

## Application for Weatherization Assistance

**Person applying:**  I am the owner  I am the renter

### Application checklist

- ✓ **You should know:** We cannot weatherize a dwelling that is for sale or has received Weatherization Assistance services in the past 15 years.
- ✓ **Multi-family dwellings:** You will likely need to complete additional forms if the dwelling includes more than one separate living area (e.g., an apartment building, a duplex, or a house with a basement apartment or in-law suite). Contact your local weatherization office to discuss your situation and get copies of other required forms. *See contact information on back.*
- ✓ **Owners:** Submit one of the documents listed on page 3 as proof of home ownership.
- ✓ **Renters:** Provide the owner's name and contact information on page 3. We need their permission before we can start any work.
- ✓ **Fuel & electricity:** Complete page 4 if you pay any or all of the costs for fuel and electricity.
- ✓ **Income verification:** Send documents that confirm the income of all household members for the past 12 months – unless you get certain public benefits (section 6 on page 5).
- ✓ **Signature:** Sign the application on pages 4 and 7.

### 1. The dwelling to be weatherized

Dwelling type: <input type="checkbox"/> Mobile home <input type="checkbox"/> Single-family home <input type="checkbox"/> Home with basement apartment or in-law suite <input type="checkbox"/> Multi-family duplex or apartment building that has # _____ units			
Physical address	City	State	Zip code
Has this dwelling ever been weatherized through this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			

### 2. The person applying

Last name		First name		Middle initial
Phone number (with area code)	Phone number (with area code)	Email address		
Mailing address (if different from above)	City	State	Zip code	

### 3. Household information

**A. Complete for all household members, including children. Use extra paper if needed.**

Name First & Last	Gender Identity	Disabled Yes/No	Date of birth (mm/dd/yyyy)	Social Security Number XXX-XX-XXXX
1. <b>PERSON APPLYING</b>	<input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	<input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.	<input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**B. Provide the information below for the entire household, including yourself.**

<b>HOUSEHOLD AGE: Provide the number of household members in each age group as well as the total number.</b>								
Ages 0-2	#___	Ages 6-17	#___	Ages 60-69	#___	Ages 80+	#___	
Ages 3-5	#___	Age 18-59	#___	Ages 70-79	#___	<b>TOTAL</b>	#___	
<b>OPTIONAL: Completing the boxes below is voluntary. It will not impact your application.</b>								
<b>HOUSEHOLD TYPE: Check the one that best describes your household.</b>								
<input type="checkbox"/> Single person		<input type="checkbox"/> Two adults, no children		<input type="checkbox"/> Single-parent female		<input type="checkbox"/> Single-parent male		
<input type="checkbox"/> Two-parent household		<input type="checkbox"/> Non-related adults with children			<input type="checkbox"/> Multigenerational household			
<input type="checkbox"/> Other _____								
<b>HOUSEHOLD DEMOGRAPHICS: Provide the total number of household members in each category.</b>								
<b>Race:</b>				<b>Education level:</b>			<b>Age 14-24</b>	<b>Age 25+</b>
a. American Indian or Alaska Native		#___		a. Grades 0-8		#___	#___	
b. Asian		#___		b. Grades 9-12/Non-Graduate		#___	#___	
c. Black or African American		#___		c. High School Graduate		#___	#___	
d. Native Hawaiian/Other Pacific Islander		#___		d. GED/Equivalency Diploma		#___	#___	
e. White		#___		e. Grade 12 + Some Post-Secondary		#___	#___	
f. Other		#___		f. 2 or 4-Year College Graduate		#___	#___	
g. Multi-race (two or more of the above)		#___		g. Other Post-Secondary School Graduate		#___	#___	
<b>Ethnicity:</b>								
a. Hispanic, Latino, or Spanish				b. Not Hispanic, Latino, or Spanish				
#___				#___				
<b>Military Status:</b>				<b>Other Characteristics:</b>				
a. Veteran		#___		a. Has health insurance		#___		
b. Active military		#___		b. Is a New American		#___		
c. Never served in the military		#___						

## 4. Who lives in the dwelling: homeowner or renter

### A. OWNER ONLY. Complete this section if you OWN the dwelling to be weatherized.

Check the appropriate box below:

- I live in the dwelling
- I rent the dwelling to someone else

Send a copy of ONE of the documents below to confirm that you own the dwelling. Check one. ✓

The document you send **MUST HAVE THE PHYSICAL ADDRESS** of the dwelling to be weatherized on it. We must receive it before any weatherization services may begin.

- Real estate tax bill or receipt for address being weatherized
- Deed
- Mortgage or mortgage payment book
- School tax bill or receipt for address being weatherized
- Written statement from local tax assessor's office, county, tribal clerk or tribal deeds commissioner
- Executed land contract, life tenancy agreement or life lease
- Chattel mortgage (mobile home mortgage)
- Vermont mobile home bill of sale — if filed with the town clerk

If you co-own the dwelling with someone who does not live in your household, list them below.

The co-owner (if applicable):

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

The co-owner (if applicable):

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

### B. RENTER ONLY: Complete this section if you RENT the dwelling to be weatherized.

The rent I pay includes:  Heat  Hot water  Electricity

The dwelling's owner:

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

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

The dwelling's co-owner (if applicable):

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

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

## 5. Fuel & electricity used

- If you rent and the OWNER PAYS for any or all of these costs - please check this box
- If YOU PAY for any or all of these costs - complete sections A & B below and sign in section C.

### A. Complete the table below if you pay for any or all of these costs.

Fuel Type	Used for Heating	Used for Hot Water	Used for Cooking	Total Amount Used Each Year (in cords/tons/gallons)	
<b>Unmetered Utilities</b>					
Wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cords	Provide your best guess of how much is used each year.
Wood pellets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tons	
Bio bricks or coal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tons	
Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We'll get the amount of fuel used from your supplier (see below).	If you buy any of these fuels a few gallons at a time, how many gallons do you buy this way, each year? _____
Kerosene or diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Metered Utilities</b>				<b>Utility Name</b>	<b>Account Number</b>
Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### B. List the companies you've bought fuel from in the past three years — for this location only.

FUEL COMPANY INFORMATION			
Service address of dwelling where fuel is delivered:			
	Fuel company name	Fuel company mailing address (Include town, state & zip code)	Fuel company phone number (Include area code)
1			
2			
3			

### C. Authorize the release of your fuel and energy usage records to us — for this location only.

I, the fuel company account holder named below, authorize the Weatherization Assistance Program to:

- Get my household fuel records from all the companies I've bought fuel from in the past three years.
- Get my energy usage records from state energy efficiency utilities.
- Request energy consumption records from my fuel companies and state energy efficiency utilities at anytime between now and five years from the date my weatherization project is completed.

\_\_\_\_\_  
Account holder's name (PRINT)

\_\_\_\_\_  
Account holder's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account holder's name (PRINT)

\_\_\_\_\_  
Account holder's signature

\_\_\_\_\_  
Date

 Sign here

## 6. Public Benefits

If you answer YES to either question below, YOU MAY SKIP AHEAD TO SECTION 9.

We'll verify your income with the Department for Children and Families - Economic Services Division.

Is your household an active Seasonal Fuel household? If you're not sure, call 1-800-479-6151.

Yes  No

Has any ADULT received one of the benefits listed below in the past 12 months?

Yes\*  No — If yes, which one:  Reach Up  Reach First  Post-Secondary Education (PSE)

\* Do NOT check this box if the only benefit received is a Child-Only Reach Up grant.

## 7. Household income

A. Check all types of income received by household members — during the past 12 months.

<p><b>Earned income:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employment wages &amp; salaries</li> <li><input type="checkbox"/> Internship/training stipends</li> <li><input type="checkbox"/> Self employment (e.g., carpentry, childcare, farming, home party sales, lawn care, logging, odd jobs and selling scrap metal)</li> <li><input type="checkbox"/> Property rental</li> <li><input type="checkbox"/> Union strike benefits</li> </ul>	<p><b>Unearned income:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alimony</li> <li><input type="checkbox"/> Child support</li> <li><input type="checkbox"/> Dividends or interest</li> <li><input type="checkbox"/> Estates or trusts</li> <li><input type="checkbox"/> Insurance payments</li> <li><input type="checkbox"/> Gambling / lottery winnings</li> <li><input type="checkbox"/> Military family allotments</li> <li><input type="checkbox"/> Pensions or retirement</li> <li><input type="checkbox"/> Royalties</li> </ul>	<p><b>Unearned income:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security</li> <li><input type="checkbox"/> Social Security Disability (SSDI)</li> <li><input type="checkbox"/> Supplemental Security Income (SSI)</li> <li><input type="checkbox"/> Trusts or annuities</li> <li><input type="checkbox"/> Unemployment compensation</li> <li><input type="checkbox"/> Veteran's disability benefits</li> <li><input type="checkbox"/> Veteran's retirement benefits</li> <li><input type="checkbox"/> Worker's compensation</li> <li><input type="checkbox"/> Other _____</li> </ul>
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B. Provide the following information for each household member.

If anyone is unemployed, put "unemployed" in the income sources section next to their name below.

Name	Income sources List all sources of income over past 12 months	Total income
1. PERSON APPLYING		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$

## 8. Supporting documents to verify income

### A. Use the table below as a guide to the supporting documents you need to send.

<ul style="list-style-type: none"> <li>• If you have any questions, call your local weatherization office.</li> <li>• The quicker you get us these required documents, the sooner we can process your application.</li> <li>• Please send copies as originals may not be returned.</li> </ul>	
If any household member:	Send the following with your application:
<input type="checkbox"/> Received Social Security, Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)	Their most recent Social Security benefits statement. To get a copy, call 1-800-772-1213 or go to <a href="https://www.ssa.gov/myaccount/">https://www.ssa.gov/myaccount/</a> .
<input type="checkbox"/> Filed income taxes	The first two pages of their most recent federal tax return.
<input type="checkbox"/> Received unemployment compensation	An Unemployment Benefits Statement from the past 12 months.
<input type="checkbox"/> Earned wages or salary from a job	An Employment Income Verification Form for each job held in the past 12 months – with the EMPLOYEE'S section completed & signed. The form is available from your local weatherization office.
<input type="checkbox"/> Was self employed	Their most recent IRS Schedule C and information in section B below.
<input type="checkbox"/> Received another type of income	A document that confirms the income.

### B. Provide information about any income from self employment & property rental.

Provide the information below for each household member that had income from SELF EMPLOYMENT or PROPERTY RENTAL during the past 12 months.						
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income
Household member	Type of business	Time period	Gross income	Expenses	Depreciation	Net income

## 9. Permission to enter premises, certification, and signature

### By signing this application below, I agree that:

- I grant permission for weatherization program representatives to enter the dwelling to provide weatherization services. This permission is granted on behalf of all household members.
- I will contact my local weatherization office if I have any concerns that a household member may not agree to allow weatherization program representatives to enter the premises,
- I've listed all household members in Section 3A of this application or on extra paper.
- Any willful misrepresentation may be cause to reject my application, discontinue any work started on my home, and possible prosecution.
- The information I provide on this application may be verified by authorized representatives of the program, and I may be required to provide additional documentation. This may include verifying household income with the Department for Children and Families - Economic Services Division.
- The weatherization of my home under this program is subject to the availability of public funding and the eligibility of my household under program guidelines.
- Representatives of the Vermont Office of Economic Opportunity (OEO) and/or the U.S. Department of Energy (DOE) may inspect the weatherization work completed on my home. This information may be shared with other state agencies to further help my household.
- If I feel I've been discriminated against regarding a decision made on this application because of race, color, national origin, sex, handicap or age, I may appeal those decisions by phone at (802) 241-0943 or in writing to: Weatherization Program Director, Vermont Office of Economic Opportunity, 280 State Drive, NOB2 North, Waterbury, VT 05671-1050.
- **OPT-OUT:** if I check this box , it means I do not authorize the Weatherization Assistance Program (WAP) to release information about this project to help realtors and real estate appraisers develop accurate real estate listings and appraisals for this home. This includes our home address, energy-efficient features installed, and any home energy certifications, ratings, and/or labels obtained. Unless I opt out, WAP may make this information available publicly, including in public real estate listings or on labels that display home energy-efficiency features.
- **OPT-OUT:** if I check this box , it means I do not authorize the Vermont Weatherization Program to release information relating to our home project, such as name, home address, and type of services received, for the purpose of matching home weatherization and Medicaid data to allow AHS to conduct an analysis of health care utilization and costs before and after receiving home weatherization services. The analysis itself will use only de-identified data and no personal information will be released, or made available, to the public.
- **OPT-OUT:** if I check this box , it means I do not authorize the Vermont Office of Economic Opportunity and local weatherization office to use my name & information about our weatherization project to promote the Weatherization Assistance Program.

### YOU MUST SIGN & DATE YOUR APPLICATION HERE.

UNSIGNED APPLICATIONS WILL BE RETURNED.

*I certify that all information provided on this application is true and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

← Sign here



## VERMONT'S WEATHERIZATION PROGRAM

REVIEW THE CHECKLIST ON PAGE 1  
BEFORE YOU SUBMIT YOUR APPLICATION.

**Capstone Weatherization Office**  
**20 Gable Place**  
**Barre, VT 05641**

Local: (802) 476-2093

Toll Free: 1-877-919-2299

Fax: (802) 479-5353

<https://capstonevt.org/>

[weatherization.vermont.gov](https://weatherization.vermont.gov)