

# CHP Energy Solutions Weatherization Application for Services

Thank you for applying for no-cost weatherization through CHP Energy Solutions!

## Application Process

1. Send in this completed application and all supporting documents
2. We notify you of approval and your home goes on our weatherization list
3. We contact you to schedule an energy audit. A scope of work is created based on your home's needs and program guidelines
4. We contact you to schedule the work
5. The CHP team weatherizes your home!

## Program Qualifications

(60% State Median Income )

Household Size	Annual Income Limit
1 Person Household	\$35,592
2 Person Household	\$46,544
3 Person Household	\$57,496
4 Person Household	\$68,448
5 Person Household	\$79,399
6 Person Household	\$90,351

## Questions? Ready to Send in an Application?

Northern Virginia Office

214 Fort Collier Road Suite 3, Winchester, VA 22603

Phone: (540) 665-0200 - Email: [chpes@chpc2.org](mailto:chpes@chpc2.org)

[www.chpenergysolutions.org](http://www.chpenergysolutions.org)

## What is Weatherization?

Weatherization reduces energy costs for families by improving the efficiency of their home or apartment, all at no cost to the household. Improvements are based on a home energy audit and could\* include:



Installation of efficiency measures like LEDs and faucet aerators



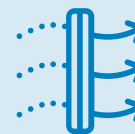
Repair and/or installation of insulation and other measures to reduce heat loss



Repair/replacement of inefficient heating or cooling systems



Remedy of unsafe conditions like carbon monoxide, fire hazards, and more



Indoor air quality checks and improvements

\*Home Improvements are based on a site-specific energy audit, availability of funds, and program guidelines.



ENERGY  
SOLUTIONS



# CHP Energy Solutions Weatherization Program

## Application for Services

Northern Virginia Office  
214 Fort Collier Road Suite 3  
Winchester, VA 22603

Phone: (540) 665-0200, Fax: (540) 665-0300, 711 (TTY/TDD)

Email: [chpes@chpc2.org](mailto:chpes@chpc2.org)

### Use the following checklist to complete the application

- Complete Pages 1 through 3 (Including Signed Agreement by owner and/or tenant - Page 3)
- Proof of Income for all household members
  - Paystubs or letter from employer (Need at least a month of paystubs from all jobs held in last 12 months)
  - Notarized Statement if member 18+ has had inconsistent or no income for past 12 months
- Proof of Social Security, TANF, and/or Retirement Benefits (If applicable in the last 12 months)
  - Copy of Benefit Statement or bank statement showing direct deposit of benefit
- Proof of Department of Social Services Energy Assistance Benefits (If applicable in the last 12 months)
  - Copy of Statement for COOLING Assistance, CRISIS Assistance, or FUEL Assistance
- Proof of Ownership
  - DMV Title or Personal Property Tax Bill
  - Deed or Real Estate Tax Bill
- Copy of a recent Electric and/or Fuel Bill
  - Please provide the portion of the bill that shows energy usage/consumption (ex: KWh).
  - DO NOT SEND RECEIPTS OF PAYMENTS

Meter and Usage		Usage History		
Current Billing Days:	30	Ma	Yr	kWh
Billable Usage		Jan	21	838
Schedule 1	12/15-01/14	Feb	21	805
Total kWh	1254	Mar	21	981
Measured Usage		Apr	21	1415
Meter: 00023456789	12/15-01/14	May	21	1345
Current Reading	73451	Jun	21	1037
Previous Reading	71479	Jul	21	972
Sample Electric Bill				
		Aug	21	731
		Sep	21	795
		Oct	21	811
		Nov	21	854
		Dec	21	867
		Jan	22	1254

Completed Application? Mail to the address above or email to [chpes@chpc2.org](mailto:chpes@chpc2.org). Thanks!

### CHP Energy Solutions Weatherization Assistance Program Selection Procedures for Prioritizing Services

CHP Energy Solutions, unless otherwise prohibited by its funding sources, considers the following situations as priority:

- Energy related crisis
- Disabled individual in the household
- A child 17 or younger in the household
- A person 60 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.



Checklist & Prioritization  
Revised July 2022



# CHP Energy Solutions Weatherization Program

## Application for Services

Northern Virginia Office  
214 Fort Collier Road Suite 3  
Winchester, VA 22603

Phone: (540) 665-0200, Fax: (540) 665-0300, 711 (TTY/TDD)

### Household Information

Applicant Full Name: \_\_\_\_\_ Number of people living in home: \_\_\_\_\_

Home Address: \_\_\_\_\_ VA County: \_\_\_\_\_  
Street City/Town Zip

Mailing Address (If different from physical address): \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Female head of household? Yes \_\_\_ No \_\_\_

How did you hear about us? \_\_\_\_\_

Please be specific. This helps us build our outreach and serve more households!

### Contact Information

Phone Number: (\_\_\_\_) - \_\_\_\_\_ Can we text you at this number?: Yes \_\_\_ No \_\_\_

Alternative Phone Number: (\_\_\_\_) - \_\_\_\_\_ Email Address: \_\_\_\_\_

What is your preferred method of contact (email, phone, mail, text, etc)? \_\_\_\_\_

### Home Information

Home Type: Mobile (Trailer): \_\_\_ Site (Stick) Built: \_\_\_ Townhome: \_\_\_ Condo: \_\_\_ Duplex: \_\_\_

Year Built: \_\_\_\_\_ If Mobile, do you lease the land? Yes \_\_\_ No \_\_\_

Ownership: Rent: \_\_\_ Own: \_\_\_ Rent to Own: \_\_\_

**For Renters:** Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

### Home Energy

What is the MAIN system you use to **heat** your home?

Baseboard: \_\_\_ Furnace: \_\_\_ Heat Pump: \_\_\_ Boiler: \_\_\_ Wood Stove: \_\_\_ Space Heater: \_\_\_ Other: \_\_\_\_\_

Do you use anything else to heat your home? If so, what do you use: \_\_\_\_\_

What is the main fuel for heating your home? Gas: \_\_\_ Electric: \_\_\_ Other: \_\_\_\_\_

What is the MAIN way you **cool** your home?

Central AC: \_\_\_ Window AC Units: \_\_\_ Mini Splits: \_\_\_ Other: \_\_\_\_\_

How is your water heated? Electric: \_\_\_ Gas: \_\_\_





# CHP Energy Solutions Weatherization Program

## Application for Services

Northern Virginia Office  
 214 Fort Collier Road Suite 3  
 Winchester, VA 22603  
 Phone: (540) 665-0200, Fax: (540) 665-0300, 711 (TTY/TDD)  
 Email: [chpes@chpc2.org](mailto:chpes@chpc2.org)

Please provide information below for **EACH** member of your household. If a household member does not have an income, write n/a.

Household Member Full Name	Gender	Date of Birth	Relation to Applicant*	Disabled (Yes/No)	Source of Income (Employer, SSI, or n/a)	Annual Salary or Hourly Rate + Hours
Applicant:			Self			
*Spouse – Child – Grandchild – Parent – Grandparent – Other – Not related						Annual Household Income
(Office Use) Area Median Income:						

One month of paystubs is required for any and all jobs held in the last 12 months. If a household member 18 years and older listed above 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.

### Application Assistance

Are you completing this application on behalf of the applicant? If so please provide your contact information below:

Name: \_\_\_\_\_ Agency/Relation: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

### 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: \_\_\_\_\_

**Please Turn  
and complete  
the last page!**





# CHP Energy Solutions Weatherization Program

## Application for Services

Northern Virginia Office

### 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 agrees to not raise the rent for a two year time period or termination of lease without reason demonstrably related to matters other than the weatherization assistance provided on behalf of the tenant.

**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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Owner Signature (If 2<sup>nd</sup> name on the Deed): \_\_\_\_\_ Date: \_\_\_\_\_

Landlord(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Applicant Demographic Information

CHP Energy Solutions requests the information below for reporting purposes. Your responses will **not** be used to determine eligibility. You are **not** required to provide this information, but are encouraged to do so.

Are you Active Military: Yes \_\_\_ No \_\_\_      Are you a Veteran: Yes \_\_\_ No \_\_\_

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

American Indian \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian/Pacific Islander \_\_\_

White \_\_\_ Hispanic \_\_\_

#### Office Use Only

Based on the information and documentation received, the applicant is

**ELIGIBLE** \_\_\_\_\_ **NOT ELIGIBLE** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

