

SUMMIT COUNTY, OHIO

RUSSELL M. PRY, EXECUTIVE

Enclosed is the Summit County Home Weatherization Assistance Program's (HWAP) application. Instructions have been included to clarify any questions that you might have. After an initial inspection will be scheduled taking approximately 3 to 4 hours.

For the best possible service please be aware of the following areas of attention:

- ✓ We are not an emergency service. Each application is considered in the order in which it is received.
- ✓ The hot water tank, furnace and electrical service panel (breaker box) must be easily accessible to the initial inspector.
- ✓ There must be sufficient access to your attic or crawl space area, cold air returns and heat registers.
- ✓ If a gas oven/stove is present, please have it clean with all items cleared away that can obstruct the inspector for testing.
- ✓ All rooms must be accessible to the inspectors and contractors involved in servicing your home.
- ✓ Please keep any pets secured during each step of the Weatherization process. It's not only for our protection but for theirs as well!

Please be sure to include all items from the checklist below.
Failure to do so may delay your application.

Proof of Total Household Income

- Wages (for all household members excluding dependents under 18 years of age)
- Social Security Benefits (Copy of check or statement for pervious 12 month benefit total)
- Pension Information (Includes verification of pervious 12 months benefit total)
- TANF/Department of Jobs & Family Services (Copy of cash issuance history form)
- Unemployment Benefits (please indicate when benefits began)
- Other sources of income (worker's compensation, alimony and/or child support, etc.)
- Copy of last Federal Tax Return with W-2 (if self-employed include all schedules)

Utilities Verification

- Utility Account Release Form (top of page 4 of the application)
- A copy of your most recent gas and electric bill for usage verification.

Other Important Informationif applicable**

- Landlord/Tenant Agreement and Landlord contribution

We look forward to working with you. Should you have any questions or comments please call us at 330-643-2537.

The HWAP Staff

DEPARTMENT OF DEVELOPMENT

175 S. MAIN STREET, SUITE 207 · AKRON, OHIO 44308-1306

330.643.2537 · FAX: 330.643.8249

www.co.summit.oh.us

ENERGY ASSISTANCE PROGRAMS APPLICATION 2011–2012

The Ohio Department of Development (ODOD) offers several programs to help low-income Ohioans pay their utility bills and improve the energy efficiency of their homes. With this form, you may apply for the Home Energy Assistance Program (HEAP), Winter Crisis Program (WCP), Summer Crisis Program (SCP), Percentage of Income Payment Plan Plus (PIPP Plus) and Home Weatherization Assistance Program (HWAP). For WCP and SCP, the utility bill must be in the name of an eligible household member, and an appointment is required at a local provider agency.

ELIGIBILITY

HEAP is a federally funded program designed to assist eligible low-income Ohioans with their winter heating bills. Households may be eligible for assistance from HEAP, WCP, SCP, or HWAP if the household income is at or below 200% of the federal poverty guidelines. Households may be eligible for assistance from PIPP Plus if the household income is at or below 150% of the federal poverty guidelines. Once your application has been processed, you will receive a notification letter telling you whether or not you are eligible for bill payment assistance. If you are eligible, the amount of your benefit will depend on federal funding levels, how many people live with you, total household income, and the primary fuel you use to heat your home. In most cases, benefits will be a credit applied to your energy bill by your utility company. This is a one-time benefit. If you are eligible for weatherization services, your application will be obtainable by the agency providing services in your area. The types of assistance you receive will be based on your home's energy efficiency. If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance.

Residents of any licensed medical facility (hospital, skilled nursing facility, or intermediate care facility) or publicly operated community residence (example: YMCA) are ineligible. Boarding/rooming houses, group homes, or emergency shelters are ineligible for payment assistance, but may be eligible for weatherization services. All persons who share a common kitchen or bath are considered members of the same household and must apply on one application.

PERCENTAGE OF INCOME PAYMENT PLAN PLUS (PIPP PLUS)

PIPP Plus is a special payment plan that requires eligible customers to pay a portion of their household income each month to maintain utility service. PIPP Plus protects customers from disconnection of service, as long as they follow the program's rules about monthly payments. All gas and electric companies regulated by the Public Utilities Commission of Ohio (PUCO) must offer this plan to their customers. PIPP Plus is not available to customers of rural electric co-ops, municipal utilities, or users of delivered fuels. The utility bill must be in the name of the PIPP Plus applicant. The first PIPP Plus installment must be paid upon enrollment in order to receive the arrearage credit.

PIPP Plus enrollment can occur through this application only for the following companies: American Electric Power (AEP), Columbia Gas, Dayton Power and Light (DP&L), Dominion East Ohio Gas, Duke Energy, First Energy (Cleveland Illuminating Co., Ohio Edison, Toledo Edison), and Vectren.

HOME WEATHERIZATION ASSISTANCE PROGRAM (HWAP)

HWAP is a federally-funded, low-income residential energy efficiency program that reduces the energy use of qualified households throughout the state. HWAP services include attic, wall, and basement insulation; blower door guided air leakage reduction; heating system repairs or replacements; electric baseload measures that address lighting and appliance efficiency; and health and safety inspections and testing. Services are based on the structure and energy use of the home. HWAP is administered locally by community action, social service, and local government agencies.

CONTACT INFORMATION

For questions regarding Energy Assistance Programs or to check the status of your HEAP application:

energyhelp.ohio.gov or e-mail us at energyhelp@development.ohio.gov
1-800-282-0880 or 614-644-6600 for Franklin County residents.

For the hearing impaired only:

1-800-686-1557 or 614-752-8808 for Franklin County residents.

INCOME DEFINITION

Household income is defined as the gross income of all household members, except wage or salary income earned by dependent minors under 18 years of age. Heads of household and spouses may never be considered as minors. Gross income includes, but is not limited to, wages (excluding documented health insurance premiums), interest, annuities, pensions, Social Security (excluding Medicare premiums), retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation, and any other indirect income such as utility allowances. Other exclusions may apply if documented.

Please visit energyhelp.ohio.gov for a list of all included and excluded income.

2011-2012 Income Guidelines

Size of Household	Total Gross Annual Household Income	
1	up to \$ 16,335	\$21,780
2	up to \$ 22,065	\$29,420
3	up to \$ 27,795	\$37,060
4	(150%) up to \$ 33,525	(200%) \$44,700
5	(For PIPP Plus) up to \$ 39,255	(For HEAP and HWAP) \$52,340
6	up to \$ 44,985	\$59,980
7	up to \$ 50,715	\$67,620
8	up to \$ 56,445	\$75,260

For households with more than 8 members, add \$5,730 for 150% and \$7,640 for 200% per member.

INSTRUCTIONS (PLEASE READ)

You must provide proof of income for everyone living in your household. Examples of documents that provide proof of income are: payroll stubs, statements from employers, public assistance payment histories, or benefit letters from Social Security, Workers' Compensation, Unemployment Compensation, tax forms/schedule, etc. Please provide income documentation to support your response to question #4. If you are missing documentation for any income source or you list "0" income, please explain. If your response to question #6 is "No Income," a written, signed statement which provides an explanation as to how you are maintaining your household must be submitted. Failure to provide the required documents will delay the processing of your application. Please send copies, as originals will not be returned.

If anyone in your household is disabled, you may be eligible for a larger benefit. To be eligible for this benefit, you must submit proof of disability, but need not disclose the nature of the disability. Proof includes a doctor's statement, benefits letters for Supplemental Security Income, Social Security Disability, Workers' Compensation, etc. "Disabled" describes a person who has some impairment in body or mind that makes the person unfit to work at any substantial employment that the person would otherwise reasonably be able to perform and that will, with reasonable probability, continue for an indefinite period of at least 12 months without any present indication of recovery therefrom, or who has been certified as permanently and totally disabled by a state or federal agency having the function of so classifying persons. Households which have a member who is age 60 or older will also be evaluated for an increased benefit.

Please provide Proof of Citizenship or Alien Status for all household members. **Proof of citizenship or alien status is required for the primary applicant.** If you are a United States citizen by birth, the verification you provide to show your age (birth certificate, baptismal record, U.S. passport) will also provide verification of your citizenship status. However, if those documents were not used for proof of age or if you were born outside of the United States, are a naturalized citizen or an alien, you will need to provide one of the following items: 1) Naturalization Papers/Certifications of citizenship (INS Form I-179, INS Form I-197), 2) Permanent Visa, 3) Birth Certificate/Hospital Birth Records, 4) Refugee Registration Cards, 5) U.S. Passport, 6) INS ID Card, 7) Baptismal Record (Only when place and date of birth is shown.), 8) Military Service Records, 9) Indian Census Records, 10) Voter Registration Cards, 11) Signed statement from a U.S. citizen which declares under penalties of perjury that individual in question is a U.S. citizen, 12) Alien Registration Cards/Re-entry permits, 13) INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993.), 14) INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act; or b) One or a combination of the following terms: Refugee, Parolee, or Asylee, 15) INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful admission for humanitarian reasons, 16) Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act, 17) Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act, 18) INS Form I-688, or 19) Verified citizenship for OWF Program.

Copies of all heating and electric bills are required in order to process your application. If your main heating bill is not in an eligible household member's name, your benefit may be sent to your electric company.

PRIVACY ACT NOTICE

DISCLOSURE: The disclosure of social security numbers is mandatory to receive HEAP benefits. AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i) USE: The state will use social security numbers in the administration of the HEAP to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for needy families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

Please tear here and keep instructions for your records

For Office Use Only

Please complete all items and questions and attach required proof. An incomplete application will delay assistance.

For Office Use Only (Date)

YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE

Client Number

PRIMARY APPLICANT

Form for Primary Applicant with fields for Name, Address, Telephone, and Social Security Number.

- 1) Check the box that most closely describes the type of building you live in. (Check only one.)
2) Including yourself, how many people live in your household?
3) Including yourself, please list the names, relationships, social security number(s), date(s) of birth, and gross incomes of everyone living in your household.

Table with 9 columns: Household Members, Relationship to You, Social Security Number, Date of Birth, Income Source, Last 3 Mo., Last 12 Mo., Disabled?, U.S. Citizen?

- 4) What was your total gross household income for the last 12 months?
5) Do you receive Public Assistance? Case Number
6) INCOME SOURCE (Check the Income Source(s) for Your Household)
DOCUMENTATION MUST BE PROVIDED!
Wages, Pension, Social Security, Child Support, Employment Disability, Self Employment, VA Pension, SSDI, Workers' Comp, Interest, Unemployment, VA Disability, SSI, TANF, Active Military Pay, Disability Assistance, No Income, Other.

OVER

7) Do you rent or own your home? Rent Own (Buying) skip to question 11.

8) Landlord's Name
Address
Telephone Number

9) Do you rent a room in someone else's home? If yes, please list all household member information under question number 3.
yes no

10) Do you receive **rental** assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?
yes no

11) Has your household received weatherization services from any other program; (for example, a utility program)?
yes no
If yes, which program?

12) Would you like to apply for the Home Weatherization Assistance Program (HWAP)?
yes no

13) I consent to the release of my name, phone number, and social security number to the local telephone company so that I may receive a possible reduced telephone rate through the Lifeline Program.

14) I am enrolled in or eligible for Medicare. I consent to the release of my name, address, phone number, and social security number to my local Area Agency on Aging, or the Ohio State Health Insurance Information Program (OSHIIP), or their designee, for help in applying for prescription drug assistance and other benefits.

15) Number of Native Americans in the household (as defined by the U.S. Bureau of Indian Affairs).

16) What is your **main** source of heat? (Check only one)

Natural Gas Bottle Gas or Propane (L.P. Gas) Fuel oil or Kerosene Coal, Wood, or Pellets Electric Other

<p>Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. Include a copy of your most recent fuel or heating bill from your current address.</p> <p>Main Heating Source (Same source as Question 16.)</p> <p><input type="checkbox"/> <input type="checkbox"/> If you are not currently enrolled in PIPP Plus, do you want to enroll? (Please see front page for PIPP Plus description) yes no</p> <p><input type="checkbox"/> <input type="checkbox"/> If you are currently enrolled in PIPP Plus, would you like to reverify your household income for eligibility? yes no</p> <p>Company/Vendor <input type="text"/></p> <p>Account # <input type="text"/></p> <p>17) <input type="checkbox"/> <input type="checkbox"/> Are your heating costs included in your rent? yes no</p> <p>18) <input type="checkbox"/> <input type="checkbox"/> Is the name on your heating bill different from the Applicant's name? If yes, give that name. yes no First: <input type="text"/> Last: <input type="text"/></p> <p>19) <input type="checkbox"/> <input type="checkbox"/> Do you share a main heating source meter with another household? yes no</p>	<p>Complete the section below with your electric company name and account number. Include a copy of your most recent electric bill from your current address.</p> <p>Electric</p> <p><input type="checkbox"/> <input type="checkbox"/> If you are not currently enrolled in PIPP Plus, do you want to enroll? (Please see front page for PIPP Plus description) yes no</p> <p><input type="checkbox"/> <input type="checkbox"/> If you are currently enrolled in PIPP Plus, would you like to reverify your household income for eligibility? yes no</p> <p>Company/Vendor <input type="text"/></p> <p>Account # <input type="text"/></p> <p>20) <input type="checkbox"/> <input type="checkbox"/> Is your electricity included in your rent? yes no</p> <p>21) <input type="checkbox"/> <input type="checkbox"/> Is the name on your electric bill different from the Applicant's name? If yes, give that name. yes no First: <input type="text"/> Last: <input type="text"/></p> <p>22) <input type="checkbox"/> <input type="checkbox"/> Do you share an electric meter with another household? yes no</p>
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I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company, or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45CFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

X Sign Here _____ Application Date _____

**Summit County Home Weatherization Assistance Program
Russell M. Pry, Executive**

**Summit County HWAP Application
175 S. Main Street, Suite 207
Akron, OH 44308
(330)643-2537**

Important Notice: The following information requested is in addition to the Energy Assistance Programs Application 2011-2012. This application is necessary to help qualify you as an eligible client. Disclosure of this information is **REQUIRED**. Failure to provide any of the requested information could result in your application not being processed.

Have you ever heard of our Weatherization program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, where? <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Radio _____	
<input type="checkbox"/> Agency _____ <input type="checkbox"/> Other _____	
Directions to Your Home:	
In the last 12 months has the household received assistance from any of the following programs? Check all that apply: <input type="checkbox"/> Energy Credits <input type="checkbox"/> HEAP <input type="checkbox"/> Emergency HEAP <input type="checkbox"/> Other _____	
Number of people 60 or older? _____	Number of people with disabilities? _____
Number of children 7-yrs old or under? _____	Number of children > 18-yrs not emancipated? _____
PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OR IT, OR HAVE QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE CALL SOMEONE AT THIS AGENCY FOR HELP.	
<p>I certify that the information that I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I authorize this agency and it's representatives and designee's to verify the information by contacting my employer, public assistance provider, landlord, utility fuel supplier, or other representatives and designees, as well as the representative of the Ohio Department of Development, the U.S. Department of Energy, and the U.S. Department of Health and Human Services to inspect and evaluate services provided to me.</p> <p>I understand that any and all information provided in this application may be used for this purpose. I understand that filling out this application does not guarantee that my household will receive assistance even though the application may be approved. By signing this statement, I understand that I may be held civilly and/or criminally liable under the federal and state law for making knowingly false or fraudulent statements.</p>	
SIGNATURE: _____ DATE: _____	

Summit County Home Weatherization Assistance Program
Russell M. Pry, Executive

Applicant Appeal Procedure:

You have the right to appeal if:

1. Your application for services is denied; or
2. If we do not approve or deny your application within sixty (60) days of the date of the application, unless the delay resulted from your lack of cooperation or ability to provide the necessary information or documentation.

You have up to sixty (60) days following notification that your application has been denied to file an appeal. You have up to ninety (90) days following the date of application to file an appeal if the application has not been approved or denied within (60) days of the date of application. The appeal must be in writing and contain the following information:

1. Your name and address;
2. The reason for the appeal (whether you were denied assistance or your application has not been approved or denied within sixty (60) days from the date of the application; and
3. Why you feel the decision is unfair.

THE APPEAL MUST BE SENT TO:

Home Weatherization Assistance Program
175 South Main Street, Room 207
Akron, Ohio 44308
(330) 643-2537

Within twenty-one (21) days of the date your appeal was received, you will be notified in writing of the appeals decision. If you wish to submit a re-appeal of the decision you will be allowed up to ten (10) days to request a formal hearing. We will schedule a hearing within twenty-one (21) days of the notification of a request for a formal hearing.

The request for a formal hearing must be in writing and include the following information:

1. Your name and address;
2. The reason for the appeal (whether you were denied assistance or your application had not been approved within sixty (60) days from the date of the application;
3. Why you feel the decision is unfair, and
4. The date you filed a written appeal and the date you received the decision from HWAP.

This request should be sent to the address above. You will be notified in writing of this decision within ten (10) days of the date of the hearing. All decisions at this level are final.