Thank you for your interest in the EightCAP Weatherization Assistance Program. This program helps make homes more energy-efficient, but it's not for repairs or remodeling.

Eligibility Requirements:

- Homes can only be Weatherized once every 15 years
- Homes cannot be for sale, in foreclosure, or remodeled when we inspect them.
- The home must be occupied by the person applying.

What We Need from You: To continue your application, please fill out the attached application and provide us with the supporting documentation listed below:

1. **Proof of Income:**
   - Anyone over the age of 19 in the household, please provide proof of the last 3 months income. If you receive Social Security, we need a copy of your most recent year benefit letter you receive at the beginning of each benefit year.
2. **Identification:**
   - A copy of your Driver's License, State ID or Social Security Card
3. **Proof of Home Ownership:**
   - Owners: Send a recent property tax statement, deed, or title.
   - Renters: Your landlord must fill out a Landlord Agreement and provide property tax or deed information.
   - Land Contract Holders: The owner must complete a Land Contract Agreement and provide property tax or deed information.

Please send back your completed application and the required documents. If you have questions, call our office at (866) 754-9315 option 4 or 989-842-4103, or email us at weatherization@8Cap.org.

EightCAP, Inc. is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

EightCAP, Inc.	For Office Use Only	Priority	
3251 S. Derby Rd		Job Number:	
Sidney, MI 48885		Application Date:	
866-754-9315 or 616-754-9315		Eligibility Determination Date:	

The Local Weatherization program will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help in reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to the Weatherization program.

APPLICATION FOR WEATHERIZATION ASSISTANCE

INSTRUCTIONS: THIS APPLICATION MUST BE COMPLETED IN INK. THE APPLICANT SHALL COMPLETE PART I AND II. DOCUMENTATION OF ALL SOURCES OF INCOME MUST BE INCLUDED WITH THIS APPLICATION. THE APPLICANT WILL RECEIVE WRITTEN NOTIFICATION OF ELIGIBILITY DETERMINATION

PART I – GENERAL INFORMATION

(1) NAME (Last, First and Middle)			(2) APPLICANT ADDRESS (Street Number and Name) / PO BOX #	
(3) CITY	**MI**	(4) ZIP CODE	(5) COUNTY	EMAIL
(6) DIRECTIONS TO THE DWELLING/SPECIAL PROBLEMS AND CONSIDERATIONS				
(7) HOME PHONE NUMBER		(8) MESSAGE PHONE NUMBER	(9) NAME OF CONTACT PERSON	(10) TOTAL # OF PERSONS IN HOUSHOLD:

(11) NUMBER OF PERSONS IN THE HOUSEHOLD WHO ARE OR RECEIVE:	ELDERLY (60+)	DISABLED	NATIVE AMERICAN	Pregnant	FIP*	SSI*	SDA*	FOOD ASSISTANCE

(12) HAS THE APPLICANT OR OTHER HOUSEHOLD MEMBER(S) RECEIVED ASSISTANCE UNDER TITLE IV-A (FAMILY INDEPENDENCE PROGRAM), TITLE XVI (SUPPLEMENTAL SECURITY INCOME), OR STATE DISABILITY ASSISTANCE WITHIN THE LAST 12 MONTHS?

☐ YES ☐ NO *** NOTE: IF YES, HOUSEHOLD IS AUTOMATICALLY INCOME ELIGIBILE.**

(13) TYPE OF DWELLING	(14) DWELLING OWNERSHIP	(15) RENTAL INFORMATION:
☐ SINGLE FAMILY ☐ MOBILE HOME ☐ MULTI-FAMILY TOTAL NUMBER OF UNITS FOR MULTI-FAMILY BUILDING:	☐ OWN ☐ RENT ☐ LAND CONTRACT	LANDLORD NAME: ADDRESS: PHONE: ( )

(16) IS THIS DWELLING DESIGNATED FOR ACQUISITION OR CLEARANCE BY FEDERAL, STATE OR LOCAL PROGRAM WITHIN 12 MONTHS?

☐ YES ☐ NO

(17) Complete the information below regarding your main heating source. Please include a copy of your **LAST FUEL OR HEATING** bill with this application.		(18) Complete the information below regarding your electric company. Please include a copy of your **LAST ELECTRIC** bill with this application.	
Company:	Account Number:	Company:	Account Number:
Are your heating costs included in your rent? YES ☐ NO ☐	Is the name on your heating bill different from the Applicant's name? If yes, give that name:	Is your electricity included in your rent? YES ☐ NO ☐	Is the name on your electric bill different form the Applicant's name? If yes, give that name:
Do you share a main heat source meter with another household? YES ☐ NO ☐	ANNUAL USAGE	Do you share an electric meter with another household? YES ☐ NO ☐	ANNUAL USAGE (kwh):
Yearly heating costs:	$	Yearly electric cost:	$

Application for Weatherization Assistance

Part1 (continued)

(22) IDENTFY SOURCE AND AMOUNT OF INCOME FOR EACH MEMBER OF THE HOUSEHOLD (AS OF THE DATE OF APPLICATION) FOR THE PREVIOUS THREE MONTHS. ALL HOUSEHOLD MEMBERS MUST BE LISTED, INCLUDING THOSE WITH NO INCOME.

HOUSEHOLD MEMBER	SOCIAL SECURITY NUMBER	BIRTH DATE	RACE	MARITAL STATUS	RELATIONSHIP TO APPLICANT	HEALTH INSURANCE	LEVEL OF EDUCATION	SOURCE OF INCOME	AMOUNT OF INCOME
	_ _ _ - _ _ - _ _ _ _	/ /							
	_ _ _ - _ _ - _ _ _ _	/ /							
	_ _ _ - _ _ - _ _ _ _	/ /							
	_ _ _ - _ _ - _ _ _ _	/ /							
	_ _ _ - _ _ - _ _ _ _	/ /							
	_ _ _ - _ _ - _ _ _ _	/ /							
	_ _ _ - _ _ - _ _ _ _	/ /							
	_ _ _ - _ _ - _ _ _ _	/ /							

PART11- APPLICANT'S SIGNATURE SECTION

(23) I HEARBY MAKE APPICATION FOR WEATHERIZATION SERVICES. I UNDERSTAND THAT THE SERVICES ARE PROVIDED FREE OF CHARGE AND ELIGIBILITY IS BASED ON THE TOTAL INCOME OF ALL MEMBERS OF THE HOUSEHOLD FOR THE PREVIOUS 3 MONTHS. I CERTIFY THAT ALL THE INFORMATION I PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THE LOCAL WEATHERIZATION OPERATOR AND/OR DESIGNATED AGENT MAY VERIFY THE INFORMATION IF DEEMED NECESSARY.

I HEARBY AUTHORIZE THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND/OR SOCIAL SECURITY ADMINISTRATION TO RELEASE INFORMATION RELATIVE TO ASSISTANCE PAYMENTS RECEIVED.

I HEARBY AUTHORIZE ALL UTILITY COMPANIES TO PROVIDE COPIES OF BILLS OR OTHER INFORMATION ON CONSUMPTION OF FUEL FOR A MINIMUM PERIOD OF 3 MONTHS AFTER WEATHERIZATION OF MY HOUSEHOLD.

I HEARBY GRANT PERMISSION FOR THE LOCAL WEATHERIZATION OPERATOR, OR ITS SUBCONTRACTORS, TO ENTER MY HOME FOR THE PURPOSE OF WEATHERIZATION ASSISTANCE IN ACCORDANCE WITH STATE AND FEDERAL POLICIES. THE LOCAL WEATHERIZATION OPERATOR HAS MY PERMISSION TO PROVIDE STATE OR FEDERAL REPRESENTATIVES WITH MY NAME, ADDRESS, AND PHONE NUMBER. I UNDERSTAND THAT THE STATE OR FEDERAL AUTHORITIES MAY WISH TO CONTACT ME DIRECTLY ABOUT THE QUALITY AND TYPE OF SERVIDES I RECEIVED.

APPLICANT'S SIGNATURE	DATE	AGENCY REPRESENTATIVE	DATE

3251 S. Derby Rd
Sidney, MI 48885
P: 616-754-9315
TTY: 711
F: 616-754-9310
www.8cap.org

Original General Disclaimer:

I, _____, give EightCAP Community Action Agency consent to release, obtain, and share all pertinent identifying and nonconfidential social, medical, and other information about myself and information I have provided about additional family members that will allow me and my family to benefit from services offered. In granting such permission, I understand that such information will remain confidential and that such information will be used only for my benefit or to benefit other members of my family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns, and client outcomes achieved. I release EightCAP Community Action Agency and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to EightCAP Community Action Agency stating that I no longer want to participate in the services offered, this release will remain in force for three years from today. I certify that, to the best of my knowledge, all information furnished by me is true, and I acknowledge that falsification of information is subject to prosecution.

Customer.Signature Date

EightCAP, Inc. is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

OFFICE COPY

This document certifies that I have received a copy of the Weatherization Appeal Procedures disseminated by the Weatherization Department of EightCAP, Inc

I have been informed by agency staff of my right to request a formal review of the eligibility determination made in response to my application for Weatherization Services.

_____ _____

Applicant Signature Date

APPLICANTS COPY

WEATHERIZATION APPEAL PROCEDURE

This document is to notify you that you have a right to appeal the decision made by the Weatherization Department of EightCAP, Inc concerning the Approval/Denial of your Weatherization Application.

If you feel our decision was incorrect, you must within ten (10) business days, from receipt of the decision notice, contact the person listed below in writing, by telephone, or in person to schedule an appointment for an appeals conference.

Energy Programs Manager
Weatherization Department
3251 S. Derby Rd
Sidney, Mi 48885
616-754-9315 ext. 4

CLIENT RESIDENCE ASSESSMENT

1. Structure

- ☐ Wood Frame
- ☐ Brick
- ☐ Masonry
- ☐ Mobile Home
- ☐ Multi-Unit

2. Home # of Stories

- ☐ 1
- ☐ 1.5
- ☐ 2
- ☐ 3
- ☐ 4

3. Dwelling Type

- ☐ Site Built (single family)
- ☐ Multi-Family Unit (apartments)
- ☐ Mobile Home
- ☐ Doublewide
- ☐ Modular (no wheels)
- ☐ Duplex (2 homes under 1 roof)

4. Do you live in?

- ☐ City/Town
- ☐ Rural Area
- ☐ Suburb

5. Year home was built _____

6. Are there any smokers in the house?

- ☐ No
- ☐ Yes If so, how many?_____

7. Monthly Rent/Mortgage

_____

8. Thermostat usually set at
_____ degrees (during heating season)

9. Does the government pay any portion of rent or house payment.

- ☐ No
- ☐ Yes

10. Are there any unvented non-electric space heaters in the home?

- ☐ No
- ☐ Yes If so, how many? _____

11. House Exposure

- ☐ Exposed (no trees or buildings)
- ☐ Normal (few trees or buildings)
- ☐ Shielded (many trees or buildings)

12. Home Previously Weatherized

- ☐ No
- ☐ Yes If so, what year?_____

13. How did you hear about the Weatherization Program

_____

14. Do you receive a water bill?

- ☐ No, no further questions.
- ☐ Yes, two additional questions.
  - *Is your water bill past due or shut off?_____
  - *Do you have plumbing problems that are causing high water bills?___

15. Condition of home /problems:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____