

CAPITAL AREA COMMUNITY ACTION AGENCY

The following documents must be provided with the weatherization application

- 1. DRIVERS LICENSE or PICTURE I.D.** of the person who is applying.
- 2. SOCIAL SECURITY CARD** for everyone in household at the time of request, with date of birth for everyone in the household.
- 3. PROOF of INCOME** for everyone in household, such as
 - ◆ Most recent Social Security or SSI Letter(s)
 - ◆ Most recent 3 months of pay stubs
 - ◆ Unemployment Compensation Letter
 - ◆ Child Support Letter
 - ◆ Food Stamp Letter
- 4. MOST RECENT UTILITY BILL**
- 5. OWNERSHIP OF HOUSE DOCUMENTS**
 - ◆ Deed to house or notice of homestead exemption or tax assessment
- 6. SIGNED PERMISSION Forms** – Note if you are renting, the landlord must sign the building owner's agreement form.

**Please return the application to:
Capital Area Community Action Agency
309 Office Plaza Drive
Tallahassee, FL 32301**

WEATHERIZATION ASSISTANCE PROGRAMS

CLIENT INTAKE FORM

AGENCY NAME: CAPITAL AREA COMMUNITY ACTION AGENCY, INC.		JOB NO:
CLIENT NAME:		OWNER'S NAME:
SOCIAL SECURITY #: (last 4 digits)		PHONE NO.:
UNIT ADDRESS:		MAILING ADDRESS:
CITY:	ZIP	COUNTY: ZIP
LANDLORD AGREEMENT YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		OWNERSHIP PROOF (source) YEAR BUILT:

INCOME ELIGIBILITY: Must include annual income for ALL household members.

Type of Income:	Client	Others in household
A. EMPLOYMENT		
B. UNEMPLOYMENT COMPENSATION		
C. SOCIAL SECURITY		
D. SUPPLEMENTAL INCOME (SSI)		
E. RETIREMENT		
F. T.A.N.F.		
G. OTHER (type)		
Subtotals:		
TOTAL HOUSEHOLD INCOME = \$		

Main Heating Fuel Source (Check one) Propane ☐ Natural Gas ☐ Electric ☐ Wood ☐ Other ☐

TOTAL # OF PEOPLE RESIDING IN HOUSE:		CLIENT CHARACTERISTICS: Check each characteristic of the client who qualifies for assistance. (Client may be counted in more than one category. Client is not a child.)	
Utility Bill at time of application \$		ELDERLY (60 & older)	
CHARACTERISTICS OF ALL PEOPLE IN HOUSE: (Each person may be counted in more than one category)		DISABLED	
		N. AMERICAN INDIAN	
	ELDERLY (60& older)	HIGH ENERGY BURDEN HOUSEHOLD	
	DISABLED	RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)	
	NATIVE AMERICAN INDIAN	OTHER (Income qualified only)	
CHILDREN (2 & under)		UNITS BY OCCUPANCY: check only one below:	
CHILDREN (3 to 5 years)		OWNER OCCUPIED HOME	
CHILDREN (6to 12 years)		SINGLE FAMILY RENTER	
All other people not included in above categories		MULTI FAMILY	
		OWNER MOBILE HOME	
		RENTER MOBILE HOME	

CLIENT AGREEMENT:

1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.
2. I certify that my household meets the income guidelines of this program.
3. I hereby give permission to enter these premises for the purpose of conducting and energy audit and having my home weatherize.
4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.

CLIENT SIGNATURE:

DATE:

A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT.

Form CIF-06

ALL Household Members

Family Type/Marital Status

Certification: I voluntarily waive the provision of the privacy act in order to permit verification of my income eligibility. I certify that my income meets the required guidelines of this program and that the information is true and correct to the best of my knowledge.

Applicant's Signature _____

Date _____

Eligibility Worker's Signature _____ Date _____

CAPITAL AREA COMMUNITY ACTION AGENCY, INC.
NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Low Income Home Energy Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and Capital Area Community Action Agency, Inc., (subgrantee) for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for all Capital Area Community Action Agency programs.

Date

Applicant's Signature

Capital Area Community Action Agency, Inc
No Exchange of Monies Acknowledgement
Client Complaint/Appeals Procedures

No Exchange of Monies Acknowledgement

There is no charge for Family Support Services provided by Capital Area Community Action Agency (CACAA).

Under no circumstances should a client receiving services provide a CACAA employee money. If a CACAA employee suggests that money is required to provide service, you are required to report this request to the central office immediately at 850-222-2043.

I have been advised both verbally and in writing that under no circumstances should I be required to give money to CACAA staff.

Client Signature

Date

Client Complaint/Appeals Procedures

In the event a client wishes to file a complaint/appeal regarding the denial of service, the work being performed, the completed work or refuses to sign the Building Work Report (BWR), the client must complete the following steps:-

1. Within five days of the cause of action, the client must provide a written complaint to the Director of Family Support Services, Capital Area Community Action Agency, 309 Office Plaza Drive, Tallahassee, FL 32301.
2. If the issue cannot be resolved by the Director of Family Support Services, the client may appeal the decision in writing, within five days of receipt of the decision, to the Executive Director of Capital Area Community Action Agency.
3. Should the Executive Director be unable to resolve the complaint/appeal, the client may appeal the decision in writing, within five days of receipt of the decision, to the Personnel Committee of the Board of Directors.
4. The decision of the Personnel Committee of the Board of Director will be the final decision.

Client Signature

Date

CACAA Staff Signature

Date



Capital Area Community Action Agency

309 Office Plaza Drive

Tallahassee, Florida 32301

850.222.2043

www.cacaainc.org

J. Roger Newsome III - Chairman

Tim Center - Executive Director

FLORIDA WEATHERIZATION ASSISTANCE PROGRAM APPLICANT SELF-CERTIFICATION QUESTIONNAIRE

To apply for services through the Florida Weatherization Assistance Program, an applicant household must be below the income guidelines. Guidelines are provided by the U.S. Department of Energy and adhere to the 200% threshold of the poverty income guidelines. The entire household income must be calculated to determine if an applicant is income eligible for services.

If an applicant indicates that the household does not generate an income and does not receive any financial assistance, at a minimum the following questions must be asked of the applicant and this document signed by subgrantee and applicant:

1 – Do you receive any monies from others to sustain the household overhead costs?

Applicant Response _____

2 – How is the rent, mortgage or utilities paid?

Applicant Response _____

3 – If the applicant drives a car, how are gas, maintenance & insurance paid?

Applicant Response _____

4 – How does the household receive food?

Applicant Response _____

I confirm that the above answers are accurate.

Applicant Name: _____

Date: _____

County of Residence: _____

Agency Representative: _____

Date: _____

A NON-PROFIT CORPORATION CHARTERED BY THE STATE OF FLORIDA



A Certified United Way Agency



NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant acknowledges a continuing obligation to report to CAPITAL AREA COMMUNITY ACTION AGENCY, INC. as soon as practicable any material changes in the facts, and statements above, and in each supplemental application, of which Applicant becomes aware after signing the application.

The applicant's acceptance of CAPITAL AREA COMMUNITY ACTION AGENCY, INC.'s terms and regulations is required prior to pay out of funds. It is agreed that this form shall be the basis of the contract, should assistance be issued, and it will be attached and made part of the file.

WARNING: ANY PERSON WHO, KNOWINGLY AND WITH THE INTENT TO DEFRAUD CAPITAL AREA COMMUNITY ACTION AGENCY, INC. OR OTHER PERSON, FILES AN APPLICATION FOR ASSISTANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME.

Signing this form binds the Applicant to the rules incorporated within the bylaws of CAPITAL COMMUNITY ACTION AGENCY, INC. This application must be signed in ink by the Applicant, and only by the Applicant.

The Applicant's approval of benefits from _____ does not relieve the

Name of Program

applicant of the responsibility for paying his/her (utilities/rent). The applicant continues to maintain sole liability. By your signature, you give approval to hold Capital Area Community Action Agency, Inc. harmless for any damages or loss resulting from nonpayment of the client's bill(s).

Signature of Applicant

Print or Type Name and Title

Date (Month/Day/Year)

STATE OF FLORIDA

COUNTY OF _____

Affirmed and subscribed before me on this _____ day of _____, 20____, by

Applicant

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____

OR

Produced Identification _____

Type of Identification Produced:



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FLORIDA PERMISSION TO ENTER PREMISES FORM

To the Building Owner:

Your building is being considered for weatherization services under the Weatherization Assistance Program (WAP). The WAP is funded by the United States Department of Energy (U.S. DOE) and administered in Florida by the Department of Community Affairs (DCA).

The WAP operates under the rules and regulations of both U.S. DOE and DCA, which have certain requirements of which you as a building owner should be aware. At the bottom of this page is a form granting your permission for the local WAP agency to enter your building to perform an energy audit.

Before the work begins on your building, you will be required to sign a Building Owner's Agreement, a copy of which is attached so that you may review it before the final signing.

The State Department of Community Affairs requires a commitment from owners of buildings with five or more units or any combination of buildings that total to five units or more to pay 10% of the cost of the weatherization work performed. The owner's commitment may be waived or reduced if he or she can document that he or she cannot afford to participate. When the audit is complete, the local weatherization agency will meet with you to discuss this commitment and sign the Agreement with you.

PERMISSION TO ENTER PREMISES

I, as owner/authorized agent for the building located at _____

_____ have read and

understand the above and hereby grant permission for representative's of

_____ to enter this premises for the purpose of conducting an energy audit.

Name _____ Date _____

Title _____

Agency Representative _____ Date _____

Title _____

S:\WAP\Permission to Enter Premise Form.doc

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WEATHERIZATION ASSISTANCE PROGRAM BUILDING OWNER AGREEMENT

It is agreed by and between _____ (Agency) and
_____, (Owner), the Owner
Authorized Agent of the premises located at _____
_____ as follows:

The Weatherization Agency has determined that the Tenant's residence is eligible for the weatherization improvements under 10 CFR PART 440.22.

A residence is considered "complete" upon completion of the final inspection of the weatherization work by the Weatherization Agency.

The parties to this Building Owner Agreement, for good and valuable consideration, agree that the weatherization improvements are subject to the following conditions:

1. The Owner agrees to cooperate with the Agency by assisting the Agency to gather all records and documents necessary for the Agency to determine if the persons residing at the premises are eligible for weatherization services. The Agency shall gather and keep confidential the names and incomes of persons living at the premises within applicable laws and rules governing the program.
2. If the Agency in its sole discretion, determines that the premises are eligible for weatherization services, the Agency agrees to weatherize the premises in accordance with applicable codes, laws and regulations. The Agency agrees to make available a summary of the scope of work, to the Owner after the pre-inspection and work determination is completed. In exchange for these services, the Owner agrees to be bound by the terms and conditions of this agreement for a period of one year, commencing on the date that the weatherization repairs are completed.
3. The Owner and his or her heirs or assigns agrees not to evict the tenant(s) during the period of this agreement, except for cause. The Owner also agrees not to increase the rents at the premises during the period of this agreement except to recover costs demonstrably related to matters other than the weatherization work. Where this is the case, the Owner agrees to recover only a pro rata share of the cost from each tenant. A list of units and rents must be attached to this agreement.

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4. The Owner agrees to rent vacant dwelling units identified in this agreement, during the term of this agreement, to households eligible to receive weatherization services. These dwelling units must be rented to eligible households within 180 days of completion of the weatherization work. Dwelling units that become vacant during the term of this agreement must be rented to eligible households within 90 days.

5. The Owner hereby swears or affirms that the premises are not presently being offered for sale and further agrees to give the Agency thirty (30) days notification of the sale or conversion of the premises. At least ten (10) days prior to the sale or conversion, the Owner agrees to obtain, in writing, the purchaser's consent to assume the Owner's obligations under this Agreement or, if this consent is not obtained, to pay the Agency the full cost of weatherization prorated by the number of months left under this agreement.

6. The Owner agrees to make the repairs or improvements (if any) specified in the Owner's work agreement attached to this agreement. The Agency need not commence its work until this work is done to the Agency's satisfaction. If the Owner fails to complete, or cause to be completed, the work to the Agency's satisfaction, the Agency may complete the work or cause it to be completed and charge the landlord accordingly including charges for support services and reasonable attorney fees.

7. The Owner agrees to maintain the weatherization materials installed under this agreement in accordance with all relevant codes.

8. The Agency agrees to begin installation of weatherization materials on or about _____, 20____. From this date through the completion of the weatherization work, the Owner agrees to give the Agency access during normal business hours to all dwelling units and common areas to be weatherized.

9. The Agency and Owner agree that the tenants, present and future, are meant as the persons to benefit from the weatherization program and may enforce this agreement. The Agency shall provide a copy of this agreement to each tenant. The Agency agrees to provide a copy of this agreement to each tenant upon request. The Owner agrees to provide a copy of this agreement to all future tenants while this agreement is in effect.

10. The Agency agrees to give the Owner written notice of any non-compliance under this agreement and the grounds for the notice. If within seven (7) days of receipt of the notice, the Owner fails to take responsible steps to cure the non-compliance, the Owner will be considered in default of the agreement.

11. Upon default by Owner of this agreement, the Owner agrees to pay to the Agency the full cost incurred by the Agency relating to the tenant or unit which is not in compliance under this agreement, including materials, labor, support and administrative costs. In the event that the Agency has not begun to weatherize the premises at the time of default, the Owner will be required to pay the Agency for any custom ordered materials and an amount equal to ten percent (10%) of the projected weatherization costs.

12. If the tenant is leasing a low-income federally subsidized residence, then this agreement shall supersede any and all rental contract agreements between the Owner and other state and/or federal agency.

13. The State Department of Community Affairs requires a commitment that owners of buildings with five or more units, or any combination of buildings that total to five units or more, to pay 10% of the total cost of the weatherization work performed. The Owner's commitment may be waived or reduced if they can document that they cannot afford to participate.

The following property is to receive weatherization work under this agreement. Specify address and apartment numbers, where applicable, for all units to be weatherized.

Name _____ Date _____

Title _____

Agency Representative _____ Date _____



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FLORIDA WEATHERIZATION ASSISTANCE PROGRAM APPLICANT SELF-CERTIFICATION NOTARIZED STATEMENT

To apply for services through the Florida Weatherization Assistance Program, an applicant household must be below the income guidelines. Guidelines are provided by the U.S. Department of Energy and adhere to the 200% threshold of the poverty income guidelines. The entire household income must be calculated to determine if an applicant is income eligible for services.

If an applicant indicates that the household does not generate any income, the applicant must answer and sign the Applicant Self Certification Questionnaire. In addition, the applicant must provide a notarized statement to confirm that he/she and the household occupants have no other proof of income.

I, _____, am applying for Weatherization Assistance Program services through Capital Area Community Action Agency and do not have any other proof of income to provide with my application. I also understand that making a false statement could result in me being held responsible for all costs associated with the Agency providing weatherization services on my home.

APPLICANT

Applicant's Signature

Date

Dwelling Address

City & County

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed and subscribed before me this _____ day of _____, 20____, by

_____, who is personally known or produced identification

_____ (type of identification produced).

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

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