

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?

New River Valley Office

400 Industrial Drive, Christiansburg, VA 24073

Phone: (540) 381-9446 - Email: chpes@chpc2.org

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



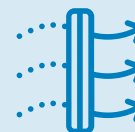
Repair and/or installation of insulation and other measures to reduce heat loss



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



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Email: 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. 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



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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: ___





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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: _____





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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 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 2nd 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: _____

