

# WEATHERIZATION ASSISTANCE APPLICATION

## CAPECO WEATHERIZATION

721 SE 3<sup>rd</sup>, Suite D  
Pendleton, OR 97801  
541-278-5697 or 1-800-752-1139

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Complete the following section for each member of your household (including yourself):**

Name	Social Security Number	Date of Birth	Primary Language	Gender	Ethnicity	Race	Oregon Tribe	Highest grade in school completed	Disabled	Veteran	Homebound	Non-Cash Benefits
Your name here												

**Number of household members:** \_\_\_\_\_

Do you receive Energy Assistance?: \_\_\_ yes \_\_\_ no

Do you receive SNAP Benefits?: \_\_\_ yes \_\_\_ no

Have we weatherized your home before?: \_\_\_ yes \_\_\_ no If yes, when? \_\_\_\_\_

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### HOME INFORMATION

Mobile Home     House     Duplex     Tri Plex    Size of Home \_\_\_\_\_

**OWN** (**Owner complete page 5**)

**RENT** (**Landlord/Authorized Agent complete page 6**)

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

Landlord's Name and Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Year Built: \_\_\_\_\_ How long at this address? \_\_\_\_\_

**Water Heater:**  electric     gas

**Refrigerator is owned by:**  homeowner     landlord     renter

**Attic Insulated:**  yes     no    **Walls:**  yes     no    **Underfloor:**  yes     no

### 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

Incomplete or Unsigned applications will be returned to the Client for completion

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### **ENERGY/WEATHERIZATION ASSISTANCE APPLICATION---- REQUIRED APPLICANT DISCLOSURES AND APPROVALS**

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#### **PART 1: APPLICANT NOTICE, PROGRAM DISCLAIMERS, AND APPLICANT RESPONSIBILITIES, WAIVER & RELEASE**

- ❖ I, Applicant, understand that the government energy and weatherization assistance programs are voluntary and my application is subject to a review process to determine my household's eligibility.
- ❖ I understand that in order for my household's application to be considered, I must submit a complete application that provides all required information.
- ❖ I understand that I may be required to provide additional information or documentation to determine my household's eligibility.
- ❖ I understand that my household's application and additional information or documentation materials will all become part of my household's application ("Application").
- ❖ I understand that determinations on assistance eligibility are made by the state's Oregon Housing and Community Services (OHCS) department in conjunction with contracted subgrantee agencies ("Subgrantees").
- ❖ In the event that my household's Application is denied, I may be entitled to a review of my Application under applicable Oregon Administrative Rules.

#### **With my signature,**

- ❖ I authorize my household's Application to be shared by and between OHCS and the State of Oregon, including designated subcontractors, and Subgrantees for the purposes of determining eligibility, and administering, monitoring, researching, and evaluating (all of which as determined by OHCS' in its sole discretion) the government energy and weatherization assistance programs.
- ❖ I declare that the information I provide to complete my Application is true and correct.
- ❖ I agree to comply with the government energy and weatherization assistance program requirements for eligible households.
- ❖ I agree that I am responsible to return ineligible funds or funds used improperly.

#### **PART 2: APPLICANT NOTICE, WAIVER & RELEASE RELATED TO ENERGY SERVICE PROVIDERS AND APPLICANT'S ENERGY SERVICE ACCOUNT INFORMATION**

- ❖ I understand that the State of Oregon, including OHCS, its designated subcontractors, and Subgrantees, may request information related to my energy services account(s) ("Account") from my energy service provider(s), including utility, fuel supplier, vendor, or other similar entity providing similar services ("Energy Services Provider"), once my household applies for energy assistance through one of the energy assistance programs, including but not limited to

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the Low Income Home Energy Assistance Program (LIHEAP) and Oregon Energy Assistance Program (OEAP).

- ❖ I understand that information related to my Account may be requested by the State of Oregon, OHCS, its designated subcontractors, and Subgrantees for the purposes of, including but not limited to, determining my household’s energy assistance eligibility, and administering, monitoring, researching, and evaluating the energy assistance programs (all of which as determined by OHCS in its sole discretion).

**With my signature,**

- ❖ I acknowledge that I am the account holder (or the account holder’s authorized agent) for the Energy Services Provider Account(s) identified in this Application.
- ❖ I hereby authorize and hold harmless my Energy Services Provider(s) to release and provide any and all information relating to my account, including but not limited to account number, account name, service address, billing dates and amounts charged, information related to collections actions, other miscellaneous account charges and information, or other similar account data as may be requested by OHCS or its designated subcontractor (hereinafter “Account Information”) to the State of Oregon, OHCS, its designated subcontractors, and Subgrantees.
- ❖ I hereby authorize and hold harmless my Energy Services Provider(s) for such release of my Account Information for up to two (2) energy assistance program years (10/1 to 9/30) prior to my Application and for three (3) program years (10/1 to 9/30) after my Application is submitted.
- ❖ I hereby authorize and hold harmless the State of Oregon, OHCS, its designated subcontractors, and Subgrantees in the use (as authorized by OHCS in its sole discretion) of my released Account Information.

**PART 3: APPLICANT SIGNATURE**

With my signature I hereby provide the required authorization, approval and acknowledgments to both PART 1 and PART 2 of this ENERGY/WEATHERIZATION ASSISTANCE APPLICATION-REQUIRED APPLICANT DISCLOSURES AND APPROVALS.

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other Applicants Signature**

\_\_\_\_\_  
**Date**

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**RESIDENT HOME OWNER CERTIFICATION**

I, \_\_\_\_\_, **certify that I am the owner of the address listed on page one of this application.**

*I have enclosed the following documentation of ownership: current Property Tax Statement or Deed or Contract of Sale.*

I further grant permission to allow weatherization and base load measures to be performed on the property listed on page one of this application in accordance with the following conditions: The Energy Services Department of CAPECO will determine the measures to be installed based on anticipated energy savings, cost effective criteria and State Regulations. Due to limited funding, the Weatherization Program may only be able to install SOME of the listed measures.

- |                                  |                                      |                                 |
|----------------------------------|--------------------------------------|---------------------------------|
| <b>1. Air infiltration</b>       | <b>2. Furnace retrofit</b>           | <b>3. Wall insulation</b>       |
| <b>4. Ceiling insulation</b>     | <b>5. Floor insulation</b>           | <b>6. Duct sealing</b>          |
| <b>7. Duct insulation</b>        | <b>8. Entry door repair/replace</b>  | <b>9. Window repair/replace</b> |
| <b>10. Water pipe insulation</b> | <b>11. Ensure proper ventilation</b> | <b>12. Combustion safety</b>    |

Window measures DO NOT include cosmetic treatment of trim.

I understand that the property cannot be, and is not currently, for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs.

**Owners**

**Signature.....** : \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Owner..** : \_\_\_\_\_

**Address.....** : \_\_\_\_\_

**Phone Number.....** : \_\_\_\_\_

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**LANDLORD AND/OR AUTHORIZED AGENT CERTIFICATION**

I, \_\_\_\_\_, **certify that I am the Landlord/  
Authorized Agent of the following address:**

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

City, State, Zip Code: \_\_\_\_\_

Renter's name: \_\_\_\_\_

***I have enclosed the following documentation of ownership: current Property Tax Statement or Deed or Contract of Sale.***

I further grant permission to allow weatherization and base load measures to be performed on the property listed above in accordance with the following conditions: The Energy Services Department of CAPECO will determine the measures to be installed based on anticipated energy savings, cost effective criteria and State Regulations. Due to limited funding, the Weatherization Program may only be able to install SOME of the listed measures.

- |                                  |                                      |                                 |
|----------------------------------|--------------------------------------|---------------------------------|
| <b>1. Air infiltration</b>       | <b>2. Furnace retrofit</b>           | <b>3. Wall insulation</b>       |
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| <b>7. Duct insulation</b>        | <b>8. Entry door repair/replace</b>  | <b>9. Window repair/replace</b> |
| <b>10. Water pipe insulation</b> | <b>11. Ensure proper ventilation</b> | <b>12. Combustion safety</b>    |

**Window measures DO NOT include cosmetic treatment of trim.**

***If the dwelling is a rental unit,*** then I, the Owner/Authorized Agent, agree not to increase rent to low income tenants as a result of conservation/weatherization measures installed.

I, the Landlord/Authorized Agent, understand that the property cannot be, and is not currently, for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs.

Additionally, I acknowledge that Oregon Law requires landlords to keep rentals in a habitable condition and that participation in the CAPECO Weatherization Program is contingent on the rental unit being maintained in a habitable condition (ORS 90.320).

**Authorized Signature.....** : \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name of Landlord/Authorized Rep:** \_\_\_\_\_

**Address.....** : \_\_\_\_\_

**Phone #.....** : \_\_\_\_\_

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**Utility Release of Information Form**

I hereby authorize the following Utility Provider(s) to release my account information to CAPECO. It is my understanding that this information will be used for Energy Assistance or Weatherization Services. All information will remain confidential.

---

Electricity Utility Name

Account Number

---

Secondary Utility Name

Account Number

---

Printed Consumers Name

Home Phone

OR

---

Service Address

City

State

Zip

---

Consumers Signature

Date

## Eligibility Income Guidelines

60% of State Median Income by Household Size  
for use in Federal Fiscal Year 2021  
Estimated State Median by Household Size - Source HHS

Household Unit Size	Annual Gross Income*	Monthly Gross Income*
1	\$27,806	\$2,317.15
2	\$36,361	\$3,030.10
3	\$44,917	\$3,743.05
4	\$53,472	\$4,456.00
5	\$62,028	\$5,169.00
6	\$70,584	\$5,882.00
7	\$72,188	\$6,015.67
8	\$73,792	\$6,149.30
9	\$75,396	\$6,283.00
10	\$77,000	\$6,416.65
11	\$78,604	\$6,550.35
12	\$80,208	\$6,684.00
Each Additional Member	\$1,604	\$133.65

\* Gross Income means all household income before any deductions