_

**Marital Status:** Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Married \_\_\_\_\_ Co-Habituating \_\_\_\_\_ Partnered/Other \_\_\_\_\_

**Housing:** Own/Buy \_\_\_\_\_ Subsidized \_\_\_\_\_ Rental \_\_\_\_\_ Room & Board \_\_\_\_\_ Other \_\_\_\_\_ /If other, List \_\_\_\_\_

**Does your family have health insurance?** Y or N **If yes, check all that apply:** Self pay \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_ Veterans \_\_\_\_\_

Employer Group Plan \_\_\_\_\_ Children in family covered by Soonercare \_\_\_\_\_ Uninsured \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_

**INCLUDE YOURSELF AND ALL HOUSEHOLD MEMBERS-FILL IN ALL THE BLANKS**

*Failure to list ALL household members will cause delay in processing your application. Use other side for additional family members*

Name	Social Security #	Birth Date	Age	Race	Tribal relation	Sex	Education Complete	Disabled	Veteran	Relationship to Primary Applicant	Monthly Income	Source of Income
										Self		

I hereby declare under penalty of law, that incomes of persons in my household are true and correct. I understand that I will have to provide proof of what I have said and I agree to do this. I authorize CARD to contact area agencies and other community resources on my behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Contract _____	Placed on CAPilot _____
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