



Enclosed is the Summit County Home Weatherization Assistance Program's (HWAP) application. 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. *If you have any questions regarding the application or process please call 330-643-2537.*

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.
Failure to include all applicable items may delay review of your application.

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.

2019 Income Guidelines

Size of Household	Total Gross Annual Household Income
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860

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:

- 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.

Client No _____

Complete only one application per household

Please complete all items and questions and attached required proof.

An incomplete application will delay assistance. Remember to sign your application when 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	

Remainder of page intentionally left blank

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.

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
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:

Number in household _____ 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 and your utility account number. 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_____
- Bottle Gas Kerosene 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) in order 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 _____

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 33-643-2537 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 designee's 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 any and 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 to file 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 44038

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 hearing. A hearing will be scheduled within 21 calendar days of the notification of a request for a formal hearing.

The request for a formal hearing 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 hearing. All decisions at this level are final.



AFFIDAVIT FOR NOT FILING FEDERAL TAXES

I, _____, did not file federal taxes in 2018 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 SMMIT

The foregoing instrument was acknowledged before me this _____ (date)
by _____ (name of person acknowledged)

Notary Public

Print name

My Commission Expires

Affix Notary Seal