



**COUNTY OF SUMMIT
HOME WEATHERIZATION ASSISTANCE PROGRAM**

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 note the following items regarding this program:

- The program does **not** provide emergency services. Each application is considered in the order in which it is 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 from 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.

Mail documents to: **County of Summit HWAP
175 S Main St, Room 207
Akron, Ohio 44308**

2024 Income Guidelines – 200% Federal Poverty Level								
Household Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Annual Household Income	\$30,120	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440

*Income Limits Subject to Change

*Revised effective 9/11/2024



Required Documentation

The following applicable documents will be needed for all adults in the household at the time of your application review:

Proof of Citizenship/Legal Resident Status for all household members

- See page 3 for what document(s) need to be provided.

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

- A copy of your (6) most recent pay stubs
- A copy of your Social Security Benefits Statements (Form SSA-1099) 2024 and 2025 SSI & SSDI award letter(s)
- A copy of your current monthly pension statement
- A copy of your 2024 W-2 Statement of Earnings or 1099 Statement
- A copy of your 2024 Federal 1040 Tax Return or if you do not file taxes a notarized statement indicating why taxes are not filed
- A copy of your complete divorce documents/decreed
- A copy of bankruptcy discharge (only if occurring before the five-year limit)
- Copies of your last 3 months' bank statements for any checking/savings accounts
- If any adult in the household is a full-time student, the class schedule must be provided with the student's and school's names visible

Utility Verification

- A copy of your most recent gas and electric bills for usage verification

Additional Information

- A copy of your homeowner's/renter's insurance listing the address of the property.
- A copy of your most recent mortgage statement
- Landlord/Tenant Agreement – Landlord contribution may be required
- Copy of mobile home title (mobile homes only)
- Complete the attached Unite Us consent form

NOTE: Not all the above documents pertain to your personal situation. Please provide ONLY the documents that apply to you. If you are married or applying for a joint grant, the above information will be required for all persons applying during the application. Other documentation may be requested as your application is in the review process. Additional information may be requested. PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

CITIZENSHIP DOCUMENTS:

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 ORIGINAL DOCUMENTS.

Proof of U.S. Citizenship:

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

Proof of Legal Resident/Qualified Alien:

- Naturalization papers/Certifications of Citizenship
- Permanent Visa
- INS ID Card
- INS Form G-164
- INS Form I-151 or I-551 (Form I-151 not valid after 8/1/1993)
- INS Form I-94 if annotated with either: Sections 203(a)(7), 207, 208, 212(d)(5), 243(h) of the Immigration and Nationality Act or Refugee, Parolee, or Asylee
- 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
- 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 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.



HOME WEATHERIZATION ASSISTANCE PROGRAM FAQs

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 approval.

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 waterproofing.

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, consecutively paying for 6 months with the Fiscal Office, and paying the next tax half that is due in full.

Q. Do I need to submit my W2s AND my 1040 Federal 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 the work is not completed, you will be billed for the work that is already completed.



ILENE SHAPIRO
COUNTY EXECUTIVE

HOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

All sections of the Application must be completed. Indicate "N/A" if it does not apply to you. Incomplete applications will be rejected.

PART 1 – APPLICANT INFORMATION

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Are you the owner of record for this property? Yes No

Home Phone #: _____ Cell Phone #: _____

Social Security Number: _____ Date of Birth: _____

Email: _____

Job and Family Services Case Number: _____

Gender Identity: Male Female

Marital Status: Married Divorced Widowed Single

Are you a veteran? Yes No

Are you disabled? Yes No

Are you a United States citizen/legal resident? Yes No

Check the box that most closely describes the type of building in which you live (*check only one*)

Single- Family

Mobile Home

Multi-Family (*3 stories or less*)

Multi-Family (*4 stories or more*)

PART 2 – EMERGENCY CONTACT (AT LEAST ONE MUST BE PROVIDED)

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship: _____

Relationship: _____

FOR OFFICE USE ONLY

OCEAN # _____

Total household income in last 12 months _____



PART 3 – HOUSEHOLD COMPOSITION

Including yourself, list the names, dates of birth, relationships, and Social Security Number(s) of everyone living in your home. **Attach proof of income for any residents over 18.** Failure to provide the required income documents will delay the processing of your application. Individuals 18 or older claiming zero income must provide a notarized explanation on a separate sheet. All household members must be listed. Use an additional sheet if necessary. **Do not send original documents.**

Name: _____	Income Source (s): _____
Relationship to you: _____	_____
DOB: _____	Current Month: _____
SSN: _____	Last 12 Months: _____
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	US citizen/legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Income Source (s): _____
Relationship to you: _____	_____
DOB: _____	Current Month: _____
SSN: _____	Last 12 Months: _____
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	US citizen/legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Income Source (s): _____
Relationship to you: _____	_____
DOB: _____	Current Month: _____
SSN: _____	Last 12 Months: _____
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	US citizen/legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Income Source (s): _____
Relationship to you: _____	_____
DOB: _____	Current Month: _____
SSN: _____	Last 12 Months: _____
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	US citizen/legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

All Household Income Source(s)—check all that apply. **Documentation must be provided.**

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



PART 4 – UTILITY ACCOUNT INFORMATION

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

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

- Natural Gas
- Coal, wood
- Kerosene
- Propane
- Electric
- Pellets
- Fuel oil
- Bottle gas
- Other _____

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 this information will only be used 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 electric bills, past and present and future to the County of Summit Home Weatherization Assistance Program or its designees. I understand this information will only be used to provide data to the above-named agency and its designees.

Applicant Signature _____ Date _____

Address _____

Account Number _____



PART 8 – CONDITIONS

The Applicant(s) agree that the presence of hazardous conditions may disqualify and exclude their housing unit from eligibility for participation in the Home Weatherization Assistance Program and affirm that their housing unit is free of:

- Infestation by rats, mice, or other vermin;
- Infestation by fleas, lice, or other insects;
- No animal waste inside the home;
- Cluttered debris or stored materials suitable for rodent or insect habitat; and
- Visible mold or mildew.

I/we affirm that my/our housing unit is free of the above-listed hazards and further affirm that I/we understand that the presence of any of the above-listed hazards may disqualify and exclude my/our housing unit from eligibility for participation in the Home Weatherization Assistance Program.

The Applicant(s) acknowledge that County of Summit Department of Community and Economic Development staff reserve the right to determine if the dollar amount needed to rehabilitate my/our housing unit exceeds the maximum amount allowed per project and that this may disqualify and exclude my/our housing unit from eligibility for participation in the Home Weatherization Assistance Program . The Applicant(s) also acknowledges that repairs through this program will only address health and safety concerns, not aesthetics.

Signature of Applicant

Date

This section is intentionally left blank.



PART 9 – CERTIFICATIONS

The Applicant(s) certify that they are the legal owner or legal renter of the property listed in this application and that the HWAP funds will be used only for work and materials necessary to meet the HWAP or building code standards, as applicable, and which are recommended for the property in this application. If the County of Summit Department of Community and Economic Development (SCDOD) review panel determines the cost of rehabilitation exceeds the maximum amount per program guidelines, no state or federal funds will be invested in the property and the application will be closed. The Applicant(s) acknowledge(s) and agree(s) that they have no interest, right, or claim with respect to said funds and that the County of Summit will not be liable for any costs or expenses incurred if the Applicant(s) does not receive such funds.

The Applicant(s) also certifies that:

- They understand that submittal of an application is not a guarantee of funding, and that income eligibility, the condition of the property, and the work scope determined necessary by the SCDOD review panel will all be used to determine eligibility.
- They will use the property in a lawful manner with regard to occupancy, zoning ordinances, and property maintenance codes.
- They understand that the main objective of the program is to correct safety and health issues and/or code violations within the home and that funds will be used to address these items prior to any other repairs being made.

The Applicant(s) further acknowledge(s) that any verbal or physical abuse or threats of the SCDOD staff, contractors, or their employees may result in the immediate termination of assistance and that any work performed will be at the Applicant’s expense.

The Applicant(s) covenants and agrees that they will comply with all local, state, and federal laws, including, but not limited to all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, gender identity, sexual orientation, and/or national origin. The United States shall be a beneficiary of these provisions both for and in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Applicant

Date



PART 10 – WALK AWAY POLICY

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the County of Summit Department of Community and Economic Development. Such circumstances include, but are not limited to:

- The homeowner and/or applicant becomes verbally or physically abusive and/or threatens staff members.
- During the course of the work the owner and/or occupants continually fail to cooperate with staff or contractors
- The applicant knowingly misrepresents information relevant to their eligibility for assistance.
- Following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound.
- The work scope is larger than what the program can address
- Failure on the part of the applicant/owner to demonstrate pride of ownership. Conditions included under pride of ownership include, but are not limited to:
 - Abuse of animals: evidence of unsanitary conditions
 - Illegal or improper use of the property
 - Housekeeping and maintenance: extreme conditions of clutter or filth in or around the house
- Failure to return phone calls to County staff or contractors in a timely manner.
- Failure to have an adult in the home while County staff and/or contractors are present.
- Failure to allow final inspections from County staff and/or contractors.

Under any of the circumstances, assistance may be withheld and/or terminated at the discretion of the County of Summit Department of Community and Economic Development. Any work that may have been completed prior to a violation of any of the above items will be invoiced to the client and due immediately.

I/we acknowledge that we have read and do thoroughly understand and by my/our signatures below do affirm the above.

Signature of Applicant

Date



PART 11 – 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 who 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.

Consent

Client Name: _____ Birthdate: _____

Signature: _____ Date: _____

Personal Representative or Guardian (only if applicable)

Name: _____ Relationship to Client: _____

Signature: _____ Date: _____

Contact Preferences (You may select more than one)

Email: _____

Text: _____

Phone: _____



Only complete if Federal taxes are not filed

AFFIDAVIT FOR NOT FILING FEDERAL TAXES

I, _____, did not file federal taxes in **2024** because I was
(Print name)

Check one:

- No longer required to file
- A full-time student
- Unemployed

Print name: _____

Signature: _____

Date: _____

Address: _____
(Street) (City) (State) (Zip)

STATE OF OHIO
COUNTY OF SUMMIT

The foregoing instrument was acknowledged before me on _____
(Date)

by _____
(Name of person acknowledged)

Notary Public Print Name

Notary Public Signature

My commission expires (date)

Affix Notary Seal





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 results 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 60 calendar days from 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 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 appeal's 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.