

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)

Household Size	Annual Income Limit
1 Person Household	\$37,792
2 Person Household	\$49,421
3 Person Household	\$61,049
4 Person Household	\$72,678
5 Person Household	\$84,306
6 Person Household	\$95,934

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

What is Weatherization?

Weatherization reduces energy costs for clients 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

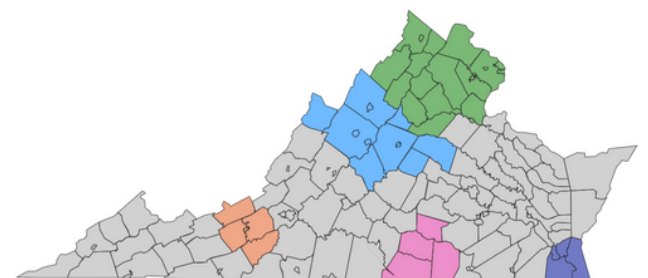


Remedy of unsafe conditions like carbon monoxide, fire hazards, and more



Indoor air quality checks and improvements

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



**We serve homeowners and renters
 across 45+ localities in Virginia!**



CHP Energy Solutions Weatherization Program

Application for Services

CHP Energy Solutions Home Office

400 Industrial Drive

Christiansburg, VA 24073

Phone: (888) - 229 - 3714, Fax: (540) 260-9494, 711 (TTY/TDD)

Email: chpenergysolutions@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 18 years and older
 - 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
- If anyone received in last 12 months: Proof of Supplemental Security Income (SSI), TANF, or Energy Assistance
 - Copy of Benefit Statement or bank statement showing direct deposit of benefit AND/OR
 - Copy of Statement for COOLING Assistance, CRISIS Assistance, or FUEL Assistance through Social Services
 - NOTE: If at least one household member receives SSI, TANF, or Energy Assistance, proof of income is NOT needed.
- Proof of Ownership
 - DMV Title (if mobile home) or Personal Property Tax Bill
 - Deed or Real Estate Tax Bill
 - Note: Mortgage documents are NOT acceptable
- Copy of MOST RECENT Electric and Fuel Bills
 - Please provide all pages of your most recent bill
 - Note: Do NOT send receipt of payments

Applications can be mailed to the address above, or emailed 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.



Checklist & Prioritization
Revised Feb 2024



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Household Information

Applicant Full Name: _____ Number of people living in home: _____

Home Address: _____
Street City/Town County Zip

Mailing Address (If different from physical address): _____

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

If a mobile home or trailer, do you lease the land? Yes No

Year Built: _____

Ownership: Rent Own Rent to Own

For Renters: Landlord Name: _____ Phone: _____

Landlord Address: _____

Home Energy

Who is your ELECTRIC provider? _____

Who is your GAS provider? _____ I don't have gas service

What fuel do you use to **HEAT** your home? (Select ALL that apply)

Electric Natural Gas Propane Wood Oil Other: _____

Do you have **AIR CONDITIONING**? Yes No

How is your water heated? Electric Gas Not Sure





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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: _____

NOTE: If you are not part of the household, but want to be involved, you must complete a Release of Information Form

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 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: _____

Third Owner Signature (If 3rd name on the Deed): _____ 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

What is your Race? (Select all that apply)

- 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: _____

