



CHP Energy Solutions Weatherization Program

Application for Services

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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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CHP Energy Solutions Home Office
 400 Industrial Drive, Christiansburg, VA 24073
 Phone: (888) - 229 - 3714
 711 (TTY/TDD)
 Email: chpenergysolutions@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 | | | |
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| *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: _____





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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: _____

