



Weatherization Application

Dear Applicant,

Thank you for your interest in Community Action Partnership of Lancaster and Saunders Counties Weatherization Program. Enclosed you will find the application for our program. To speed your application process, be sure to fill out all pages of the application and the enclosed forms completely. Be sure to send us copies of verification documents, not originals. We will not be returning any materials to you.

We will need documents to verify the past 90 days of income for everyone in the household. We will also need a citizen attestation form completed by each adult over the age of 18 that lives in the household. If you need additional copies of this form, please let us know. Finally we will need a recent copy of a gas and electric bill.

If you have any questions while filling out this application, we have also enclosed some Frequently Asked Questions that you may find helpful. You can also contact us:

Weatherization Program Assistance
210 O Street
Lincoln, NE 68508
weatherization@communityactionatwork.org
402-875-9322

We value our clients and look forward to working with you to make your home more energy efficient!

Sincerely,

Amy Jeanneret
Weatherization Program Administrator
Community Action Partnership of Lancaster and Saunders Counties

Frequently Asked Questions:

Q: Who is eligible for the Weatherization Program?

A: Households with combined gross income (before any taxes, insurance or deductions) below 200% of federal poverty level are eligible. These amounts change over time. The 2021 eligibility levels are listed below:

Number of members in Household	Maximum Gross Annual Income
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
Add \$9,080 for each additional household member	

Q: How does Weatherization define a “household?”

A: For the purposes of weatherization eligibility, a household includes all persons living under one roof. This includes but is not limited to family members living with you, roommates, adult children, persons renting space/rooms, etc. It is understood that households change from time to time. Please complete the application listing all people living with you at the time you fill out the application. If your household changes, or you're anticipating a change in the near future, please contact us.

Q: I am automatically qualified because a member of my household receives Supplemental Security Income, Aid to Dependent Children, or Heating Assistance. Do I need to send in income verification?

A: Yes. Community Action is required by its funders to verify income for every adult served. It is used for both statistical information and to determine priority.

Q: What is considered income?

A: Any money you receive is considered income. This includes but isn't limited to wages/salaries, net receipts from self-employment, retirement, alimony, veteran's payments, Social Security, pension, dividends, interest, lottery/gambling winnings, receipts from estates or trusts.

Q: What documents do you need to verify income?

A: For wages/salaries we need your 2020 W-2s and/or paystubs from the previous 3 months. For all other income our required documents are similar to the IRS. For structured payments (Social Security, Alimony, Railroad Retirement, etc.) we need the letter stating your weekly/monthly/quarterly payment amount. Don't hesitate to call us if you're unsure what to send. Please remember, we won't be returning the documents so do not send us originals.

Q: What do I do if one of the adults in my household has no income?

There is form that you will need to fill out and sign. The form must be notarized so we request that you come into our office during normal business hours to complete this form.

Q: Why are there multiple Citizenship Forms included?

A: All adults in the household must fill out this form individually. If we didn't provide enough forms, you're welcome to come to the office during normal business hours to pick up more copies or contact us and we'll send more to you.

Community Action Partnership of Lancaster and Saunders Counties
Weatherization Assistance Program



Q: How does Community Action decide who receives services first?

A: We are required to follow our funders' priority list which is provided below:

1. People over 60 years of age	4. High residential energy users
2. People with disabilities	5. Households with high energy burden
3. Families with children under 6	6. All others income-eligible

High residential energy user means a household whose residential energy expenditures exceed the medial level of residential expenditures for all low-income households in the state. The median level for the State of Nebraska is currently \$1,864 per year.

Household with a high energy burden means a household whose residential energy burden (residential expenditures divided by the annual income of that household) exceeds the median level of energy burden for all low-income households in the state. The median energy burden for the State of Nebraska is 18.36% of household income.

Q: Who is considered to be disabled?

A: The term *disabled person* has been defined by the Nebraska Energy Office as "any individual who: has a physical or mental disability which constitutes or results in a substantial handicap to the individual's employment; or has had a record of having, or is regarded as having a physical or mental impairment which substantially limits one or more of the individual's major life activities; or has a disability which would make the individual eligible to receive disability insurance benefits or Supplemental Security Income from the Social Security Administration or developmentally disabled assistance from the Department of Health and Human Services; or is a veteran or surviving spouse, child, or dependent parent of a veteran receiving compensation from the Veteran's Administration for a service connected disability or death; or is a veteran or surviving spouse or child of a veteran receiving a pension from the Veteran's Administration because of a non-service connected disability; or is a veteran receiving a pension from the Veteran's Administration because of being on a Medal of Honor Roll of one of the military services."

Q: What is meant by type of disability?

A: Acceptable answers may be Physical, Mental, Developmental, HIV/AIDS, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug Abuse, Medal of Honor Recipient, Disabled Veteran Surviving Spouse/Dependent.

Q: When will I be served?

A: Community Action must comply with state and federal regulations in determining priority of clients. Your household information is used to determine what priority level you will be given (see question: "How does Community Action decide who receives services first"). You will receive a letter stating which priority level you are. Wait times can vary widely based on the number of clients awaiting services, staffing levels, and funding the agency receives. We strive to assist all clients in a timely manner and appreciate your patience.

Q: What are the answers you need in the household table of the application?

Who is the Head of Household	If the owner(s) of the home (as listed on the County Assessor's Site is living in the household, one of the owners should be the Head of Household.
Race	Asian, Black or African American, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, White, Multi-Racial
Marital Status	Single, Married, Divorced, Widowed

Community Action Partnership of Lancaster and Saunders Counties Weatherization Assistance Program Client Application

APPLICANT INFORMATION (please print)

Last Name:	First Name:	Social Security Number:
Street Address: (location of home)		Unit # or Mobile Lot #
City:	Zip:	E-mail (optional):
Home Phone:	Work Phone:	Cell Phone or Message #:

UTILITY INFORMATION

Natural Gas or Propane provider: _____	Account #: _____
Electric Company provider: _____	Account #: _____
<i>We will need copies of these bills</i>	

QUALIFICATION INFORMATION:

To AUTOMATICALLY QUALIFY through PUBLIC ASSISTANCE, check all that apply. *You must provide proof for one of the following with this application. For LIHEAP, the date of assistance will suffice.*

☐ ADC (Aid to Dependent Children)
 ☐ SSI (Supplemental Security Income)
 ☐ LIHEAP (Gas/Electric Assistance)
 Date Received _____

To Income Qualify:

You must send income proof even if one of the programs listed above applies to your household. Send in 90 consecutive days of income for each household member. If there is a member that is over the age of 18 that has not had income during the previous 90 days, contact our office for instructions. Household income is received from (check all that apply):

☐ Job income
 ☐ Social Security
 ☐ Retirement (all types)
 ☐ Disability
 ☐ Alimony
 ☐ Workers Comp
 ☐ Net Rental Income
 ☐ Net gambling or lottery winnings
 ☐ Unemployment
 ☐ Royalties
 ☐ Self-employment
 ☐ Periodic payments from estates or trusts
 ☐ Other _____

Gross monthly household income (before taxes insurance and other deductions): \$ _____

Is anyone in the household eligible for child support (this is not considered income for eligibility purposes)? ☐ Yes ☐ No

Is it being received? ☐ Yes ☐ No

If so, list names and monthly amount _____

HOUSEHOLD INFORMATION:

Name (List yourself and all individuals living with you. Please attach separate sheet if more than seven people.)	Date of Birth	Social Security Number	Gender	Race	Ethnicity – Hispanic Y/N	Relation to Head of Household	Highest Grade/Diploma/Degree Achieved	Marital Status

**Community Action Partnership of Lancaster and Saunders Counties
Weatherization Assistance Program Client Application**

HOUSEHOLD INFORMATION (cont.)

Household type: ☐ Couple with No Children ☐ Two Parent Family ☐ Single Person ☐ Grandparent(s) & Child
☐ Single Female Parent ☐ Single Male Parent ☐ Couple (Parent & Friend) with Child(ren) ☐ Foster Parent
☐ Other _____

Is anyone in the household a US military veteran who served in active duty? ☐ Yes ☐ No ☐ Not sure If yes
please list names of household members who served _____ ☐ Veteran ☐ Currently Active

Is anyone in the household Disabled? ☐ Yes ☐ No If yes, of long duration? ☐ Yes ☐ No

Please list names of household members who are disabled and type of disability: _____

Our household has the following types of health insurance: ☐ None ☐ Medicare ☐ Medicaid ☐ VA Benefits
☐ Employer Provided Health Insurance ☐ State Children's Health Insurance ☐ State Health Insurance for Adults
☐ Private Pay Health Insurance ☐ Health Insurance through COBRA ☐ Other: _____

If all household members are not covered by the same insurance, please explain who is covered by which type
of insurance: _____

Is anyone in the household a Victim of Domestic Violence? ☐ Yes ☐ No ☐ Not sure
Currently Fleeing Domestic Violence? ☐ Yes ☐ No When did the violence occur? ☐ within the past 3 months
☐ 3-6 months ago ☐ 6-12 months ago ☐ over a year ago

If yes please list names of household members who are _____

List Source and Amount of any non-cash benefits the household receives _____

DESCRIPTION OF HOME:

Do you own or rent your home? ☐ OWN or ☐ RENT: Landlord's Name _____

Contact Information: _____

If you are renting your landlord will need to fill out the Weatherization Permission Form

If this home is currently for sale weatherization services cannot be provided

How would you describe your housing status: ☐ Stable ☐ At Risk of Losing Housing ☐ Fleeing Domestic Violence
☐ Imminent Risk of Losing Housing ☐ Don't know

Do you receive housing subsidy? ☐ No ☐ VASH Subsidy ☐ Other Subsidy: _____

Has this address been weatherized before? ☐ Yes ☐ No If yes, name of Agency: _____ (year) _____

How long have you lived at this address: _____

How did you hear about the Weatherization Assistance Program? (Check all that apply) ☐ Walk-in ☐ Received Mailing
☐ Friend/Family Member ☐ Other Community Action Program ☐ Social Media ☐ Newspaper ☐ Television
☐ Radio ☐ Facebook ☐ Newspaper ☐ Other Assistance Program ☐ Faith-based Agency ☐ Utility Company ☐ Website
☐ Other: _____

**Community Action Partnership of Lancaster and Saunders Counties
Weatherization Assistance Program Client Application**

HOME ACCESS AUTHORIZATION:

Before weatherization work can begin, all homes must meet minimum standards of housekeeping.

☐ I agree
☐ Disability present (please describe in comments below)

Do you agree to and understand that areas are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed? (Where these conditions exist because of a disability, reasonable accommodations may apply.)

Access to your home:

☐ I agree

Do you agree to and understand that weatherization technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed?

Permission to photograph home:

☐ I agree

Do you agree to allow the Community Action Partnership of Lancaster and Saunders Counties Weatherization Program and its designees to photograph the unit for pre- and post-work documentation?

Comments: _____

Signature: _____

Date: _____

PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes Community Action Partnership of Lancaster and Saunders Counties weatherization Staff, Contractors and Crew to enter my home as needed to perform weatherization and furnace work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. **I intend to continue living in this home for at least twelve (12) months after weatherization services are completed.** Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand final inspections are necessary and I will be responsible for payment of services if I refuse final inspections. I understand the Weatherization Assistance Program (WAP) regulations prohibit warranties as an allowable program expense. Materials and labor being covered by manufacturers' warranties are for one year. My signature below authorizes the Weatherization Assistance Program (WAP) and its designees to inspect heating, fuel usage and utility billing records for up to 5 years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I agree, on behalf and for all who stand in my stead, that the state of Nebraska, its sub grantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the Community Action Partnership of Lancaster and Saunders Counties Weatherization Program to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, the Community Action Partnership of Lancaster and Saunders Counties Weatherization Program is required to keep confidential any specifically identifying information related to an individual's eligibility application for weatherization services, or the individual's participation in weatherization services, such as name, address, or income information. The State of Nebraska in conjunction with the Community Action Partnership of Lancaster and Saunders Counties Weatherization Program may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant Signature: _____ Date: _____

**Community Action Partnership of Lancaster and Saunders Counties
Weatherization Assistance Program Client Application**

STATEMENT OF CLIENT RIGHTS & RESPONSIBILITIES

Community Action forms partnerships with those it helps in order to assist individuals and families reach their full potential and achieve self-reliance. Each agency client is entitled to be treated with dignity and respect. In return, each client has the responsibility to treat others with dignity and respect.

As a client of the Community Action Weatherization Program, you have the right:

- ❖ to receive professional services
- ❖ to be treated with dignity which includes freedom from:
 - physical violence or contact which could cause physical or emotional damage
 - demeaning comments or actions made on the basis of race, religion, national origin, gender, mental or physical disability, marital status, sexual orientation, age or income status
 - sexual harassment of any type
- ❖ to expect program staff and contractors to respect your confidentiality

As a client of the Community Action Weatherization Program, you have the responsibility:

- ❖ to be honest in providing proof of eligibility and priority status
- ❖ to treat program staff and contractors with dignity which includes freedom from:
 - physical violence or contact which could cause physical or emotional damage
 - demeaning comments or actions made on the basis of race, religion, national origin, gender, mental or physical disability, marital status, sexual orientation, age or income status
 - sexual harassment of any type
- ❖ to provide a workspace supporting safe work in the home and on equipment including removal of pets and any items that limit access to the work area (boxes, clutter, etc.)
- ❖ to work cooperatively with program staff and contractors to schedule inspections and work in a timely manner.
- ❖ to provide access to my home during weekdays between the hours of 8 a.m. and 5 p.m.

AGREEMENT AND RELEASE

I have read and understood the Client Rights and Responsibilities explained above and agree to abide by these standards.

- ☐ If I feel my rights as outlined in this Statement have been violated, I will contact the Weatherization Director at Community Action to discuss my concerns.
- ☐ I also understand that my violation of the responsibilities outlined in this Statement, or violation of the program's rules, may result in termination of services.

Signature _____ Date _____
Client

Signature _____ Date _____
Weatherization Program Representative



Nebraska Management Information System

Homeless Management Information System (HMIS) Consumers Informed Consent & Release of Information Authorization

I _____ understand information about me and/or my dependents listed below is entered into a database system called Clarity Human Services. This system helps to better understand homelessness, to improve service delivery, and to evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information may be shared. Access to the data and sharing of the data is in compliance with the standards set by the federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information.

By signing this form, I authorize the following:

The information collected by this agency will be included in Clarity Human Services and only partner agencies, which have entered into an HMIS Agency Participation Agreement, may use it to:

- Produce a client profile at intake that will be shared with collaborating agencies
- Produce aggregate level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for enhancements
- Allocate resources among agencies engaged in services

By signing this form, I authorize the following:

I authorize the partner agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling, and/or other services.

The information may consist of the following PPI (Personal Protected Information):

- | | | |
|------------------------------------|-------------------------|---------------------------|
| • Name | • Family Composition | • Housing information |
| • Date of Birth | • Income/Non-cash | • Health Insurance Status |
| • Social Security Number | • Veteran Status | • Client Location |
| • Gender | • Domestic Violence | • Program Entry and Exit |
| • Ethnicity and Race | • VI-SPDAT | • Services Provided |
| • Residence Prior to Project Entry | • Disabling Condition | • Assessments |
| • Homeless History | • Photo (if applicable) | |

I Understand That:

- ✓ The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS partner agencies
- ✓ Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- ✓ The release of my information does not guarantee that I will receive assistance; my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- ✓ My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- ✓ This authorization will remain in effect until I revoke it in writing, and I may revoke authorization at any time, if I revoke my authorization, all information about me already in the database will remain.
- ✓ This release is valid for one year from the date of my signature below.
- ✓ I understand I may withdraw my consent at any time.

Partner Agencies: A list of the partner agencies within the Nebraska Homeless Management Information System may be viewed prior to signing this form. List all Dependent Children under 18 in the household, if any (first, last and DOB).

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

- ✓ Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development and Nebraska Department of Health and Human Services Homeless Assistance Program may see my complete file in HMIS if services received are funded by their Department/s.

Please initial one of the following levels of consent:

____ I give authorization to have Protected Personal and relevant Information for me and my dependents entered into the NMIS and shared between Partner Agencies.

Or

____ I do not consent to the inclusion of personal information in the NMIS about me and any dependents.

Consumer's Signature

Date

Agency Staff Name (print) Agency Staff Signature

Date

**Landlord-Tenant Agreement/Permission Form****FORM
WX14**Agency: ☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCS ☐NENCAP ☐NWCAP ☐SENCA

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

Landlord Name: _____ Phone Number: _____

PROVISIONS FOR LANDLORD/PROPERTY OWNER PERMISSION

Please Print

I, _____ hereby certify that I am the owner/authorized agent, herein referred to as "owner" for the property located at:

Residence or Physical Address _____ City _____ Zip Code _____

Currently occupied by: _____
Tenant _____ Email _____

I hereby give permission to allow [Agency Name] _____ (hereafter known as the "Agency") to perform weatherization services according to the U.S. Department of Energy regulations and in conjunction with the current Nebraska state weatherization plan.

I also agree to the following provisions:

1. I will NOT increase the rent as a result of the improvements made by the weatherization of the home.
2. I will NOT evict or remove the tenant from the dwelling for a period of one (1) year after the final approved inspection of the property, so as long as he/she complies with all ongoing obligations and responsibilities owed to the landlord.
3. I (Owner) have no intention and knowledge of Federal, State, or Local Programs designation of my home for acquisition or clearance.
4. I have owned this property for _____ years/months and to the best of my knowledge the unit has not been weatherized for a previous tenant.
5. I will allow agency, state, or federal officials to inspect the rental property listed above.
6. I agree to allow my home to be photographed for pre-weatherization and post-weatherization documentation.
7. I will agree to any procedures necessary to insulate the sidewalls.
8. The property legal description or mobile home serial number of the rental property is:

Property Section:	Township:	Range:
Mobile Home Year:	Model:	VIN/SERIAL#:

(Continued on Reverse Side)

PROVISIONS FOR LANDLORD/PROPRY OWNER PERMISSION

I understand to weatherize a dwelling unit which is designated for acquisition or clearance by a Federal, State, or Local Program within 12 months from the date weatherization of the dwelling would be scheduled to be completed is not allowed under Federal Regulations 10 CFR 440.18(f)(1).

☐ Yes ☐ No

I furthermore do hereby give permission for the property to be weatherized according to the Department of Energy (DOE) standards and regulations and for the inspection of the home and the work performed by the Agency (_____ Weatherization Program). As part of this service, all units will receive a heating system efficiency inspection. The weatherization services and the heating system efficiency inspection will be performed at no cost to the owner/ landlord or tenant in single unit dwellings. In the case of heating plant repairs, the Agency (_____ Weatherization Program) share will not exceed \$400.00. If the repairs do not exceed \$400.00, the Agency (_____ Weatherization Program) will repair the heating plant. Should the repairs exceed \$400.00 the Agency (_____ Weatherization Program) will contact the owner or authorized agent to have the heating plant replaced. The Agency (_____ Weatherization Program) will contribute \$500.00 toward the required replacement, if installed to meet the Nebraska Energy Weatherization Assistance Program specifications. If deficiencies are found with the water heater, the owner shall repair or replace the water heater. The Weatherization Program may contribute a maximum of \$150.00 if Weatherization Program installation requirements are met. The weatherization of the unit will not commence until such time as the furnace and/or water heater have been made safe and operable. Weatherization work on rental units may be a shared responsibility of the owner/landlord and the Agency (_____ Weatherization Program).

Weatherization materials may include, but are not limited to, the following items: insulation, caulking, glazing, weather stripping, door sweeps, thresholds, primary doors and primary windows, pipe wrap, water heater blankets, venting, minor repairs, and glass replacement. The decisions concerning material type and quantity shall be the responsibility of the Agency providing the service.

SIGNATURES

**Sign
Here**

Authorized Owner/Agent

Date

Tenant

Date

Authorized Owner/Agent Email

Agency Representative

Date



Utility Consumption Information Release

Agency:

☐ BVCAP☐ CAPLSC☐ CAPMN☐ CNCAP☐ NENCAP☐ NWCAP☐ SENCA

COMMUNITY ACTION PARTNERSHIP CONTACT INFORMATION

Home Owner Name: _____

Location Address: _____

City: _____

County: _____

UTILITY COMPANY INFORMATION

☐ I certify that I am the owner/tenant of the property at:_____
Location Address

and I hereby authorize the following utilities to release information regarding my fuel bills, both past and future, to:

Community Action Agency Name

the Nebraska Energy Office (NEO) and the U.S. Department of Energy (DOE).

Natural Gas Company/Supplier: _____

Account Number: _____

Electric Company/Supplier: _____

Account Number: _____

Propane/Fuel Oil Company/Supplier: _____

Account Number: _____

Attach a copy of your latest fuel bill for each company/supplier listed above.

SIGNATURES

I understand that all information related to this application is confidential and will only be used to provide data for the above named agencies and no information obtained through this release will be made public in such a manner that the dwelling or occupants can be identified.

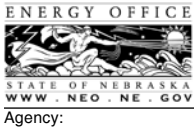
Household Applicant Name: _____

Utility Account Holder Name: _____

Household Applicant's Signature: ► _____ Date _____

Utility Account Holder's Signature: ► _____ Date _____

This material was prepared with the support of DOE, Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



Home Health and Safety Screening Questionnaire

Agency:

☐ BVCAP☐ CAPLSC☐ CAPMN☐ CNCS☐ NENCAP☐ NWCAP☐ SENCA

Client Name:

Job Number:

Address:

City:

Phone Number:

CLIENT QUESTIONNAIRE

In performing Weatherization services, we strive to use the safest materials possible. All products used in Weatherization Services must be approved by the U.S. Department of Energy. It is recognized that some products used may have an odor (Volatile Organic Compound or VOC) that some people may find objectionable or to which some people may experience sensitivity. If any family member believes that they may be hypersensitive to, or otherwise objects to the use in your home of any of the common commercial building materials listed below, please indicate with a check mark next to the item:

☐ **NO** household occupant(s) have known hypersensitivities, allergies or objection to the use in my home of the commercial building products listed below, and I hereby agree to hold harmless and release the Weatherization Assistance Program, its agencies and contractors from any liability that may result from the use of these products.

☐ **YES** at least one household occupant is hypersensitive, allergic or objects to certain types of commercial building products.

If you answered “**Yes**” above, please fill out the section below.

PRODUCTS BANNED FROM USE

Please indicate the products that may **NOT** be used in your home. Be aware that there may be some products for which there are no reasonable or acceptable substitutions. Checking off some items on this list may mean that we are unable to perform some energy-saving measures for your home. If there are any questions about the products, please ask for more information about how the product may be used before checking an item as unacceptable:

Check the products **NOT** to be used:

- ☐ latex acrylic or silicone caulk or sealant
- ☐ spray-on adhesives
- ☐ wall spackle patch
- ☐ interior latex paint or primer
- ☐ vinyl or plastic products or sheeting
- ☐ fiberglass insulation (rigid, blanket, loose)
- ☐ fluorescent light bulbs
- ☐ any products with volatile organic compounds or odor

- ☐ adhesive tape products
- ☐ duct sealant
- ☐ gas pipe sealant, pvc primer or glue
- ☐ exterior paint, primer or roof sealant
- ☐ rigid foam insulation or spray foam
- ☐ cellulose insulation (loose fill)
- ☐ other (please list below) _____

The products checked above may not be used in the Weatherization of my home. It is understood that some energy conservation measures may not be completed due to the restrictions requested based upon possible health concerns.

SIGNATURES

Sign
Here

Client Signature

Date

Weatherization Representative

Date

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



State of Nebraska Weatherization Assistance Program

Weatherization Client Questionnaire

FORM
WX13

Agency:

☐ BVCAP ☐ CAPLSC ☐ CAPMN ☐ CNCAP ☐ NENCAP ☐ NWCAP ☐ SENCA

Inspector Name:

Date:

Job Number:

Client Name & Address:

City:

Phone Number:

INSPECTION REQUIREMENTS

Question	Yes	No	Remarks
1. Does your home have broken glass in windows and doors?			
2. Does your home have foundation problems?			
3. Do you have a basement or a crawl space?			
4. Is the outside of your home free of debris so that a contractor could work on your home?			
5. Does your roof leak or is there physical damage to the inside from a roof leak?			
6. Is the access to windows, doors, attic etc. free on the inside of your home?			
7. Are you in the process of remodeling or do you plan on remodeling your home in the near future?			
8. Are any parts of your ceilings, walls or floors incomplete or in need of repairs?			
9. Do you have any broken or leaking water or sewer lines?			
10. Does water leak/stand in the basement or crawlspace?			
11. If mobile home, is the underbelly free of debris and/or standing water?			
12. Have you noticed mold/mildew growing on windows, walls or in corners?			
13. Do you use your attic for storage?			
14. Does your furnace work?			
15. Are any utilities turned off by the utility companies?			
16. Do you have pets in the house?			
17. Do you have any type of wood, pellet, corn stove, or fire place?			
18. Is the home listed for sale or do you have any knowledge of Federal, State, or Local program designation of your home for acquisition or clearance?			

BUILDING DETAILS

19. Water heater: ☐ Gas ☐ Electric 23. Cooling system: ☐ Central Air ☐ Window A/C
20. Cook stove: ☐ Gas ☐ Electric 24. If window air conditioning is used, how many do you have?
21. Do you have a: ☐ Breaker ☐ Fuse box ☐ 1 ☐ 2 ☐ 3 ☐ 4
22. Heating system:
- ☐ Forced Air ☐ Steam ☐ Water Boiler ☐ Vented Console
- ☐ Wall Furnace ☐ Wood Stove ☐ Electric Baseboard ☐ Unvented Heater

SIGNATURES

Sign
Here

Client Signature

Date

Weatherization Representative

Date

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



United States Citizenship Attestation Form

FORM
WX15

Agency: <input type="checkbox"/> BVCAP <input type="checkbox"/> CAPLSC <input type="checkbox"/> CAPMN <input type="checkbox"/> CNCS <input type="checkbox"/> NENCAP <input type="checkbox"/> NWCAP <input type="checkbox"/> SENCA	
Client Name:	Job Number:
Address:	City: Phone Number:

CERTIFICATION OF CITIZENSHIP

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I hereby attest as follows:

☐ I am a citizen of the United States.

— OR —

☐ I am a qualified alien under the federal *Immigration and Nationality Act*. In addition to this Form, I have included a current and legible copy of the front and back of one or more of the available USCIS forms, (listed below), required for verification.

1. I-327 (Reentry Permit)
2. I-551 (Permanent Resident Card)
3. I-571 (Refugee Travel Document)
4. I-766 (Employment Authorization Card)
5. Certificate of Citizenship
6. Naturalization Certificate
7. Machine Readable Immigrant Visa (with Temporary I-551 Language)
8. Temporary I-551 Stamp (**on passport or I-94**)
9. I-94 (Arrival/Departure Record)
10. **Unexpired** Foreign Passport (**must include an I-94**)
11. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
12. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Date of Birth _____ USCIS/Alien No. _____

Document Number _____ (ie. Certificate of Naturalization)

Card Number _____ (ie. Permanent Resident/Employment Authorization Card)

SIGNATURES

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Print Name First, _____ Middle, _____ Last _____

Sign Here Signature _____ Date _____



United States Citizenship Attestation Form

FORM
WX15

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☐ BVCAP☐ CAPLSC☐ CAPMN☐ CNCS☐ NENCAP☐ NWCAP☐ SENCA

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Print Name

First,

Middle,

Last

Sign
Here

Signature

Date