Helping People. Changing Lives.
Community Action Partnership
Lancaster and Saunders Counties

Weatherization Assistance Program Participant 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 the program. To speed your application process, be sure to fill out all pages of the application and the enclosed forms completely. Send copies of verification documents with the application, not originals. We will not be returning any materials to you. **The verification documents required are:**

- **Copy of *Social Security Cards* for each adult 19 years of age and older who are listed on the application.**
- **90 days of income verification for everyone in the household.** We're required to have verification for everyone over the age of 18. If there is a household member under the age of 18 that has income, we will need that verification as well.
    - For job income this includes the most recent 90 days of pay stubs for each place of employment.
    - For Social Security, pensions, annuities, estates, trusts and other defined benefit plans, this can be the most recent benefit letter –OR- the 3 most recent bank statements showing the deposits from these sources.
    - For self-employment or rental income this includes last year's tax return including self-employment schedules.
    - **If one or more adults in the household have no income,** they must each fill out and have a notarized Zero Income Form (WX16). We can notarize this form for you at no cost. Please contact us to request the Zero Income Form (WX16) and schedule free notary service.
    - Copy of other assistance if applicable: **LIHEAP or ADC**
- Recent copy of your gas/propane and electric bill(s).
- Copy of mobile home title if applicable.
- Landlord-Tenant Agreement/Permission Form (WX14) if applicable.
- A Citizen Attestation Form (WX15) completed by each **adult over the age of 18** living in the household. Feel free to make additional copies if needed.
- A NMIS Release of Information form completed by each **adult over the age of 18** living in the household. Feel free to make additional copies if needed.
- If you have any questions while completing this application we have also enclosed some responses to "Frequently Asked Questions" that you may find helpful. You may also contact us at:

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

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

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 2026 eligibility levels are listed below:

Number of members in Household	Maximum Gross Annual Income	Number of members in Household	Maximum Gross Annual Income
1	$31,920	5	$77,360
2	$43,280	6	$88,720
3	$54,640	7	$100,080
4	$66,000	8	$111,440
Add $11,360 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: 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	Some examples: Asian, African American, Native American or Alaskan Native, Native Hawaiian or Other Pacific Islander, White, Multi-Racial
Marital Status	Single, Married, Divorced, Widowed

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: Is Social Security Income the same as Supplemental Security Income?

A: Social Security and Supplemental Security Income are different. The benefit letter from Social Security will specify the type of income you are receiving from them. According to the Social Security Administration, Supplemental Security Income is designed "to help aged, blind, and disabled people who have little or no income and it provides cash to meet basic needs for food, clothing and shelter." It is not funded by Social Security taxes.

Q: What is considered income?

A: Most 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. Contact our office if you're unsure whether the money you receive(d) would be considered income.

Community Action Partnership of Lancaster and Saunders Counties
Weatherization Assistance Program

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: 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: 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, make your own copies, or contact us and we'll send more to you.

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.

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

APPLICANT INFORMATION (Please Print)

Last Name _____ **First Name** _____ **Social Security Number** _____

Street Address _____ **Zip** _____ **Email** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Sperated

Qualification Information (Please Print)

To Automatically qualify through public assistance, Check all that apply. You must provide proof of one of the following through this application.

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

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 verification 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:	☐ Full-Time	☐ Part-Time	☐ Seasonal
Unemployment:	☐ Short-Term (6 months or less)	☐ Long-Term (More than 6 months)	☐ Not in the Labor Force
Other Income:	☐ Social Security	☐ Retirement (All Types)	☐ Workers Comp
	☐ Disability	☐ Alimony	☐ Rental Income
	☐ Other income (Please specify): _____		

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

Is it being receive currently? ☐ Yes ☐ No

If so, list names and month amount. _____

COMMUNICATION

Preferred Method of Contact	☐ Cell Phone	☐ Work Phone	☐ Home Phone	☐ Email
	☐ Other			
Preferred Language	_____	Is an Interpreter needed?	☐ Yes	☐ No

Your application and the specifics of the weatherization improvements are confidential. We will only discuss your project with those listed on the application, the landlord (if applicable – project only, not application information), funders, and contractors completing the work. **If there is someone else you would like us to communicate with regarding scheduling, documentation, or other project information, please specify below:**

Full Name _____ Phone Number _____

Regarding (Check all that apply) ☐ Application/ documentation ☐ Scheduling ☐ Project Information ☐ Other _____

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

HOUSEHOLD INFORMATION:

Sex (may select more than one for each person)		Race & Ethnicity (may select more than one for each person)		Education Level	
Choice	*Code*	*Choice*	*Code*	*Choice*	*Code*
Woman	G1	American Indian, Alaska Native, or Indigenous	RE1	Grade 0-8	E1
Man	G2	Asian or Asian American	RE2	Grade 9-12/Non-graduate	E2
Client doesn't know	G3	Black, African American, African	RE3	High school graduate	E3
Client prefers not to answer	G4	Native Hawaiian or Pacific Islander	RE4	GED/Equivalency Diploma	E4
		White or Caucasian	RE5	12 grade + some post-secondary	E5
		Hispanic/Latino	RE6	2 or 4 year college graduate	E6
		Middle Eastern or North African	RE7	Graduate of other post-secondary school	E7
		Client doesn't know	RE8	Client prefers not to answer	E8
		Client prefers not to answer	RE9		

Using the chart *Household Information Choices*, please fill in the code that corresponds to your household member's information. List yourself first then all individuals living with you. Please attach a separate sheet if more than 8 people

Name	Date of Birth	Social Security Number	Relation to Head of Household	Sex	Age	Race & Ethnicity	Education Level
		Leave Blank	**Self**				

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

HOUSEHOLD INFORMATION (continued)

Household Type	☐ Couple with no children ☐ Two Parent Family ☐ Single Person ☐ Grandparent(s) & Child ☐ Single Female Parent ☐ Single Male Parent ☐ Couple (Parent & Friend/Parent) with children ☐ Foster Parents ☐ Roommates ☐ Other_____
Is Anyone in the household a US Military veteran who served in active duty?	☐ Yes ☐ No ☐ Not sure If Yes, ***Please*** list household members who served_____
Has/is anyone in the household been in the foster care system?	☐ Yes ☐ No ☐ Not Sure If Yes, ***Please*** list names, dates, and states for those who have been in the foster care system
Is anyone in the household disabled?	☐ Yes ☐ No If **Yes**, of long duration? ☐ Yes ☐ No Please list the names of household members who are disabled_____
Our household has the following types of health insurance:	☐ None ☐ State Insurance for Adults ☐ State Children's Health Insurance ☐ Medicare ☐ Medicaid ☐ VA Benefits ☐ Employer Provided Health Insurance ☐ 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 experiencing Domestic Violence?	☐ Yes ☐ No ☐ Not Sure
Is anyone currently fleeing domestic violence?	☐ Yes ☐ No If yes, 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 the name of household members affected_____
Select source and amount of benefit this household receives	☐ SNAP $_____ ☐ WIC $_____ ☐ LIHEAP $_____ ☐ Title XX $_____ ☐ Other (Please specify):_____ If selecting LIHEAP, when did you receive this source? _____

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

DESCRIPTION OF HOME

Do you own or rent your home?	☐ Own ☐ Rent	Property Owner's Name_____ Property Contact Owner Info_____
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	
Are All utilities currently on?	☐ Yes ☐ No ***If yes, are you at risk of disconnection*** ☐ Yes ☐ No	
Do you receive a housing subsidy?	☐ No ☐ VASH ☐ LHA ☐ Other_____	
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 PROGRAM (Check all that apply)

☐ Walk-in ☐ Received Mailing ☐ Family/Friend ☐ Other Community Action Program ☐ Social Media

☐ Newspaper ☐ Television ☐ Radio ☐ Other Assistance Program ☐ Faith-Based Agency

☐ Utility Company ☐ Website ☐ Other_____

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

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. I understand that photographs will be taken of the interior and exterior of my house. 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 true, accurate 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:_____

The information collected is protected by the Privay Act of 1974, as amended, 5 U.S.C § 552a. The Provacy Act of 1974, establishes a code of fair information practices that governs the collection, maintenance, use, and dissemination of information about individuals that is maintained in systems of records by federal agencies. A system of records is a group of records under the control of an agency from which information is retrieved by the name of the indivi

STATEMENT OF PARTICIPANT 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 participant is entitled to be treated with dignity and respect. In return, each participant has the responsibility to treat others with dignity and respect.

As a participant of the Community Action Weatherization Program, you have the <u>right</u>:

- ❖ 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 participant of the Community Action Weatherization Program, you have the <u>responsibility</u>:

- ❖ 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 Participant Rights and Responsibilities explained above and agree to abide by these standards.

ϒ 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.

ϒ 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_____
Participant

Signature_____Date_____
Weatherization Program Representative

NMIS

Nebraska Management Information System
Client Release of Information

The Nebraska Management Information System (NMIS) manages a database of homeless services information in order to improve coordination of services that support people who are homeless or at risk of homelessness and to better understand homelessness, improve service delivery, and 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.

The information to be collected and shared may include:

- name, date of birth, sex, race and ethnicity, social security number, contact information, location, prior residence
- disabling condition, veteran status, domestic violence, photo (if applicable)
- family composition, income, non-cash benefits, homeless history, housing information, health insurance
- program entry and exit, assessments, services provided

By signing this form, I authorize the Participating Agencies and their representatives to share basic information regarding me and my family members listed below.

I understand that:

- My information will be shared for the purpose of assessing my needs for housing, utility assistance, food, counseling, and/or other services.
- Every person and every 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. I have the right to view the client confidentiality policies used by the NMIS Participating Agencies and to see a list of Participating Agencies before signing this form.
- NMIS data access and sharing comply with federal, state, and local regulations protecting the confidentially of client records. My information cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- 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 the Nebraska Department of Health and Human Services Homeless Assistance Program may see my complete file if services received are funded by their organization.
- Signing this Release of Information does not guarantee that I will receive assistance.
- Refusal to authorize sharing of my information does not disqualify me from receiving assistance.
- This release is valid for one year from the date of my signature below, unless noted otherwise*.
- I may withdraw my consent at any time. This authorization will remain in effect until I revoke it in writing. If I revoke my authorization, all information about me already in the database will remain.

CLIENT RELEASE OF INFORMATION

____ Yes, I agree to share my NMIS information. *Expiration Date (if other than 1 year) _____

____ No, I do not agree to share my NMIS information. Only our agency will see your program participation information.

Client Printed Name | Client Signature | Date

Signature of Guardian or Authorized Representative (when required) | Relationship to Client | Date

Agency Staff Printed Name | Date

This Release of Information also applies to the following dependent children in the household who are 18 years of age or younger:

First Name	Last Name	Birthdate	First Name	Last Name	Birthdate

NMIS ROI 2025

NMIS

Nebraska Management Information System
Client Release of Information

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- name, date of birth, sex, race and ethnicity, social security number, contact information, location, prior residence
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- program entry and exit, assessments, services provided

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- NMIS data access and sharing comply with federal, state, and local regulations protecting the confidentially of client records. My information cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- 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 the Nebraska Department of Health and Human Services Homeless Assistance Program may see my complete file if services received are funded by their organization.
- Signing this Release of Information does not guarantee that I will receive assistance.
- Refusal to authorize sharing of my information does not disqualify me from receiving assistance.
- This release is valid for one year from the date of my signature below, unless noted otherwise*.
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CLIENT RELEASE OF INFORMATION

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Signature of Guardian or Authorized Representative (when required) | Relationship to Client | Date

Agency Staff Printed Name | Date

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First Name	Last Name	Birthdate	First Name	Last Name	Birthdate

NEBRASKA
DEPT. OF ENVIRONMENT AND ENERGY

State of Nebraska Weatherization Assistance Program

United States Citizenship Attestation Form

FORM WX15

Agency: ☐BVCAP ☑CAPLSC ☐CAPMN ☐CNCAP ☐HFHO ☐NENCAP ☐NWCAP ☐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

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.

NEBRASKA
DEPT. OF ENVIRONMENT AND ENERGY

State of Nebraska Weatherization Assistance Program

United States Citizenship Attestation Form

FORM **WX15**

Agency: ☐BVCAP ☑CAPLSC ☐CAPMN ☐CNCAP ☐HFHO ☐NENCAP ☐NWCAP ☐SENCA

Client Name: | Job Number:

Address: | City: | Phone Number:

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5. Certificate of Citizenship
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7. Machine Readable Immigrant Visa (with Temporary I-551 Language)
8. Temporary I-551 Stamp **(on passport or I-94)**
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** Date of Birth _____ USCIS/Alien No. _____

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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 _____

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.

NEBRASKA
DEPT. OF ENVIRONMENT AND ENERGY

State of Nebraska Weatherization Assistance Program

Home Health and Safety Screening Questionnaire

FORM **WX7**

Agency: ☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCAP ☐UWM ☐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 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 _____

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NEBRASKA
DEPT. OF ENVIRONMENT AND ENERGY

State of Nebraska Weatherization Assistance Program

Weatherization Client Questionnaire

OPTIONAL FORM WX13

Agency: ☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCAP ☐UWM ☐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

20. Cook stove: ☐ Gas ☐ Electric

21. Do you have a: ☐ Breaker ☐ Fuse box

22. Heating system:
☐ Forced Air ☐ Steam ☐ Water Boiler ☐ Vented Console
☐ Wall Furnace ☐ Wood Stove ☐ Electric Baseboard ☐ Unvented Heater

24. Cooling system: ☐ Central Air ☐ Window A/C

25. If window air conditioning is used, how many do you have?
☐ 1 ☐ 2 ☐ 3 ☐ 4

26. Is there a sump pit in your home?
☐ YES ☐ NO

27. Does your home have an active radon mitigation system installed?
☐ YES ☐ NO

23. ☐ I understand that the decisions concerning material type and quantity shall be the responsibility of the Agency providing the service. The determination for the type of work to be implemented on your home is solely based on the completion of an inspection and an energy audit that assesses how much money can be saved with implementation and work provides a cost-effective savings-to-investment ratio (SIR).

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NEBRASKA
DEPT. OF ENVIRONMENT AND ENERGY

State of Nebraska Weatherization Assistance Program

Utility Consumption Information Release

FORM **WX22**

Agency: ☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCAP ☐UWM ☐NENCAP ☐NWCAP ☐SENCA

COMMUNITY ACTION PARTNERSHIP CONTACT INFORMATION

Household Applicant:

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 Partnership of Lancaster & Saunders Counties ,
Community Action Agency Name

the Nebraska Department of Environment and Energy (NDEE) 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 _____

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