

# SLCAP Weatherization Application

When submitting an application for home weatherization, please be sure to include the following information:

1. **PROOF OF INCOME** for all household members received last calendar month. Check stubs or a statement from your employer, a copy of your unemployment check stubs. Social Security payments can be documented by your annual benefits letter or a copy of a bank statement. If any adult in the household was not employed you may be able to get an employment benefits printout from the Department of Workforce Services, or a statement from your caseworker. (If you were approved for the last HEAT year program, this information may be available to us until September 30.)
2. **PROOF OF OWNERSHIP**, if you own or are buying your home. A property tax notice, deed, title or notarized purchase contract are acceptable proof of ownership.
3. **LANDLORD'S FULL NAME AND MAILING ADDRESS**, if you are renting. We have a contract which the landlord must sign and have notarized before we can approved applications for rental units.
4. **A COPY OF A SOCIAL SECURITY CARD** for the qualifying applicant and Social Security numbers for all household members.
5. If your income is higher than our guidelines you may also submit receipts or canceled checks for any out-of-pocket medical expenses you paid in the same month for which we are verifying income. These may include health, dental and vision insurance, dental work, eyeglasses, prescriptions, copays or other medical expenses, hospital payments and other health-related expenses.

Should you have any questions regarding this information, please contact Laura at (801)359-2444, EX 215. Tooele County residents may call 800-796-2444 EX. 215.

APPLICATION FOR HOME WEATHERIZATION

This application is for a home Weatherization grant for low-income households. The Weatherization Assistance Program is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Questar Gas. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. It is illegal to obtain assistance by giving false or misleading information. You should also receive a Privacy Act statement with this application for Weatherization services. Salt Lake Community Action Program reserves the right to deny service to anyone.

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED

Applicant's Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Convenient Time to Call: \_\_\_\_\_

The home to be weatherized is:

Owner Occupied \_\_\_\_\_ Title is recorded in the name of: \_\_\_\_\_
Renter or Lease Occupied \_\_\_\_\_ Landlord's name \_\_\_\_\_
Landlord's Address & Phone \_\_\_\_\_

Table with 7 columns: Name, Age, Sex, Income \$\*, Source, Disabled, Soc. Sec. #. Includes rows for household members and a 'Y/N' column for disabled status.

(List additional household members on the back of application.)

\* I received H.E.A.T. assistance this year: Y / N \*I receive Section VIII assistance from the Housing Authority: Y / N

Income for last month. Income from all sources must be calculated before taxes and deductions. Proof of income must be included with application in order to be considered for weatherization. If your income changed last month please explain: \_\_\_\_\_

I give permission to the administering agency, State of Utah, Rocky Mountain Power, and Questar Gas to inspect the real property I occupy in order to determine weatherization needs, and after weatherization, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of utility usage records to the administering agency and the State of Utah. I authorize to employers, government agencies, (Soc. Sec. Administration, Veterans Administration, Welfare Programs, etc.) to provide information concerning the income statement above. Where applicable I grant permission for Rocky Mountain Power to pay the State of Utah for the installation of approved measures and administrative services in the dwelling I own, described above. I acknowledge that I have received a copy of the Privacy Act.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Race of Head of Household (Voluntary response): Native American or Alaskan Native \_\_\_\_\_  
 Asian or Pacific Islander \_\_\_\_\_ Black \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_

Use this space for Social Security Numbers for ALL ADDITIONAL household members:

Name:	Age	Sex	Income \$*	Source	Disabled	Soc. Sec. #
_____	_____	_____	_____	_____	Y/N _____	_____/_____/_____
_____	_____	_____	_____	_____	Y/N _____	_____/_____/_____
_____	_____	_____	_____	_____	Y/N _____	_____/_____/_____
_____	_____	_____	_____	_____	Y/N _____	_____/_____/_____
_____	_____	_____	_____	_____	Y/N _____	_____/_____/_____

Additional Information: \_\_\_\_\_

From whom did you learn of this program? \_\_\_\_\_

What weatherization do you feel your home needs? \_\_\_\_\_

**Community Action Program is an Equal Employment Opportunity Employer**

The Community Action Program may not directly or through contractual agreements discriminate on the grounds of race, national origin, sex, handicap, religion, age or marital status.

QUESTIONS OR COMMENTS? Please call - (801)359-2444

MAILING ADDRESS: WEATHERIZATION  
 COMMUNITY ACTION PROGRAM  
 764 SOUTH 200 WEST  
 SALT LAKE CITY, UT 84101

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY\*\*\*\*\*

TYPE AMOUNT

Income Verification provided: \_\_\_\_\_ \$ \_\_\_\_\_ -  
 \_\_\_\_\_  
 \_\_\_\_\_

Total annual household income from all sources: \$ \_\_\_\_\_

**I certify that the above income documentation has been examined and verified:**

\_\_\_\_\_  
 Eligibility Certifier - Authorized Signature Date

NOTES

\_\_\_\_\_  
 \_\_\_\_\_

# AUTHORIZATION TO RELEASE INFORMATION

I authorize **Questar Gas Company** and **Rocky Mountain Power** to release certain information to the Community Action Program of Salt Lake and other government agencies having a direct interest in the Weatherization Assistance Program. The information released will be limited to the monthly gas or electric consumption at the residence listed below during the next two years. Such release will not include any information regarding customer credit, account status, or who pays for any natural gas or electricity used.

I also authorize Questar and Rocky Mountain Power to assist the Community Action Program in developing, compiling and disseminating data relating to the reduction of heat loss in residences in conjunction with the above. I authorize Questar and Rocky Mountain Power to have access to any consumption information developed by the Community Action Program.

I understand that I may cancel this authorization at any time by mailing or delivering to Questar and Rocky Mountain Power a written request to discontinue such release of information.

**NAME** \_\_\_\_\_

**SPOUSE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**QUESTAR ACCOUNT #** \_\_\_\_\_

**ROCKY MOUNTAIN POWER ACCOUNT #** \_\_\_\_\_

## PRIVACY ACT

### Privacy Act Provisions

Under section 3(e)(3) of the Privacy Act 1974, 5 USC 552a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

### Program Authority

The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program, and to require a weatherization agency implementing this program to keep records for DOE monitoring.

The State of Utah Weatherization Assistance Program is the recipient of weatherization funds from both DOE and the Dept. of Health and Human Services, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation.

### Voluntary Disclosure

Your responses to the request for information on the Weatherization Assistance Application, Authorization for Release of Information form, and Fuel Information form are entirely voluntary.

### Principal Purpose of Information

The information will be used by the local weatherization agency to implement the weatherization program. It will be used by DOE to monitor the effectiveness of the program.

### Routine Uses

The information, which you provide, will be used in monitoring and evaluating the effectiveness of the weatherization program. In addition, the information may be used in investigative, enforcement, or prosecutorial proceedings.

### Effects of Not Providing Information

Should you decline to provide the information requested on the Application form, your dwelling cannot be considered for weatherization assistance. However, you need not sign the Fuel Information Release form in order to be considered for weatherization assistance.

**Authorization to Release  
Customer Information to a Third Party Agent**



**This is a legally binding contract. This form must be signed by a representative of the Customer with authority to financially bind the customer (such as a CFO or City Manager).**

I, \_\_\_\_\_, \_\_\_\_\_  
NAME TITLE

of \_\_\_\_\_ (Customer)  
CUSTOMER OF RECORD

located at \_\_\_\_\_  
MAILING ADDRESS

do hereby authorize Questar Gas Company® to release the designated information

to \_\_\_\_\_  
THIRD PARTY COMPANY NAME

of \_\_\_\_\_ (Third Party Agent)  
THIRD PARTY MAILING ADDRESS

regarding Account Number \_\_\_\_\_

**Service Agreement Number/s**

**Service Address/es**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

**Information specified:**

This authorization provides the right to the designated Third Party Agent to request information regarding:  
(Initial below)

\_\_\_\_\_ Billing history\* and all meter usage data used in the billing calculations of the specified account/s

\_\_\_\_\_ All meter usage data relating to the specified account

Questar Gas Company will provide the specified information for up to 3 years, dating back from the Customer date of execution of this authorization, for each authorized Service Address. The specified information will be sent directly to the Third Party Agent within a reasonable time after acknowledgement of receipt of this authorization.

\*Billing History does not include the payment history or notices of discontinuation of service for the specified account/s.

**Authorization to Release Customer Information to a Third Party Agent  
(continued)**

**Duration of Authorization:**

This Authorization will remain in full force and effect for:  
(Initial Below)

*If unspecified, the authorization will be limited to a one-time request.*

\_\_\_\_\_ One-time request for information by the Third Party Agent

\_\_\_\_\_ Twelve (12) months from the Customer date of execution of this authorization

**Release of Account Information:**

I, Customer, \_\_\_\_\_, declare that:  
PRINTED NAME OF SIGNATORY

- i. I am authorized to execute this document on behalf of the Customer of Record
- ii. I have the authority to financially bind the Customer of Record
- iii. I am granting the Third Party Agent listed above the right to request the release of account information

I understand that Questar Gas Company® reserves the right to verify any and all information provided pursuant to this authorization before releasing customer data to the Third Party Agent.

I authorize Questar Gas Company to release the designated information to the Third Party Agent specified above.

I hereby release, hold harmless, and indemnify Questar Gas Company from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Third Party Agent pursuant to this authorization; the unauthorized use of this information by the Third Party Agent; and, any actions taken by the Third Party Agent pursuant to this authorization.

Customer Signature: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

I, Third Party Agent, hereby release, hold harmless, and indemnify Questar Gas Company from any liability, claims, demands, causes of action, damages or expenses resulting from the use of customer information obtained pursuant to this authorization and from the taking of any action pursuant to this authorization.

Third Party Agent Signature: \_\_\_\_\_

Third Party Agent Company: \_\_\_\_\_

Third Part Agent Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.