



The Home Weatherization Assistance Program is not an emergency program. Upon approval of your application, an initial inspection will be scheduled and will take approximately 4 hours. A qualified inspector will need to have access to all rooms of your home including the attic and basement. It may take up to 6 months for an initial inspection to be scheduled. **If you have any questions regarding the application or process, please call 330-643-2561.**

To best serve you, please be note the following items regarding this program:

- The program does **not** provide emergency services. Each application is considered in the order in which it was received and approved.
- The hot water tank, furnace and electrical service panel 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 could obstruct the inspector for testing.
- All rooms must be accessible to the inspectors and contractors involved in providing HWAP assistance in your home.
- All pets must be secured during each step of the Weatherization process. This includes inside and outside animals.

Please be sure to include ALL items from the checklist below to avoid delays.

Proof of Citizenship/Legal Resident Status for all household members – See page 2 for what document(s) need to be provided.

Proof of Total Household Income- All household members 18 years of age or older:

- Copy of most recent pay stub listing year to date earning (if you have more than one employer in the previous 12 months, please include a copy of your last pay stub for each employer.
- Social Security Benefits – Copy of check, one month bank statement or SS letter
- Pension information- include verification of monthly or yearly amount
- IRA, Insurance or Annuity payments- include verification of monthly or yearly amount
- TANF/Department of Jobs & Family Services – Copy of cash issuance history form
- Unemployment benefits- include when benefits began
- Other sources of income – documentation of workers compensation, alimony, child support, etc. Self-Employment – Documentation must be for the previous 12 months from the date of the application
- Copy of last Federal Tax Return with W-2- include all schedules. If you did not file a tax return the enclosed affidavit must be signed and notarized
- For person living in the home over the age of 18 with no income, a written, signed, notarized statement by that person indicating they have had no income for the previous 12 months

Utilities Verification

- Copy of your most recent gas and electric bill for usage verification

Additional Information – If applicable

- Landlord/Tenant Agreement – Landlord contribution may be required
- Copy of mobile home title (mobile homes only)

HOUSEHOLD INCOME EXPLANATION:

Household income includes the gross income of all household members, excluding wage income earned by dependent minors less than 18 years of age, unless the minor is emancipated. 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 Social Security Income (SSI), alimony, child support, unemployment benefits, Worker’s Compensation, utility allowances and any other indirect income. Other exclusions may apply if documented.

2023 Income Guidelines *Subject to Change

| Size of Household | Total Gross Annual Household Income |
|-------------------|-------------------------------------|
| 1 | \$29,160 |
| 2 | \$39,440 |
| 3 | \$49,720 |
| 4 | \$60,000 |
| 5 | \$70,280 |
| 6 | \$80,560 |
| 7 | \$80,840 |
| 8 | \$101,120 |

CITIZENSHIP:

For each household member claiming U.S. Citizenship or Legal Resident Status, proof of this status is required. The following items may be submitted as proof of residency status. **PLEASE DO NOT SEND**

ORIGINALS.

Proof of U.S. Citizenship:

- Current Photo or State ID (current)
- Birth Certificate/Hospital Birth Records
- Baptismal Record (Place of birth must be shown)
- Indian Census Record
- Military Service Record
- U.S. Passport
- Verified Citizenship for Ohio Work First Program (OWF)
- Voter Registration Cards
- Social Security Cards (*that do not include notes regarding work authorization*)

Proof of Legal Resident/Qualified Alien:

- Naturalization Papers/Certifications of Citizenship
- INS ID Card
- Alien Registration Cards/Re-entry permits
- Documentation that alien is classified pursuant to sections: 101(a)(2),203(a)(1)(a), 207,208 212(d) (5), 241(b) (3), 243(h) or 224(a) (3) of the Immigration and Nationality Act
- INS Form I-94 if annotated with either:
 - a) Sections 203(a) (7), 207, 208, 212(d) (5) 243(h) or 241(b) (3) or the Immigration and Nationality Act; or b) Refugee, Parolee, or Asylee
- INS Form G-641
- Permanent Visa
- INS Form I-688
- INS form 1-151 or I-551(Form I-151 not valid after 8/1/1993)
- Court order stating that deportation has been withheld pursuant to Section 241(b) (3) or 243(h) of the Immigration and Nationality Act

Privacy Act Notice: Disclosure: The disclosure of the Social Security numbers is mandatory to receive Home Energy Assistance (HEAP) benefits.

Authority: 45 CFR 96.84(c); 42 U.S.C (C) (2) (c) (i)

Use: The state will use Social Security numbers in the administration of the Home Energy Assistance Program (HEAP) to verify the information supplied on the application to prevent, detect, and correct fraud, waste, and abuse. The information is also used to respond 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.



**ILENE
SHAPIRO**
COUNTY EXECUTIVE

HOME WEATHERIZATION ASSISTANCE PROGRAM

F.A.Q.

The Home Weatherization Assistance Program is primarily an insulation program. Each approved applicant will have an energy audit completed on their home. The audit will identify what can be completed in the home. Possible services include furnace replacement or repair, hot water tank replacement or repair, and insulation. HWAP is not a home rehabilitation program.

Q. Is this an emergency program

A. No, HWAP is not an emergency program. Applications are processed in order of being approved

Q. Can I get new windows by HWAP

A. No, HWAP is not a window program

Q. Can I get my roof replaced by HWAP

A. No, HWAP is not a roof replacement program

Q. Am I guaranteed to get a new furnace

A. No, HWAP is only able to complete items that are identified by the Energy Audit software

Q. Can I get work done on my foundation?

A. No, HWAP does not do any work on foundations or water proofing

Q. Is my application good forever

A. No, if work is not completed within a year, a new application will be required

Q. Do I have to be current on my property taxes

A. Yes, if you are not current you must be enrolled in a verifiable payment plan, consistently paying for 6 months with the Fiscal Office and pay the next tax half that is due in full

Q. Do I need to submit my W-2's AND my tax return

A. Yes, you must submit both if you are working now or have worked in the past 12 months

Q. Does the inspector need to inspect every room

A. Yes, the inspector will need to go into every room, your attic and your basement. Your home should be free from clutter prior to an inspector coming out

Q. What if I get my furnace replaced but don't want insulation, is that OK?

A. No, you are required to let all contractors and inspectors in to complete all work. If all of the work is not completed, you will be billed for the work that is completed.

Q. If I qualify for the First Energy Program, what services are available?

A. Light bulbs may be replaced if they are incandescent. Refrigerators and freezers must be plugged in and present to be tested. Only units that fail a metering can be replaced. Stoves will NOT be tested. Any appliance or lightbulb replaced will be removed from the home and cannot be left.

***Mail Documents*:**

Summit County Home Weatherization Assistance Program

175 S. Main St. Room 207

Akron, OH 44308

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

Remember to sign and date your application once completed*

PERSONAL INFORMATION SECTION:

Primary applicant/Head of Household (please print or type)

| | | | |
|--|-----------------------------|--|--------|
| First Name | MI | Last Name | |
| Social Security Number | Date of Birth (xx/xx/xxxx) | Disabled ____ Yes ____ No | |
| U.S. Citizen/Legal Resident ____ Yes ____ No | Job & Family Service Case # | Are you a Veteran? ____ Yes ____ No | |
| Check the box that most closely describes the type of building in which you live (check only one) <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family (3 stories or less) <input type="checkbox"/> Multi-Family (4 stories or more) | | | |
| Current Address (Number/Street) | | Apartment Number | |
| City | State | Zip Code | County |
| Daytime phone | Cell Phone | Email | |
| In case of an emergency contact: _____ Name Phone Relationship | | | |

Referral Program: Has anyone in the home received an Asthma diagnosis from the Doctor? If yes:

Name: _____ Age: _____

HOUSEHOLD & INCOME SECTION:

Please read the instructions carefully. Enter the information completely. Including yourself, listed the names, relationships, Social Security Number(s) and gross income of everyone living in your home. (Attach proof of income, disability, and citizenship/legal resident status) Use a separate sheet if necessary. Failure to provide the required income documents for the previous 12 months, will delay the processing of your application. Please do not send originals. Individuals 18 or older claiming zero income must provide a notarized explanation on a separate sheet. All household members must be listed.

| | | | | |
|---------------------|-----------------------------|----------------------|--------------------------|---|
| Household Member | Relationship to you Self | Social Security # | Date of Birth | Income Source |
| Current Month \$ | Last 90 days \$ | Last 12 months \$ | Disabled __ Yes __ No | U.S Citizen/Legal resident __ Yes __ No |
| Household Member | Relationship to you | Social Security # | Date of Birth | Income Source |
| Current Month \$ | Last 90 days \$ | Last 12 months \$ | Disabled __ Yes __ No | U.S. Citizen/Legal resident __ Yes __ No |
| Household Member | Relationship to you | Social Security # | Date of Birth | Income Source |
| Current Month \$ | Last 90 days \$ | Last 12 months \$ | Disabled __ Yes __ No | U.S. Citizen/Legal resident __ Yes __ No |

Income Source(s) (check all that apply) for your household. **Documentation must be provided.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Utility allowance |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> SSDI | <input type="checkbox"/> VA Disability |
| <input type="checkbox"/> DA (Disability Assistance) | <input type="checkbox"/> SSI | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> Social Security | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Interest | <input type="checkbox"/> TANF/ADC | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other _____ |

Office use only:

OCEAN # _____ Total gross household income last 12 months _____

UTILITY ACCOUNT INFORMATION:

Fill out this section completely, answering every question. Utility information must include the name of your utility company, your utility account number, and the utility must be in primary applicants' name. Include a copy of your most recent utility bill.

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

- Natural Gas Propane or Fuel oil or Coal, wood Electric
 Other _____ a. Bottle Gas b. Kerosene c. Pellets

Utility Company Information Release Authorization *

Please fill out the release for each metered utility that applies to your household. For example, if you pay for gas and electric, complete a section for each company.

The Home Weatherization Assistance Program (HWAP) needs the signed release form(s) to obtain consumption data from your utility company. The information is used to evaluate the Weatherization services provided statewide.

Gas Company Release:

I hereby authorize _____ (*Gas company name*) to release information on my gas bills, past and present and future to the County of Summit Home Weatherization Assistance Program or its designees. I understand that this information will be used only to provide data to the above-named agency and its designees.

Applicant signature _____ Date _____

Address _____

Account number _____

Electric Company Release:

I hereby authorize _____ (*Electric company name*) to release information on my gas bills, past and present and future to the County of Summit Home Weatherization Assistance Program or its designees. I understand that this information will be used only to provide data to the above-named agency and its designees.

Applicant signature _____ Date _____

Address _____

Account number _____

Internet Provider Information Release Authorization *

Please fill out the release that applies to your household.

Internet Provider Release:

I hereby authorize _____ (*internet provide name*) to release information on my internet bills, past and present and future to the County of Summit Home Weatherization Assistance Program or its designees. I understand that this information will be used only to provide data to the above-named agency and its designees.

How much do you pay for Internet (monthly rate): \$ _____

Do you receive assistance from the Affordable Connectivity Program (ACP) for your internet services?
__yes __no, if no, would you like more information __yes __no

What do you use your internet for:

- Streaming TV
- School work
- Gaming
- Other _____

ADDITIONAL INFORMATION ABOUT YOUR HOME:

Provide us with information about your home.

Do you rent or own your home? _____ Rent _____ Own

Landlord's information _____

First and last name

Address, City, State and Zip Code

Phone Number

Do you receive rental assistance from the government (i.e., Section 8, HUD) _____ Yes _____ No

In the last 12 months has the household received assistance from any of the following programs (**check all that apply**)

PIPP HEAP Emergency HEAP Other _____

Number of people living in the home 60 years of age or older _____

Number of people living in the home with disabilities _____

Number of children under the age 6 living in the home or visiting more than 62 hours a year _____

Number of children 18 years or older _____

Please read the following statement: If you do not understand any part of the statement or the application, please call 330-643-2561 for assistance.

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 its' representatives and designees to verify the information by contacting my employer, public assistance provider, landlord, utility fuel supplier, or other representatives and designees, as well as representative from the Ohio Department Services Agency, the U.S. Department of Energy and the U.S. Department of Health and Human Services to inspect and evaluate services provided to me.

I understand that 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 federal and state law for knowingly false or fraudulent statement.

Print Name

Date

Signature

Date



Applicant Appeal Procedure:

You have the right to appeal if:

1. Your application for service is denied; or
2. We do not approve or deny your application within 60 calendar days of the date of the application unless the delay resulted in a lack of cooperation or ability to provide the necessary information or documentation.

You have up to 60 calendar days following the notification that your application has been denied filing an appeal. You have up to 90 calendar days following the date of application to file an appeal if the application has not been approved or denied within the 60 calendar days from the date of applying. 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 for assistance, or your application was not approved or denied within 60 calendar days); and
3. Why you feel the decision is unfair.

The Appeal must be sent to:

**The County of Summit
Home Weatherization Assistance Program
175 S. Main Street, Room 207
Akron, Ohio 44308**

Within 21 calendar days of the date your appeal was received, you will be notified in writing of the appeals decision. If you wish to resubmit a re-appeal of the decision, you will be allowed up to 10 calendar days to request a formal conference. A conference will be scheduled within 21 calendar days of the notification of a request for a formal conference.

The request for a formal conference 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 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 the decision within 10 calendar days of the date of the conference. All decisions at this level are final.



ILENE SHAPIRO
COUNTY EXECUTIVE

AFFIDAVIT FOR NOT FILING FEDERAL TAXES

I, _____, did not file federal taxes in **2023** because I was:
Print name

*(Check one):

No longer required to file

A full-time student

Was unemployed

Print name: _____ Date: _____

Signature: _____

Address: _____
Street City State Zip code

STATE OF OHIO
COUNTY OF SUMMIT

The foregoing instrument was acknowledged before me this _____ (*date*)

by _____ (*name of person being acknowledged*)

Notary Public

Print name

My Commission Expires

Affix Notary Seal



Consent to Participate in the Unite Us Network

By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. This Network is made up of entities and individuals who are directly involved in your care or payment of care. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services. This consent covers all information shared by you or by anyone that has the right to share information on your behalf and is relevant to the recipient's involvement in your care or payment for your care. You can always limit the information you provide on the Network by requesting to have it removed.

To understand how your information may be used and kept safe on the Network, please see uniteus.com/privacy.

If you no longer want your information shared on the Network, you can email consent@uniteus.com or ask any Network partner.

Client

Name: _____

Signature: _____

Date: _____

Personal Representative or Guardian (only if applicable)

Name: _____

Signature: _____

Date: _____

Relationship to Client: _____

Preferences (You may select more than one):

Email: _____ Text: _____ Phone: _____