

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!



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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.



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Applicant Name: _____ Phone: (____) _____ - _____

Total number of people living in home: _____ Female head of household: Yes _____ No _____

Alternate phone: (____) _____ - _____ Contact Name for this number: _____

Email: _____

Household Member Full Name	Gender	Date of Birth	Age	Relation to Applicant*	Disabled (Yes or No)	CHP Office Use Only

*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: _____





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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.****

Name	Source of Income (employer, Social Security)	Amount	For Office Use Only
Total Family Income			AMI:





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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: _____



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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: _____



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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:

