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 to determine weatherization measures that will be installed.
4. We contact you to schedule the work
5. The CHP team weatherizes your home!

Program Qualifications (60% State Median Income)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person Household</td>
<td>$37,792</td>
</tr>
<tr>
<td>2 Person Household</td>
<td>$49,421</td>
</tr>
<tr>
<td>3 Person Household</td>
<td>$61,049</td>
</tr>
<tr>
<td>4 Person Household</td>
<td>$72,678</td>
</tr>
<tr>
<td>5 Person Household</td>
<td>$84,306</td>
</tr>
<tr>
<td>6 Person Household</td>
<td>$95,934</td>
</tr>
</tbody>
</table>

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
- Insulation, air sealing, and 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.

Questions? Ready to Send in an Application?
CHP Energy Solutions - Home Office
400 Industrial Drive, Christiansburg, VA 24073
Phone: (888) - 229 - 3714
Email: chpenergysolutions@chpc2.org
www.chpenergysolutions.org

We serve over 40 localities in Virginia including Northern, Central, and Southern Virginia, as well as the New River Valley.
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
  NOTE: If at least one household member receives SSI, TANF, or Energy Assistance, proof of income is NOT needed.

☐ If applicable in last 12 months: Proof of Supplemental Security Income (SSI) or TANF
  - Copy of Benefit Statement or bank statement showing direct deposit of benefit

☐ If applicable in last 12 months: Proof of Department of Social Services Energy Assistance Benefits
  - 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 ALL Electric and Fuel Bills
  - Please provide the portion of the bill that shows energy usage/consumption (ex: KWh).
  DO NOT SEND RECEIPTS OF PAYMENTS

Applications can be mailed to the address above or email to chpenergysolutions@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.
Household Information
Applicant Full Name: ________________________________________________ Number of people living in home: _____
Home Address: _______________________________________________________________________________________
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: _______________________________________

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

<table>
<thead>
<tr>
<th>Household Member Full Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relation to Applicant*</th>
<th>Disabled (Yes/No)</th>
<th>Source of Income (Employer, SSI, or n/a)</th>
<th>Annual Salary or Hourly Rate + Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant:</td>
<td></td>
<td></td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Spouse – Child – Grandchild – Parent – Grandparent – Other – Not related

(Office Use) Area Median Income: Annual Household 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: ________________
CHP Energy Solutions Weatherization Program
Application for Services

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: _________________

Revised July 2023