



# HOME WEATHERIZATION ASSISTANCE PROGRAM

03-2021

A federal program locally administered by the

## Five County Association of Governments

The Weatherization Assistance Program (WAP) helps low-income households reduce their energy burden and increase the comfort and safety in their homes. To be eligible, income must be at or below 200% of the current federal poverty income level or be a current HEAT client. There is no cost to eligible applicants. Priority is given to the elderly, individuals with disabilities, homes with pre-school age children, households with high-energy consumption, and emergency situations related to heating and cooling.

### What is required from you?

- Complete the attached application Fill in all blanks. Put NA if it does not apply. Sign and date  
Applicant must be an adult (18 years old), a US Resident, or "Qualified Alien". Copy of Social Security Card or residency documentation is required for every household member.
  - Proof of ownership: **Real property**-Current Property Tax Statement (copy)  
**Mobile home**-Certificate of Title from the Division of Motor Vehicles (copy)
  - Proof of earned and unearned income for all household member age 18 and over for the past three months.  
See back for details.  
Current HEAT eligible clients within the past 12 months are not required to verify income and residency status, but must provide a copy of their HEAT eligibility notice, or we can verify with a signed application.
  - Household members age 18 or over with no income must complete a Household Income Deficit Statement available upon request form from agency.
  - Complete electricity and natural gas utility release forms. List account numbers.  
A 12-month fuel history will be requested to determine your fuel burden.  
Provide copy of recent natural gas and/or electric bills
  - Rentals: Provide landlord/owner's contact information. An Income Property Weatherization Agreement will be sent for their approval allowing access to the property and for work to be done on the dwelling.
- You are responsible to notify us of changes in your address and/or phone numbers.**

Upon eligibility determination, an energy audit will be performed to determine approved weatherization measures to make your home more energy efficient. Weatherization is not a home remodeling program. DOE requires compliance with ASHRAE 62.2, to ensure adequate safe air exchange by installing a fan. Refusals to accept implementation of guideline will prevent eligibility.

Weatherization measures may include:

- |                          |                         |                                       |
|--------------------------|-------------------------|---------------------------------------|
| Air sealing              | Insulation where needed | Tune and clean heating/cooling system |
| Smoke alarms             | Carbon monoxide alarms  | Repair/replace doors & windows        |
| Programmable thermostats | Water heater jacket     | LED bulbs                             |

**Dwelling must be available for an audit and work to be done. Applicant must be present for final review.**

**Complete application and return with all required documentation to the address listed below. You will be informed by letter of eligibility status. Eligible applicants are placed on a prioritized waiting list. Those not reaching the top of the list within twelve months of their income eligibility date must update income verification.** Please contact our office if you have questions.

Weatherization Assistance Program  
2344 West Industry Way, #2  
Cedar City, Utah 84721

PH: 435-586-0585

Toll Free 1-888-503-5321

FAX 435-867-8374

# WEATHERIZATION ASSISTANCE PROGRAM

## STATE OF UTAH

### 2025 Poverty Guidelines

UWPN2023-08

Household Size	200% Yearly Income	Approximate Monthly Income
1	\$31,300	\$2,608
2	\$42,300	\$3,525
3	\$53,300	\$4,442
4	\$64,300	\$5,358
5	\$75,300	\$6,275
6	\$86,300	\$7,192
7	\$97,300	\$8,108
8	\$108,300	\$9,025

For family units with more than 8 members, add \$10,760 for each additional person

### DEFINITION OF INCOME

**A. INCOME:** Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s) **but not** the Income Exclusions listed below in **Section C. Gross Income is to be used, not Net Income.**

**B. CASH RECEIPTS:** Cash Receipts include the following:

1. Money, wages and salaries before any deductions;
2. Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses);
3. Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments;
4. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments;
5. Dividends and/or interest;
6. Net rental income and net royalties;
7. Periodic receipts from estates or trusts; and
8. Net gambling or lottery winnings.

**C. INCOME EXCLUSIONS:** The following Cash Receipts **are not** considered sources of Income for the purposes of determining applicant eligibility:

1. Capital gains;
2. Any assets drawn down as withdrawals from a bank;
3. Money received from the sale of a property, house, or car;
4. One-time payments from a welfare agency to a family or person who is in temporary financial difficulty;
5. Tax refunds;
6. Gifts, loans, or lump-sum inheritances;
7. College scholarships;
8. One-time insurance payments or compensation for injury;
9. Non-cash benefits, such as the employer-paid or union-paid portion of health insurance;
10. Employee fringe benefits, food or housing received in lieu of wages;
11. The value of food and fuel produced and consumed on farms;
12. The imputed value of rent from owner-occupied non-farm or farm housing;
13. Depreciation for farm or business assets;
14. Federal non-cash benefit programs such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance;
15. Combat zone pay to the military; and
16. Child Support, as defined in **Section E.**
17. Reverse mortgages;
18. Payments for care of Foster Children;



**APPLICATION FOR HOME WEATHERIZATION**

This application is for a home Weatherization grant for low-income households. The Weatherization Assistance Program is funded by the U.S. Department of Energy, U.S. Department of Health & Human Services, Rocky Mountain Power and Dominion Energy. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. Providing false information, to obtain assistance, will result in this Weatherization application being denied. You should also receive a Privacy Act statement with this application for Weatherization services.

**ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED**

Applicant's Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 Street City State ZIP Code

Mailing Address: \_\_\_\_\_  
 Street or PO Box City State ZIP Code

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ E-Mail address: \_\_\_\_\_ (if you have one)

I received H.E.A.T. Assistance this year: Y N H.E.A.T eligibility date: \_\_\_\_\_

Electric provider: \_\_\_\_\_ Source of heat: natural gas \_\_\_ propane \_\_\_ electric \_\_\_ wood \_\_\_ coal \_\_\_

The Home to be weatherized is Owner Occupied: Y N Name on recorded title: \_\_\_\_\_

Rented or Leased: Y N Landlord Name & Address: \_\_\_\_\_  
*(The Weatherization Assistance Program will send a Weatherization Rental Agreement to landlord for owner approval)*

Type of dwelling: Mobile/Mfg home \_\_\_ Single Family Site Built \_\_\_ Multi-family \_\_\_ Construction Date: \_\_\_\_\_

This dwelling is scheduled for or has in progress other housing rehabilitation besides Weatherization. Yes \_\_\_ No \_\_\_

Does this household contain members that are Native Americans? Yes \_\_\_ No \_\_\_ (for federal reporting only)

Total number of people living at the above residence: \_\_\_\_\_ List each below including applicant:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>SSN # 18 &amp; Older</u>	<u>Occupation*</u>	<u>Source**</u>	<u>Income \$</u>	<u>Disabled</u>
_____	_____	_____	_____	_____	_____	_____	_____	Y__ N__
_____	_____	_____	_____	_____	_____	_____	_____	Y__ N__
_____	_____	_____	_____	_____	_____	_____	_____	Y__ N__
_____	_____	_____	_____	_____	_____	_____	_____	Y__ N__

List additional household members on back

\*Homemaker, FT student ect \*\*wages, SSA, SSDI, pension ect.

\*\*\*Income for the month before application. Income from all sources must be calculated before taxes and deductions. Proof of income must be included with application in order to be considered for Weatherization services.

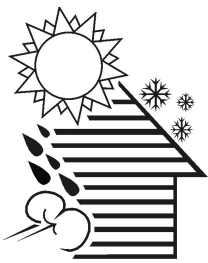
I hereby give permission to the administering local agency, State of Utah, U.S. Department of Energy, Rocky Mountain Power, and Dominion Energy to inspect the real property I occupy in order to determine weatherization needs, complete the weatherization work, and after weatherization, to verify the work and its effectiveness in meeting program goals.

My signature below certifies the information above is correct to the best of my knowledge. In addition it authorizes the release of income and utility usage records to the administering agency and the State of Utah. I authorize employers, government agencies, (Soc. Sec. Admin, Veterans Admin, Welfare Programs, etc.) to provide information concerning the income statement above. Where applicable I grant permission for Rocky Mountain Power to pay the State of Utah for the installation of approved measures and administrative services in the dwelling I occupy, described above. I acknowledge that I have received a copy of the Privacy Act.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Intake Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Editor Approval: \_\_\_\_\_ Date: \_\_\_\_\_



Weatherization  
Works

Five County Association of Governments Weatherization Program  
2344 W. Industryway Unit Two  
Cedar City, Utah 84721  
435-586-0585, Toll Free: 1-888-503-5321  
www.wxworks.net

## AUTHORIZATION TO RELEASE CUSTOMER UTILITY INFORMATION

Applicant Name: \_\_\_\_\_

Application Number: \_\_\_\_\_

**This Form Authorizes** the Utah Weatherization Assistance Program to request and receive billing and utility consumption information for the property listed below, from the specified Utility Provider(s). This information will be used to determine applicants energy burden and to measure the effectiveness of the Weatherization Assistance Program. This form must be signed by the Account Holder or Customer of Record for each Utility listed

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Unit or Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Information Specified

This authorization provides the Utah Weatherization Assistance Program, the right to request and receive information regarding billing history\* and all meter usage data used in the billing calculations from the Utility Provider(s) listed herein for the specified account (\*billing history does not include the payment history or notices of discontinuation of service).

### Duration

I authorize the Utility Provider(s) to provide the specified information for the period beginning twelve (12) months prior to the account holder date of execution of this authorization, and ending twelve (12) months after the completion of Weatherization Assistance, which completion is documented by the Weatherization Assistance Program's Final Inspection and Partnership Agreement.

### Release of Account Information

I authorize the Utility Provider(s) to release the designated information to the Utah Weatherization Assistance Program. I hereby release, hold harmless, and indemnify the Natural Gas Provider and the Electricity Provider from any liability, claims, demands, causes of action, damages, or expenses resulting from: any release of information to the Weatherization Assistance Program pursuant to this authorization; the unauthorized use of this information by the Weatherization Assistance Program; and any actions taken by the Weatherization Assistance Program pursuant to this authorization.

#### NATURAL GAS RELEASE

Natural Gas Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Service Agreement #: \_\_\_\_\_

Account #: \_\_\_\_\_

I authorize the Natural Gas Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ELECTRICITY RELEASE

Electricity Provider: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account #: \_\_\_\_\_

I authorize the Electricity Provider listed above to release the designated information to the Utah Weatherization Assistance Program as specified herein.

Account Holder  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

