

Energy Efficiency Pilot Program Application

*CAPO's Energy Efficiency Program Pilot is a program with limited funding. Clients will be served on a first come, first served basis **based on the date fully completed** applications are returned.*

Language: English Spanish Russian Other _____

Applicant Name: _____ Home phone #: _____

Address: _____ Work phone #: _____

City, Zip Code _____ Best Time to Reach: _____

County: _____ Year Home built: _____

Site Built _____ Mfgr Home _____ Applicant owns this home? Yes No

Multi-family dwelling? Yes No Home subject to HOA Rules? Yes No

Sources of Heat: Baseboard Wall Ceiling Central Air Wood/Pellets

Nat Gas Propane Oil No Heat Primary Heat: _____

Utilities: PGE Pacific Power NW Natural Other _____

I understand that I am applying to participate in Community Action Partnership of Oregon's Energy Efficiency Pilot Program. I may qualify for participation if I am income eligible and my home meets all the requirements of the program.

I understand that there will be no cost to me for the installation of energy efficient upgrades such as a heat pump to replace the existing heating system, duct sealing or appliance replacements. If my home does not meet program requirements, I understand that I may choose to pay for necessary repairs that would enable the installation of the energy efficient upgrades.

I am not currently receiving weatherization services from the Community Action Agency serving my county of residence or weatherization subsidies from any other agency or company.

I own my home in Clackamas, Marion, Multnomah, Polk, Washington or Yamhill County.

I will arrange to meet the auditor/inspector hired by CAPO to help determine whether my home qualifies for upgrades and to receive education on moisture, mold, and lead hazards, and the operation of the CO alarm that may be installed.

(see reverse)

Complete ALL FOUR pages of the application form. Documents to verify income must be included with the application. For assistance in filling out this form, call 503-485-8963.

I have checked all the boxes on page 1 of this application and signed the Information and Fuel Information Releases below. **I am enclosing a copy of my electricity bill to verify that I am a PGE customer.** This information is accurate, to the best of my knowledge.

Applicant Signature: _____ Date: _____

INFORMATION RELEASE:

I authorize the Community Action Partnership of Oregon to release information to the Community Action Agency providing services in my County, including but not limited to income and household information. The Community Action Agency will receive all information in my CAPO files: this Application, Income Eligibility support information, Fuel Information obtained through the Fuel Release, below, copies of Audits and Inspections of the work done under this program, and any other information submitted by me or collected by the Community Action Partnership of Oregon as part of the Energy Efficiency Program Pilot.

I understand that this information will only be used to enable the Community Action Agency providing services in my County to offer me the chance to apply for weatherization or other energy efficiency assistance that I may be eligible for. I understand that there may be a waiting list for this assistance. I am not constrained from any future assistance by participating in the Energy Efficiency Program Pilot; I may apply for additional weatherization assistance at any time after my energy efficiency upgrades are complete..

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____

FUEL INFORMATION RELEASE:

I hereby authorize Portland General Electric to release information on my fuel bills, both past and future, to the Community Action Partnership of Oregon, to the Community Action Agency providing services in my county of residence, and to the Oregon Housing and Community Services Agency or its designee. My county of residence is: _____.

I understand that this information will be used only for the 2010 Energy Efficiency Program Pilot and to enable the Community Action Agencies to provide additional services effectively.

I understand that no information obtained shall be made public in such a manner that the dwelling or its occupants can be identified.

Electric Utility: _____ Account # _____

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____

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Household Membership:

I certify that I own the home at the address listed below and that during the month of _____, 2010, the table below represents all Members of the Household located

at _____, _____
 Street Address City, Zip Code

My household includes:

Household Member	ETHNICITY/RACE Hispanic, Russian Black, Asian, Native American, Caucasian	DEMOGRAPHICS (Definitions, below.) F: Farm Worker E: Elder C: Child D: Disabled	Income (Y/N)	Birth date (mm/dd/yr)	Social Security #
Example 1	Caucasian	E, D	Y SS & Ret	6/10/1931	111-111-1111

____ **E:** total Elders (over the age of 62) ____ **C:** total Children (under the age of 6)
 ____ **F:** total employed as Farm Workers ____ **D:** total Disabled individuals

I understand that the income of all Household Members over the age of 18 must be included in the total Household Income provided on page 4 of this application.

I have included a copy of the photo ID or the social security card for the homeowner/head of household.

 Signature of Applicant Date

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INCOME ELIGIBILITY

Income Summary: Household Income Received in the month of _____
 (Include income for all household members over 18 for the previous month.)

	TOTAL	<u>Allowable Documentation</u>
Wages & Self Employment	\$ _____	<input type="checkbox"/> Paystubs <input type="checkbox"/> 1099's or W2's
Unemployment	\$ _____	<input type="checkbox"/> Unemployment Notice or Summary
Child Support	\$ _____	<input type="checkbox"/> Bank Statements <input type="checkbox"/> Award Letter
Pension/Retirement	\$ _____	<input type="checkbox"/> Bank Statements <input type="checkbox"/> Award Letter
Social Security	\$ _____	<input type="checkbox"/> Bank Statements <input type="checkbox"/> Award Letter
SSI	\$ _____	<input type="checkbox"/> Bank Statements <input type="checkbox"/> Award Letter
TANF	\$ _____	<input type="checkbox"/> Benefits Statements
Energy Assistance,	\$ _____	<input type="checkbox"/> Energy Assistance Voucher # _____
Other Income* (interest, dividends, miscellaneous)	\$ _____	<input type="checkbox"/> 1099-INT, 1099-DIV, 1040 Forms

Gross Monthly Income, \$ _____ Gross Annual Income, \$ _____

I hereby certify that the statements made in this income eligibility document are true to the best of my knowledge. I further understand that it is against the law to make false statements and that I am subject to prosecution. I have attached the documents needed to verify this statement of income.

Applicant Name (printed): _____

Applicant Signature: _____ DATE: _____

*******End of Application. The remainder is to be filled out by the CAPO Program Staff ******

 The following documents were submitted as evidence in support of Income Eligibility:

- Paystubs W2's 1099's Bank Statement Award Letters
- Copies of checks received TANF Benefits Statement Energy Assistance Voucher #
- Previous Quarter's or Year's Tax Forms Other _____

I hereby certify that I have reviewed the documentation of the sources of income given above and believe them to be true to the best of my knowledge.

Signature _____ Date _____
 CAPO Energy Efficiency Pilot Program Assistant

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