

## Weatherization Assistance Program Application

EightCAP, Inc.  
3251 S. Derby Road  
Sidney, MI 48885

Thank you for your interest in the EightCAP Weatherization Assistance Program. Weatherization is not a home repair or remodel program. The program is designed to complete measures on houses that can show direct energy savings. Homes cannot be re-weatherized if they have been served by our program since 9/30/94. Homes cannot be for sale, in foreclosure, or in remodeling at the time of inspection, and homes must be occupied by the applicant.

This letter is meant to inform you of the documents we need you to send us in order to continue the application process. Please fill out the **Weatherization Application, Utility Release, and Residence Assessment Form** included and mail to the address above. In addition, please send copies of the following documents:

- Proof of ALL household income for the LAST 3 MONTHS.** We cannot accept bank statements as proof of any type of income.
  - If you receive **Social Security** of ANY kind, include a copy of a benefits summary, **including any State Supplement received (SSI)**. If you cannot find your benefit summary, you can request one from Social Security Administration over the phone or online.
  - If you are **Unemployed**, include a copy of your UIA benefits statement showing the payments for the entire 3-month period.
  - If you are **Employed**, include all pay stubs for the last three months closest to the date of your application. W-2's cannot be accepted.
  - If you receive **Veteran's benefits**, include a copy of a benefit letter.
  - If you are **Self-Employed**, fill out a *Declaration of Income* sheet and have it notarized. Please also include a Schedule C from Tax Return Profit and Loss Statement Receipts, if available.
  - If anyone in the household (over 18) had **No Income** during all or some of the last 3 months, please fill out a *Declaration of Zero Income* sheet for those months/weeks and have it notarized.
  - If the **entire household had no income**, please fill out a *Declaration* for the entire household and have it notarized. This can be done at your local bank or post office.
  - If you have any income from **rental property/roomers**, we will need receipts from tenant payments.
  - If you receive **child support**, please include a printed report showing payments in the last 3 months.
- A copy of the applicant's ID or Social Security card.** If anyone in the household is Native American, include a copy of their tribal ID and proof of any income from the tribe.
- One copy of a recent fuel/heat bill and electric bill**, with account number and address of residence.
- Proof of home ownership. We cannot accept mortgage statements.**
  - **Owners**—Provide proof of ownership of home. (Tax statement, Deed, or Title)
  - **Renters**—Landlord must complete Landlord Agreement & provide copy of property taxes or deed.
  - **Land Contract Holders**—Owner must complete Land Contract Agreement & provide copy of property taxes or deed.

Please return the application and the appropriate documentation. If you have any questions, please call our office.

Office: (866) 754-9315 option 4 or 989-842-4103  
[jyllm@8Cap.org](mailto:jyllm@8Cap.org)

EightCAP, Inc.	For Office Use Only	Priority
3251 S. Derby Rd	Job Number:	
Sidney, MI 48885	Application Date:	
866-754-9315	Eligibility Determination Date:	
The Local Weatherization program will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help in reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to the Weatherization program.		

## APPLICATION FOR WEATHERIZATION ASSISTANCE

**INSTRUCTIONS:** THIS APPLICATION MUST BE COMPLETED IN INK. THE APPLICANT SHALL COMPLETE PART I AND II. DOCUMENTATION OF ALL SOURCES OF INCOME MUST BE INCLUDED WITH THIS APPLICATION. THE APPLICANT WILL RECEIVE WRITTEN NOTIFICATION OF ELIGIBILITY DETERMINATION

### PART I – GENERAL INFORMATION

(1) NAME (Last, First and Middle)				(2) APPLICANT ADDRESS (Street Number and Name) / PO BOX #				
(3) CITY	<b>MI</b>	(4) ZIP CODE	(5) COUNTY	EMAIL ADDRESS				
(6) DIRECTIONS TO THE DWELLING/SPECIAL PROBLEMS AND CONSIDERATIONS								
(7) HOME PHONE NUMBER		(8) MESSAGE PHONE NUMBER		(9) NAME OF CONTACT PERSON		(10) TOTAL # OF PERSONS IN HOUSHOLD:		
(11) NUMBER OF PERSONS IN THE HOUSEHOLD WHO ARE OR RECEIVE:	ELDERLY (60+)	DISABLED	NATIVE AMERICAN	Pregnant	FIP*	SSI*	SDA*	FOOD ASSISTANCE
(12) HAS THE APPLICANT OR OTHER HOUSEHOLD MEMBER(S) RECEIVED ASSISTANCE UNDER TITLE IV-A (FAMILY INDEPENDENCE PROGRAM), TITLE XVI (SUPPLEMENTAL SECURITY INCOME), OR STATE DISABILITY ASSISTANCE WITHIN THE LAST 12 MONTHS?								
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>* NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBLE.</b>								
(13) TYPE OF DWELLING		(14) DWELLING OWNERSHIP		(15) RENTAL INFORMATION:				
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> MULTI-FAMILY TOTAL NUMBER OF UNITS FOR MULTI-FAMILY BUILDING:		<input type="checkbox"/> OWN  <input type="checkbox"/> RENT  <input type="checkbox"/> LAND CONTRACT		LANDLORD NAME: ADDRESS: PHONE: (   )				
(16) IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS?								
<input type="checkbox"/> YES <input type="checkbox"/> NO								
(17) Complete the information below regarding your main heating source. Please include a copy of your <b>LAST FUEL OR HEATING</b> bill with this application.				(18) Complete the information below regarding your electric company. Please include a copy of your <b>LAST ELECTRIC</b> bill with this application.				
Company:		Account Number:		Company:		Account Number:		
Are your heating costs included in your rent? YES <input type="checkbox"/> NO <input type="checkbox"/>		Is the name on your heating bill different from the Applicant's name? If yes, give that name:		Is your electricity included in your rent? YES <input type="checkbox"/> NO <input type="checkbox"/>		Is the name on your electric bill different from the Applicant's name? If yes, give that name:		
Do you share a main heat source meter with another household? YES <input type="checkbox"/> NO <input type="checkbox"/>		ANNUAL USAGE		Do you share an electric meter with another household? YES <input type="checkbox"/> NO <input type="checkbox"/>		ANNUAL USAGE (kwh):		
Yearly heating costs:		\$		Yearly electric cost:		\$		

# Application for Weatherization Assistance

**Part1 (continued)**

(22) IDENTIFY SOURCE AND AMOUNT OF INCOME FOR EACH MEMBER OF THE HOUSEHOLD (AS OF THE DATE OF APPLICATION) FOR THE PREVIOUS THREE MONTHS. ALL HOUSEHOLD MEMBERS MUST BE LISTED, INCLUDING THOSE WITH NO INCOME

HOUSEHOLD MEMBER	SOCIAL SECURITY NUMBER	BIRTH DATE	RACE	MARITAL STATUS	RELATIONSHIP TO APPLICANT	HEALTH INSURANCE	LEVEL OF EDUCATION	SOURCE OF INCOME	AMOUNT OF INCOME
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	- - - - - - - - - -	/ /							

**PART11- APPLICANT’S SIGNATURE SECTION**

(23) I HEARBY MAKE APPLICATION FOR WEATHERIZATION SERVICES. I UNDERSTAND THAT THE SERVICES ARE PROVIDED FREE OF CHARGE AND ELIGIBILITY IS BASED ON THE TOTAL INCOME OF ALL MEMBERS OF THE HOUSEHOLD FOR THE PREVIOUS 3 MONTHS. I CERTIFY THAT ALL THE INFORMATION I PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THE LOCAL WEATHERIZATION OPERATOR AND/OR DESIGNATED AGENT MAY VERIFY THE INFORMATION IF DEEMED NECESSARY.

I HEARBY AUTHORIZE THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND/OR SOCIAL SECURITY ADMINISTRATION TO RELEASE INFORMATION RELATIVE TO ASSISTANCE PAYMENTS RECEIVED.

I HEARBY AUTHORIZE ALL UTILITY COMPANIES TO PROVIDE COPIES OF BILLS OR OTHER INFORMATION ON CONSUMPTION OF FUEL FOR A MINIMUM PERIOD OF 3 MONTHS AFTER WEATHERIZATION OF MY HOUSEHOLD.

I HEARBY GRANT PERMISSION FOR THE LOCAL WEATHERIZATION OPERATOR, OR ITS SUBCONTRACTORS, TO ENTER MY HOME FOR THE PURPOSE OF WEATHERIZATION ASSISTANCE IN ACCORDANCE WITH STATE AND FEDERAL POLICIES. THE LOCAL WEATHERIZATION OPERATOR HAS MY PERMISSION TO PROVIDE STATE OR FEDERAL REPRESENTATIVES WITH MY NAME, ADDRESS, AND PHONE NUMBER. I UNDERSTAND THAT THE STATE OR FEDERAL AUTHORITIES MAY WISH TO CONTACT ME DIRECTLY ABOUT THE QUALITY AND TYPE OF SERVICES I RECEIVED.

APPLICANT’S SIGNATURE	DATE	AGENCY REPRESENTATIVE	DATE
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## RELEASE OF LIABILITY AND WAIVER OF CLAIMS

Department of Human Services  
AGENCY NAME: EIGHTCAP, INC.

### Health and Safety Assessment

In addition to the energy audit, we will do on your home, we will do a limited health and safety assessment of the home. The health and safety assessment will consist of a visual inspection for potential health and safety problems. You will be notified of any health and safety problems that are identified, including mold. However, the evaluator is not a qualified mold professional. Mold may be present in areas not accessible or seen during the visual inspection or during the actual work on your home. Work on your home will be performed in a manner to prevent future mold growth. Mold can be a problem in any home, but especially in those where there is an excessive amount of moisture or humidity present. In addition, if there are several people, pets, plants, or fish aquariums present, conditions may exist for mold to grow. If there are existing conditions that are seen or unseen, we shall not be held responsible or liable. The Agency and its contractors will be held harmless for any future moisture or mold problems that are not directly attributable to weatherization work.

### Weatherization Activities

Notice: During weatherization activities, particularly when insulation is being blown into wall cavities and attics, insulation dust, other types of dust, and other particles may become airborne. Additionally, unforeseen circumstances may result in some insulation leaking through cracks into the home's living space. In those circumstances where insulation leaks into the living space, we will be responsible for clean-up (repairing damage and cleaning up the living area). Minor construction dust is inevitable at the end of any remodeling work. Construction dust clean-up will be the responsibility of the homeowner/occupant.

Recommendation: It is recommended that people with the following health conditions be out of the house when insulation is being blown into the house: Asthma, emphysema, allergies and other respiratory conditions, pregnancy, and any serious health conditions such as decreased immune functions which might be aggravated by dust and other dust-like particles in the air. Furthermore, it is also recommended that infants less than 12 months old should be out of the house when insulation is being blown. Persons who leave the house during the insulation process should remain outside the house for at least 30 minutes after completion of insulation activities.

Release of Waiver of Claims: I acknowledge by my signature below receipt of the information and recommendations set out above. Additionally, I agree on behalf of myself and any minor children or others for whom I am responsible, to hold the Agency and its agents harmless from any claims, medical problems or personal injuries that may occur, develop, or worsen in response to the weatherization activities. This waiver is for all damages, direct or indirect, that may relate to weatherization activities, including money lost by not being able to work, healthcare costs, and pain or suffering.

I am aware the weatherization process may cause airborne particles, including dust, to be released in my home and that such airborne particles can aggravate health conditions. I have chosen to go forward with the weatherization process, accepting any and all risks of injury or damages.

I have carefully read this release and waiver and fully understand its contents. I am aware this is a release of liability and have signed it of my own free will.

Client Name	Phone	Job File Number
Address	City/ZIP	
Client Signature	Date	Agency Witness Date

Agency File (always)

**OFFICE COPY**

This document certifies that I have received a copy of the Weatherization Appeal Procedures disseminated by the Weatherization Department of EightCAP, Inc

I have been informed by agency staff of my right to request a formal review of the eligibility determination made in response to my application for Weatherization Services.

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Applicant Signature

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Date

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**APPLICANTS COPY**

**WEATHERIZATION APPEAL PROCEDURE**

This document is to notify you that you have a right to appeal the decision made by the Weatherization Department of EightCAP, Inc concerning the Approval/Denial of your Weatherization Application.

If you feel our decision was incorrect, you must within ten (10) business days, from receipt of the decision notice, contact the person listed below in writing, by telephone, or in person to schedule an appointment for an appeals conference.

Energy Programs Manager  
Weatherization Department  
3251 S. Derby Rd  
Sidney, Mi 48885  
616-754-9315 ext. 4





3251 S. Derby Rd  
Sidney, MI 48885  
P: 616-754-9315  
TTY: 711  
F: 616-754-9310  
[www.8cap.org](http://www.8cap.org)

## AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize EightCAP Weatherization to release and receive personal information to/from my/our \_\_\_\_\_, whose name is \_\_\_\_\_, as it pertains to my/our application and/or application for Weatherization.

I/We understand that this request is voluntary, and this information will be used in an effort to secure funds to finance repairs that the Weatherization program is unable to fix with its funding sources.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Lori Johnson - President