



Weatherization Assistance Program Pre-Application

Enclosed is your Weatherization Program pre-application. The federal guidelines require verification of all income claimed for anyone living in the household whose age is 18 and over. The following checklist states everything needed for an application to be complete:

- Proof of your household's gross income for the past thirty days from the date you sign the application, including all sources of income.
- Pay stubs, social security and/or retirement/pension benefit verification letters, etc. If proof of income cannot be provided fill the Declaration of Income Statement Form.
- Proof of U.S. Citizenship or Natural Residency
- Birth Certificate and Photo ID or Passport
- Qualified Alien Status documentation (Permanent Resident I-155 Card or other immigration documentation proving legal status to receive federal benefits).
Please Note: This requirement is for the applicant only.
- Copy of your electric and/or gas utility bills - Please make sure that your account number is visible. We cannot accept disconnection notices
- The consumption release section must be completed with the account holder's name and signature.



Pre-Solicitud del Programa de Asistencia de Climatización

Adjunto está su aplicación del Programa de Climatización. Las pautas federales requieren la verificación de todos los ingresos reclamados por cualquier persona que viva en el hogar cuya a partir de los 18 años en adelante. La siguiente lista indica todo lo necesario para completar la aplicación:

- Prueba del ingreso bruto de su hogar durante los últimos treinta días a partir de la fecha en que usted firma la solicitud, incluyendo todas las fuentes de ingreso.
- Colillas de pago, cartas de verificación de la seguridad social y / o de jubilación/ cartas de verificación de beneficios de pensión, etc. Si no puede presentar comprobante de ingresos, complete la Forma de Declaración de Ingresos.
- Prueba de Ciudadanía de los Estados Unidos o Residencia Natural
- Certificado de nacimiento e identificación con foto o pasaporte
- Documentación sobre la condición de extranjero calificado (tarjeta de residente permanente I-155 u otra documentación de inmigración que demuestre su estatus legal para recibir beneficios federales).
Nota: Este requisito es solo para el solicitante.
- Copia de sus facturas de electricidad y / o servicio de gas Asegúrese de que su número de cuenta es visible. No podemos aceptar avisos de desconexión
- La sección de divulgación de consumo debe completarse con el nombre y la firma del titular de la cuenta.



Applicant Information

Full Name:		
Physical Address:		
Mailing Address:		
City:	Zip Code:	County:
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		

Secondary Contact (not living in the household)

Full Name:		Relationship:
Home Phone:	Mobile Phone:	Work Phone:
Email Address:		

Household Information

Is there a household member with military service or surviving spouse of a Veteran? ☐ Yes ☐ No	
Has your home been assisted with weatherization measures? ☐ Yes ☐ No	If yes; date
Year Built: _____ ☐ Site Built ☐ Apartment ☐ Condominium ☐ Duplex ☐ Mobile Home	
Are you a: ☐ Homeowner ☐ Renter	If Renter; Landlord Name
Landlord Address	
Home Phone:	Mobile Phone:
Work Phone:	
Email Address:	

Building/Energy Information:

What type of energy is used to heat the home?	☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Other
What type of heating unit is used in the home?	☐ Central ☐ Unvented Space Heater ☐ Furnace ☐ Electric Heat Pump ☐ None
How many cooling units?	☐ Window Units ☐ Central Air ☐ None
Existing Water Heater? ☐ Yes ☐ No	☐ Natural Gas ☐ Electricity ☐ Other ☐ Leaking
Stove Type? ☐ Natural Gas ☐ Electric	Does the home have insulation? ☐ Yes ☐ No ☐ Attic ☐ Wall
Does the home need repairs? ☐ Yes ☐ No	☐ Roof Leaks ☐ Foundation Issues ☐ Water Stains ☐ Broken Windows

Household Members and all Sources of Income

Full Name	Relationship	Monthly Gross Income	U.S. Citizen	Birth date	Gender	Ethnicity	Disabled	Verified By:
	Applicant		☐ Yes ☐ No		☐ Male ☐ Female		☐ Yes ☐ No	
			☐ Yes ☐ No		☐ Male ☐ Female		☐ Yes ☐ No	
			☐ Yes ☐ No		☐ Male ☐ Female		☐ Yes ☐ No	
			☐ Yes ☐ No		☐ Male ☐ Female		☐ Yes ☐ No	
			☐ Yes ☐ No		☐ Male ☐ Female		☐ Yes ☐ No	

Total Monthly Income: _____ Annual Income: _____ % of Poverty _____

Office Use Only

Interviewer: _____ WX Director: _____ Eligible: Yes ☐ No ☐ Date: _____

12 Month Customer Billing Consumption Release Form

Agency: Northern Kentucky Community Action Commission

Account Holder:

Address:

City:	Zip Code:	Phone:
Electric Company:		Account #:
Gas Company:		Account #:

I authorize Northern Kentucky Community Action Commission to verify information on my energy billing and consumption histories, both past and future, provided the information is used only to determine program eligibility and to provide data.

Signature (name as it appears on utility bill)

Date:

Print Name (name as it appears on utility bill)

Verification

APPLICANT AUTHORIZATION/UNDERSTANDING AGREEMENT

My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge. I authorize the Northern Kentucky Community Action Commission to contact any source in order to solicit/verify information necessary for an eligibility determination. I will also provide with any information necessary to verify my eligibility.

If I am eligible for weatherization services, I give permission to allow work on the residence listed on this form, I will cooperate fully with NKCAC, State and Federal personnel making myself available during all phases of the Program (assessment, installation, City inspection, final inspection and quality control review) Failure to do so could result in forfeiture of the (1) year warranty on the measures installed.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

PENALTIES FOR FRAUD

I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

AUTORIZACIÓN, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas según mi leal saber, entender y creencia. Autorizo al Northern Kentucky Community Action Commission a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que se necesite para verificar mi elegibilidad. De ser elegible para recibir los servicios de Climatización del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperare plenamente con personas de NKCAC, el Gobierno Estatal y Federal estando disponible durante todas las fases del servicio (evaluación inicial, instalación, Inspección de la Ciudad e Inspección final), cual en lo mismo se incluyen estudios tocantes la calidad del trabajo. De no cumplir con esta condición invalidará la garantía de un (1) año por los servicios recibidos.

Applicant Signature:
Firma del Solicitante:

Date:
Fecha:

Signature of Individual completing application on applicant's behalf:
Firma del Individuo completando la solicitud en nombre del solicitante:

Date:
Fecha:



WX-O Form

WEATHERIZATION ASSISTANCE PROGRAM CERTIFICATION OF ZERO INCOME

Issuing Agency:
Northern Kentucky Community Action Commission
717 Madison Avenue
Covington, KY 41011 (859) 581-6607

Client Name: _____
Client Address: _____
City/State/ZIP: _____
Client Phone: _____

I hereby certify there is no income/money received by (check as appropriate):

- ☐ Me; and/or
- ☐ Any member of my household

from any source including, but not limited to, income from wages, public assistance, Social Security, pensions, benefits, child support, net income from business, net income from farming and/or alimony.

Printed Name

Signature

Address

Date

Telephone Number

Sworn to me and subscribed in my presence this _____ day of _____, _____

Signature of Notary Public

My commission expires:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.