

**GEORGIA OFFICE OF ENERGY RESOURCES  
WEATHERIZATION ASSISTANCE PROGRAM**

Thank you for your interest in the Weatherization Assistance Program. This is a program that is free and available based on household income. Before we can assist you with energy related repairs to your residence, several steps must be completed:

- Complete the enclosed application in all the necessary spaces. Make sure you sign and date the application
- If you live in a home that is rented, you **MUST** obtain the owners permission on the Authorization and Release form and obtain the owners signature.
- The fuel information release form must be signed by the person listed on the bill (please explain why the person can't sign as needed, i.e. deceased spouse).
- Enclose checks (copy accepted) or verification of income dated for the current year. The information must be dated within the last six months of the application period. All household members 18 years of age or older must provide proof of income. If no income is received, fill out the Declaration of -0- Income form.
- Enclose your most recent electric and/or gas bills. Be sure to send the portion that includes name, address and account numbers for verification.

Please return your completed application along with proof of income, electric and/or gas bills in the self addressed envelope provided. Applications are processed on a "first come, first served" basis with priority given to the elderly and/or handicapped households. A waiting period may develop for services.

If you have questions or need assistance completing this application, please call the Weatherization Department at 478-922-4464 or 1-800-525-4972.

After your application is processed, you will receive a letter stating your eligibility for the program. Your application is valid for up to six months from the approval date. When it is your turn for services, a crew will visit your home and do several tests to determine what energy related repairs can be made to your residence.

**WEATHERIZATION ASSISTANCE PROGRAM IS NOT A HOME  
REHABILITATION OR HOME REPAIR PROGRAM!**

We may be able to provide you with some of the following energy related items: Caulking of windows and/or doors, attic insulation, weather-strip, thresholds, energy conservation kit, water heater wrap (electric only), window panes, testing of all gas burning appliances for carbon monoxide, check heating and cooling units for service or repair.

We **DO NOT** provide screen doors, window screens, roof replacement, wiring, plumbing, sinks, bathtubs, commodes, interior or exterior painting or yard work.



Middle Georgia Community Action Agency, Inc.  
 Post Office Box 2286  
 Warner Robins, GA. 31099-2286  
 Phone (478) 922-4464 Fax (478) 922-7320

**Georgia Environmental Facilities Authority  
 Georgia Energy Division  
 Application for Weatherization Assistance**

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGENCY Middle Georgia Community Action Agency, Inc.  
 APPLICANT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ GA., \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ INTERVIEWER \_\_\_\_\_  
 JOB NUMBER \_\_\_\_\_

**Income Information**  
**Source(s) of Income**  
 (check all that apply)

- 1  Supplemental Security Income (SSI)
- 2  AFDC
- 3  Wages
- 4  No Income
- 5  Self-Employment
- 6  Social Security or Railroad Retirement
- 7  Unemployment Insurance
- 8  Pension or VA Benefits
- 9  Other Public Assistance
- 10  Other (specify) \_\_\_\_\_

Total Yearly Income of Entire Household: \$ \_\_\_\_\_  
 Verification Attached? Y  N   
 Eligibility Level \$ \_\_\_\_\_  
 Eligible? Y  N   
 Approved: Y  N   
 Denied: Y  N   
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Has Dwelling Been Weatherized Prior to September 1993? Y  N

\_\_\_\_\_  
**Signature of Agency Representative/Interviewer**

**Denial of assistance letter MUST be on file if applicable.**

**Household Information**

Number of Elderly (60 or older): \_\_\_\_\_ Number of 2 years or less: \_\_\_\_\_  
 Number of Handicapped: \_\_\_\_\_ Number of 3 – 5 years: \_\_\_\_\_  
 Number of Frail Elderly: \_\_\_\_\_ Number of Others: \_\_\_\_\_ List Ages: \_\_\_\_\_  
 Number of Migrant/Seasonal Farm workers: \_\_\_\_\_ Number of Native Americans: \_\_\_\_\_  
 Total Number in Household: \_\_\_\_\_ Race: \_\_\_\_\_

(Check All That Apply)

House Type: Trailer  Wood Frame  Masonry  Other   
 Owned  Rented  Single Family Dwelling  Multi-Family Dwelling

Major Heat

Source: Nat. Gas  LP or Bottle Gas  Coal or Coke   
 Wood  Fuel Oil, Kerosene, etc.  Other (specify)   
 Electricity  Unvented space heater

Air Conditioning: Central  # of A/C Window Units  Roof Condition – Leaks? Y  N

**Detailed, specific directions to dwelling:**

**Condition of House** (describe problems briefly):

**Applicant's Signature**

I declare to the best of my knowledge the above information is true and this is an accurate statement of my total household income.

**Georgia Office of Energy Resources  
WEATHERIZATION ASSISTANCE PROGRAM  
Authorization Form**

I, \_\_\_\_\_, have applied for weatherization assistance with Middle Georgia Community Action Agency, Inc.  
**Name of Applicant** **Weatherizing Agency**  
on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . I fully understand that this authorization form is a part of the intake process and shall be  
**Date**  
completed before any weatherization work can be performed.

**For owner Occupied Dwellings:**

**Homeowner / Authorized Agent Certification**

I, \_\_\_\_\_, certify that I am the owner of the dwelling unit located at \_\_\_\_\_  
**Owner/Authorized Agent** **Address**  
\_\_\_\_\_. I do hereby authorize Middle Ga. Community Action To make energy  
**Address Cont.** **Weatherizing Agency**  
related repairs\* and release Middle Ga. Community Action from all liability whatsoever in the performance of this  
**Weatherizing Agency**  
Authorization as long as the work has been completed in a workmanlike manner.

\_\_\_\_\_  
**Agency Representative Signature**

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

**For Renter Occupied Dwellings:**

**Renters Agreement**

I, \_\_\_\_\_, certify that I am the owner of the dwelling unit located at \_\_\_\_\_  
**Owner/Authorized Agent** **Address**  
\_\_\_\_\_. I do hereby authorize Middle Ga. Community Action To make energy  
**Address Cont.** **Weatherizing Agency**  
related repairs\* and release Middle Ga. Community Action from all liability whatsoever in the performance of this  
**Weatherizing Agency**  
Authorization as long as the work has been completed in a workmanlike manner. I fully agree that following the completion of repairs  
the rent shall not be raised because of increased value of the dwelling unit **due solely** to weatherization assistance and understand that  
no undue or excessive enhancement shall occur to the value of the dwelling unit.

\_\_\_\_\_  
**Agency Representative Signature**

\_\_\_\_\_  
**Owner/Authorized Agent Signature**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

\* Particulars may be attached

**Fuel Information Release**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ To release information  
**Name of Applicant** **Fuel Supplier**  
on my fuel records and data both past and future to Middle Ga. Community Action if requested. I understand that this  
**Weatherizing Agency**  
Information will be used only to provide data for the above named agency, and no information obtained through this release shall be  
made public in such a manner that the dwelling or occupants can be identified.

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Applicant's Signature**

This release pertains to the client's HEATING source.

Must be signed by the person listed on bill for service.

\_\_\_\_\_  
**Address**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

**Georgia Office of Energy Resources  
WEATHERIZATION ASSISTANCE PROGRAM**

**SECTION I**

**APPLICANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Street and Mailing

City

Zip Code

**SECTION II**

**HAS APPLICANT PREVIOUSLY OR EVER APPLIED FOR THE LIHEAP-ENERGY ASSISTANCE PROGRAM?  
(Winter heating bill payment assistance)**

YES \_\_\_\_\_ NO \_\_\_\_\_

**WILL APPLICANT APPLY FOR LIHEAP-ENERGY ASSISTANCE IN THE FUTURE?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**SECTION III**

**IN WHAT YEAR WAS YOUR RESIDENCE BUILT?** \_\_\_\_\_ **(Estimate Accepted)**

**AWARE OF ANY PAINT THAT MAY CONTAIN LEAD, USED IN OR ON HOME?** \_\_\_\_\_

**SECTION IV**

**TO BE COMPLETED FOR RENTAL UNITS ONLY**

No rental dwelling unit shall be weatherized without first obtaining the written permission and assurance of the owner of the building unit or the specified agent that

- 1) rent shall not be raised because of the increased value of dwelling unit due solely to Weatherization assistance provided, or
- 2) a corresponding decrease in rent shall be afforded tenants of dwelling unit weatherized pursuant to this agreement where the rental payment includes payment for utilities and
- 3) no undue or excessive enhancement shall occur to the value of rental dwelling units and
- 4) the agency agrees to assist the tenant in any appeals to the owner of the building unit or the agent for a period of one year, if rent increase results due solely from weatherization assistance provided.

By signing below, agreement and understanding is made to the above.

\_\_\_\_\_  
**Landlord or Agent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Tenant Signature**

\_\_\_\_\_  
**Date**

**CIRCLE ONE EACH**

**WATER HEATER:**      GAS              ELECTRIC              NONE

**COOK STOVE:**      GAS              ELECTRIC              NONE

**WOOD BURNING STOVE:**      STOVE              FIREPLACE              NONE

**MAIN HEAT SYSTEM:**      GAS              ELECTRIC              NONE

**MAIN TYPE HEAT:**      CENTRAL              HEAT PUMP              SPACE HEATER(S)

ELECTRIC              FIREPLACE              UNVENTED SPACE HEATER(S)

NONE

**MAIN COOLING TYPE:**      CENTRAL              WINDOW UNIT(S)              NONE

## PRIVACY ACT INFORMATION

Under section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552a(e)(3), each agency that maintains a system of records shall inform each individual for whom it solicits information of the authority which permits the solicitation of the information, whether the disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from the failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to collection and use of the information requested on the reverse side. You may retain this copy.

### Authority

The specific authority for the maintenance of this report is in Section 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the Department of Energy (DOE), which is sponsoring this program, to monitor the effectiveness of the program and to require the local Community Action Agency implementing the program to keep records to enable DOE monitoring.

### Voluntariness

Your responses to the information on the reverse side are entirely voluntary.

### Principal Purpose for which the Information is Intended to be Used

The information will be used by the Community Action Agency or other nonprofit agency to implement the Weatherization Program; it will be used by the DOE to monitor the effectiveness of this program. In addition, it will be treated confidentially in setting up a permanent record to meet federal and State reporting requirements.

### Routine Uses

The information which you provide on the attached sheet may be used in monitoring and evaluating the effectiveness of the weatherization programs. In addition, the information may be used in investigative, enforcement, or prosecutorial proceedings.

### Effects of Your not Providing the Requested Information

Should you decline to provide the information requested on the Office of Energy Resources Weatherization Assistance Program Application, Authorization Form, and Building Check and Job Order Sheet, your dwelling cannot be considered for weatherization assistance. However, you do not need to sign the Fuel Information Release Section in order to be considered for weatherization assistance.

### Building Check and Job Order Sheet

Building Check and Job Order Sheet (BDJOS) is to be completed for each dwelling unit weatherized. The form will remain with the sub-grantee (the local recipient of grant funds). The form requests more extensive information and will be the basis for on-site monitoring activities. Monitoring of projects receiving financial assistance is required by Section 416 of ECPA. The BCJOS must be signed upon completion by the applicant, certifying that all weatherization work has been satisfactorily completed.

Georgia Department of Human Resources  
Energy Assistance Program  
DECLARATION OF - 0 - INCOME

I, \_\_\_\_\_, have been unemployed since \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

and do not have any source of income at this time.

The last place that I worked was:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

I am \_\_\_\_\_ a) not eligible for unemployment benefits. (State Reason)

\_\_\_\_\_ b) eligible for unemployment benefits but have not received a check yet.

I am unable to work because:

My household expenses (food, utilities, rent, etc.) are currently being paid by:

Collateral Contact: Please list one person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address Phone Number (Home)

\_\_\_\_\_  
City, State & Zip Code Phone Number (Work)

I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the State of Georgia for all goods and services rendered to me during and under this program.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

Verified on: \_\_\_\_\_

By: \_\_\_\_\_