

Weatherization Screening Tool 6/24

Applicant Name: _____

Date: _____

Address: _____

Has your house been weatherized in the last 15 years:

If yes, you are NOT WX eligible.

If no, continue with screening.

Does your house have roof leaks:

If yes, you are NOT WX eligible. Refer to USDA Tifton at 229-382-0273; or Camilla 229-336-1451 (or their City Hall to ask about local repair/rehab programs, CDBG, or CHIP)

If no, continue with screening.

Do your floors have holes, are soft/spongy/weak, or dropped/separated from wall:

If yes, you are NOT WX eligible. Refer to program above.

If no, continue with screening.

Do your interior walls have holes (larger than a 2 ft. x 2 ft. area):

If yes, you are NOT WX eligible. Refer to program above.

If no, continue with screening.

Does your inside ceiling have holes (larger than a 2 ft. x 2 ft. area) or is rotten/wet or falling down:

If yes, you are NOT WX eligible. Refer to program above.

If no, continue with screening.

Is there mold/mildew in the house:

If yes, you are NOT WX eligible. Refer to program above.

If no, continue with screening.

Does your house have unvented gas space heaters?

If yes, we must remove them before we can begin WX; if you are not willing for us to do this, you are NOT WX eligible.

If no, continue with screening.

If you answered NO to all questions, go ahead and complete application for Weatherization.

If you answered YES to any question, do not complete a Weatherization application.

It will be denied after much time and effort has been put into determining eligibility, obtaining documentation, entering data, and scheduling our Auditor to go out and assess the house.

Please return this Screening Tool to the Central Office upon completion



Helping People • Changing Lives • Building Communities

Randy Weldon • Chief Executive Officer

Ralmond Burley • Board Chair

Post Office Box 3728 • 912 First Avenue SE • Moultrie, Georgia 31776

Housing and Energy

Attached is an application for Weatherization Assistance through our Agency.

Please complete the attached Application and Authorization Form.

When you return your application package to us, please include the following

Recent copy of your utility bill.

Proof of income for everyone who lives in your house.

If you work and are paid monthly – send in a copy of your last two check stubs.

If you work and are paid weekly, send in your last four check stubs.

If you draw Social Security – send in a copy of your award letter for the current year.

If you receive retirement or other income - send in a copy of your last bank statement.

Copy of Social Security card for everyone who lives in your house.

Write each person's date of birth next to their Social Security card on the copy.

Copy of picture identification for applicant, such as a driver's license or photo I.D.

All items above should be returned to P. O. Box 3728, Moultrie, GA 31776-3728 or Fax 229-890-1056.

If you have any questions, please call Ashlee Revell at 229-985-3610 and leave a voice message.

If you need assistance with the application and documents, or need copies made, please go to your local Neighborhood Service Center.

• Telephone 229/985-3610 • 1-800/642-3384 • Fax 229/890-1056 •

Helping People Help Themselves in Baker • Calhoun • Colquitt • Decatur • Dougherty • Early • Grady • Lee
Marion • Miller • Mitchell • Schley • Seminole • Sumter • Terrell • Thomas • Webster • Worth Counties

Georgia Weatherization Assistance Program Application

Job#:

Applicant Name:		Date of Birth:	Gender:
Home Address:		County:	
City:	ZIP:	Received LIHEAP Energy Assistance? <input type="checkbox"/> Y <input type="checkbox"/> N	
Home Phone:	Cell Phone:	Email:	

Income Sources (check all that apply)

<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Railroad	<input type="checkbox"/> TANF
<input type="checkbox"/> Wages	<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Social Security	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Pension
<input type="checkbox"/> No Income	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other (specify):

Household Demographics

# ≥ 60 years old:	# ≤ 2 years old:	# ages 3-5:	# ages 6-17:	Total # in Household:
# Seasonal Farm Workers:		# Native Americans:		

At-Risk Occupants

# ≥ 65 years old:	# ≤ 2 years old:	# Pregnant:	# Disabled:
# with Health Conditions Exasperated by High and/or Low Temps:	Explain:		
Total # Disabled, ≥ 65 years old, and ≤ 17 years old (unduplicated count):			

Unit Information

Unit Type:	<input type="checkbox"/> Site Built	<input type="checkbox"/> Manufactured/Mobile Home	<input type="checkbox"/> Multi-family	Year Built:
Ownership Status:	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Other:	
Primary Heating Fuel:	<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Oil
	<input type="checkbox"/> Wood	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Other:	
Air Conditioning:	<input type="checkbox"/> Central A/C	<input type="checkbox"/> Window Units	<input type="checkbox"/> Portable	Roof Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Specific Issues:				
Currently for sale, in foreclosure, or in process of being foreclosed? <input type="checkbox"/> Y <input type="checkbox"/> N				

Landlord Information

Name:	Address:	City:
State:	ZIP:	Phone:
		Email:

Attest

I declare, to the best of my knowledge, that the information contained in my application is true and accurate.

Applicant Signature:	Date:
----------------------	-------

*** AGENCY USE ONLY – Eligibility Status ***

Unit wx'd within past 15 years: <input type="checkbox"/> Y <input type="checkbox"/> N	Income Eligible: <input type="checkbox"/> Y <input type="checkbox"/> N	Total Yearly HH Income: \$
Approved: <input type="checkbox"/> Y <input type="checkbox"/> N	Denied: <input type="checkbox"/> Y <input type="checkbox"/> N	Eligibility Level/Threshold:
Reason for Denial:		
Agency Signature:	Date:	

**Georgia Environmental Finance Authority
Energy Resources Division
Weatherization Assistance Program
Authorization Form**

I, _____, have applied for weatherization assistance with _____ SW GA _____
Name of Applicant Weatherizing Agency
Community Action Council on ____ / ____ / ____ . I fully understand that this
Date

authorization form is a part of the intake process and shall be completed before any weatherization work can be performed.

For Owner Occupied Dwellings:

Homeowner/Authorized Agent Certification

I, _____, certify that I am the owner of the dwelling unit located at _____
Owner/Authorized Agent

Community Action Council . I do hereby authorize _____ SW GA _____
Address Weatherizing Agency

Community Action Council to make energy related repairs* and release _____ SW GA _____
Weatherizing Agency

_____ from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner.

Agency Representative Signature

Owner Signature

Date

For Renter Occupied Dwellings:

Renters Agreement

I, _____, certify that I am the owner of the dwelling unit located at _____
Owner/Authorized Agent

_____ . I do hereby authorize _____ SW GA _____
Address Weatherizing Agency

Community Action Council to make energy related repairs* and release _____ SW GA _____
Weatherizing Agency

Community Action Council from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner. I fully agree that following the completion of repairs the rent shall not be raised for a period of two years because of increased value of the dwelling unit **due solely** to weatherization assistance and understand that no undue or excessive enhancement shall occur to the value of the dwelling unit.

Agency Representative Signature
* particulars may be attached

Owner/Authorizing Agent Signature

Date

Fuel Information Release

I, _____, hereby authorize _____ to release
Address Fuel Supplier

Information on my fuel records and data both past and future to _____ SW GA _____
Weatherizing Agency

if requested. I understand that this information will be used only to provide data for the above named agency, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

Account Number

Applicant's Signature

Subject

Date