What is weatherization?

Weatherization reduces energy costs for families by improving the efficiency of their homes, while also assessing and eliminating related health and safety issues.

Community Housing Partners’ Weatherization program is designed to lower monthly fuel costs by making a home more fuel efficient, and to make homes safer and more comfortable at no cost to the client.

Energy improvements are based on a site-specific energy audit as approved by the Department of Housing and Community Development and may include:

- Monitoring and remedy of unsafe conditions (carbon monoxide emissions, back draft conditions, fire hazards, and bad wiring)
- Diagnostic tests to evaluate areas of heat loss
- Inspection, replacement, or repair and installation as needed of attic and wall insulation, caulking around windows, weather-stripping of doors, and other measures to prevent heat loss
- Indoor air quality checks
- Inspection of heating equipment for safe and efficient operation and insulation of hot water heaters and pipe to prevent frozen pipe ruptures

How does it work?

Weatherization measures are delivered to single-family and mobile homes. Our Weatherization technicians use energy audits to determine which energy efficiency measures are most appropriate and cost-effective for each home.

How much does it cost?

Nothing. Weatherization is a FREE service for qualified applicants.

When can it be done?

Weatherization services can be performed any time of the year. Don’t wait until the weather cools down to have your heating checked. Effective air sealing and insulation may also dramatically reduce your home’s heat build-up on those hot summer days, so contact CHP today to improve your family’s comfort!
Community Housing Partners Weatherization Program
Application for Services

214 Fort Collier Rd. Suite 3
Winchester, VA 22603
540.665.0200 * 540.665.0300 Fax

****Use the following checklist to complete the application. ****

Thank you for your interest in the Virginia Weatherization Assistance Program. This program is designed to help lower fuel bills while conserving energy. It is not an emergency heating or cooling equipment repair or replacement program. You may contact your local Department of Social Services regarding the Crisis Heating Equipment Repair and Replacement Program and the Cooling Equipment Repair and Replacement Program. If you have questions, please call 540.381.9446 and dial 0.

Please fully complete the application. Incomplete applications will delay the approval process!

_____ Please provide documentation from the Department of Social Services if you have received any of the following benefits within the last 6 months.

- COOLING Assistance – CRISIS Assistance – FUEL Assistance

_____ You must provide documentation of all household income. Types of acceptable income documentation in the case of employment include copies of pay stubs or a letter from employers. If income is received from sources such as Social Security, TANF, or Retirement Pensions, acceptable documentation includes a copy of a benefit check or a letter from the benefit source describing the benefit amount. If you receive direct deposit of these, a copy of a recent bank statement or a letter from the bank stating what is deposited, is acceptable. If a household member has not had any source of income for the previous 12 months or if any of the income is inconsistent, a notarized statement must be provided to that effect. If a notarized statement is needed, you must contact the office to determine what is required.

_____ You must provide documentation for proof of ownership. The person whose name is on the land record documents is considered to be the owner. Documentation of ownership may include a copy of the DMV title or personal property tax bill in the case of a mobile home, or a copy of a recent real estate tax bill or Deed of Trust in the case of a non-mobile home.

_____ You must sign the application on Pages 5 and 6. If you are a renter, the property owner MUST sign the Owner/Tenant agreement and one of the options listed in the “Renter Application Only” section at the bottom of Page 6.

_____ Please provide a copy of your electric bill and your fuel bill. Please provide the portion of the bill that shows energy usage. DO NOT SEND RECEIPTS OF PAYMENTS.

Applications for our program will be added to the waiting list once the application is completed and approved. PLEASE KEEP IN MIND WE HAVE A YEAR-ROUND WAITING LIST. If your application is incomplete, you will be notified in writing and given a deadline to complete the application. Please use the checklist. All of the information is needed for a complete application.
Community Housing Partners Weatherization Program
Application for Services

Applicant Name: _________________________________ Phone: (_____) ________ - ________________

Total number of people living in home: _______ Female head of household: Yes __________ No ______________

Alternate phone: (____) ______ - __________ Contact Name for this number: __________________________________________

Email: __________________________________________________________

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<tr>
<th>Household Member Full Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Relation to Applicant*</th>
<th>Disabled (Yes or No)</th>
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*Spouse – Child – Foster Child – Grandchild – Parent – Grandparent – Other Relation – Not Related

Actual Address: __________________________________________________________
Street                                                                        Town/City                           County                  Zip

Mailing Address: __________________________________________________________
Street                                                                        Town/City                           County                  Zip

How long have you been living at this address? ____________________________________________

Have you ever received prior weatherization assistance at this address? Yes _____ No _____ If yes, when? ___________

What type of building is your home?
Mobile (trailer) _____ Doublewide _____ Site (stick) Built _____ Townhouse _____ Duplex _______
Condo (w/condo fees) ______
What year was your home built? ______________

Do you: Rent ____ Own ____ Rent to Own ____ your home? If you have a mobile home, do you lease the land? Yes___No ___
If you rent your home, please fill out information below about your landlord:
Landlord Name: ________________________________________________ Phone: (____) ________ - ________________

Landlord Address: ____________________________________ Town/City/County: ___________________ Zip:_________
Heating / Cooling Equipment and Utilities:

What is your primary type of heating equipment?

Baseboard _____ Furnace _____ Heat Pump _____ Boiler _____ Wood/Pellet Stove _____
Vented Space Heater _____ Unvented Space Heater _____ Other (Explain) ____________________________________________

Do you have additional types of heating equipment? Yes _____ No _____ If yes, what type (see above): ______________

What is your primary type of cooling equipment?

Window units _____ If so, how many _____ Heat pump _____ Central Air Conditioning _____

What type of fuel do you use for:

Primary Heating: Electric _____ Gas _____ Oil _____ Propane _____ Kerosene _____ Wood/Pellet _____ Other _____
Additional Heating: Electric _____ Gas _____ Oil _____ Propane _____ Kerosene _____ Wood/Pellet _____ Other _____
Cooling: Electric _____ Other (Explain) ____________________________________________
Hot Water Heater: Electric _____ Gas _____

Total Amount of Income: Income must be provided at a minimum for the most recent month, or for the previous 12 months. Please see instruction page for more detailed explanation.

**Any member of the household 18 years of age or older must be listed below. If a household member listed below has not had any source of income for the previous 12 months or if any of the income is inconsistent, a notarized statement must be provided to that effect.**

<table>
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<tr>
<th>Name</th>
<th>Source of Income (employer, Social Security)</th>
<th>Amount</th>
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Total Family Income AMI:
Interviewer Certification

Interviewer’s signature below certifies observation of documentation as in this application and certification that the information provided herein is true, accurate and complete to the best of the interviewer’s knowledge.

Signature: ___________________________ Agency: ___________________________ Date: __________

Applicant Certification

Applicant’s signature below authorizes release of any information in support of this application to or from other organizations from which the applicant has or may request assistance. The applicant certifies that the information is true, accurate and complete to the best of the applicant’s knowledge and understands that false information may result in breaking the law and could result in prosecution.

Signature: ___________________________ Date: __________________________

The following information is requested for Community Housing Partners reporting purposes and will not be used to determine eligibility. You are not required to provide this information but are encouraged to do so.

I do not wish to provide this information. _______

(Initials)

Active Military: Yes ____ No ____ Veteran: Yes ____ No ____

Race (If more than one race, please check each one that applies):

American Indian ____ Asian ___ African American ___ Native Hawaiian/Pacific Islander ____ White ____ Hispanic ____

How did you hear about us? ___________________________________________________________________________ 

__________________________________________

Office Use Only

Based on the information and documentation received, the applicant is ELIGIBLE ________. Based on the information and documentation received, the applicant is NOT ELIGIBLE ________.

Signature: ___________________________ Date: __________________________
Agreement by Owner and/or Tenant

The undersigned as Owner/Landlord hereby certifies that he/she is the owner of the property located at:

__________________________________________________________________________________________________

(Street address, PO Box, locality)

and does hereby authorize the Virginia Department of Housing and Community Development (DHCD) and Community Housing Partners (Local Administrator) to make repairs and improvements as necessary to the said property for the purpose of weatherization.

Owner/landlord and tenant hereby releases and agrees to indemnify and hold harmless DHCD and Local Administrator, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

Owner/landlord and tenant authorizes DHCD and Local Administrator, if either so desires, to receive statements from the fuel supplier of the property as to the quantity of the fuel that has been used at the property in each of the past three (3) years and for the three (3) years subsequent to the performance of the weatherization work. The information would be used to determine the cost effectiveness of the weatherization program.

Owner/landlord and tenant agrees to provide DHCD and Local Administrator access to the property at reasonable times for the purpose of inspecting the work.

Owner/landlord and tenant certifies that he/she intends to occupy the property for at least one (1) year after the date of weatherization work is completed.

Owner/Landlord Signature: ________________________________ Date: __________

Tenant Signature: ________________________________ Date: __________

Renter Applications Only

OWNER/LANDLORD MUST CHECK AND SIGN ONE OF THE TWO OPTIONS BELOW.

☐ The owner/landlord hereby AGREES to pay $1,089.15 towards the expense of the work. Owner/landlord shall not raise the rent for the period of TWO YEARS or terminate the lease without reason demonstrably related to matters other than the weatherization assistance provided on behalf of the tenant.

   Owner/landlord Signature: ________________________________ Date: __________

☐ The owner/landlord hereby agrees to have weatherization work done, but DOES NOT AGREE to pay $1,089.15 towards the expense of the work. Owner/landlord shall not raise the rent for the period of TWO YEARS or terminate the lease without reason demonstrably related to matters other than the weatherization assistance provided on behalf of the tenant.

   Owner/landlord Signature: ________________________________ Date: __________
Community Housing Partners Weatherization Assistance Program Selection Procedures for Prioritizing Services

Community Housing Partners, unless prohibited by its funding sources, considers the following situations as priority:

- Energy related crisis
- Disabled individual in the household
- A child 17 years of age or younger in the household
- A person 60 years of age or older in the household
- Length of time an approved application is on the waiting list.

This policy is in accordance with the current guidance from the Department of Housing and Community Development. Prioritization procedures will follow the policy that is in effect at the time of an application’s approval.

Please provide directions to your house:

________________________________________
________________________________________

________________________________________
________________________________________

________________________________________
________________________________________

Sketch a Map: