

# *Weatherization Screening Tool* 8/23

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

Date: \_\_\_\_\_

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

***Has your house been weatherized in the last 15 years:***

If yes, you are NOT WX eligible.

If no, continue with screening.

***Does your house have roof leaks:***

If yes, you are NOT WX eligible. Refer to USDA Tifton at 229-382-0273; or Camilla 229-336-1451 (or their City Hall to ask about local repair/rehab programs, CDBG, or CHIP)

If no, continue with screening.

***Does your floors have holes, are soft/spongy/weak, or dropped/separated from wall:***

If yes, you are NOT WX eligible. Refer to program above.

If no, continue with screening.

***Does your interior walls have holes (larger than a 2 ft. x 2 ft. area):***

If yes, you are NOT WX eligible. Refer to program above.

If no, continue with screening.

***Does your inside ceiling have holes (larger than a 2 ft. x 2 ft. area) or is rotten/wet or falling down:***

If yes, you are NOT WX eligible. Refer to program above.

If no, continue with screening.

***Is there mold/mildew in the house:***

If yes, you are NOT WX eligible. Refer to program above.

If no, continue with screening.

***Does your house have unvented gas space heaters?***

If yes, we must remove them before we can begin WX; if you are not willing for us to do this, you are NOT WX eligible.

If no, continue with screening.

***If you answered NO to all questions, go ahead and complete application for Weatherization.***

***If you answered YES to any question, do not complete a Weatherization application.***

It will be denied after much time and effort has been put into determining eligibility, obtaining documentation, entering data, and scheduling our Auditor to go out and assess the house.

***Please return this Screening Tool to the Central Office upon completion***



**Helping People • Changing Lives • Building Communities**

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Randy Weldon • Chief Executive Officer

Raimond Burley • Board Chair

Post Office Box 3728 • 912 First Avenue SE • Moultrie, Georgia 31776

## ***Housing and Energy***

Attached is an application for Weatherization Assistance through our Agency.

Please complete the attached Application and Authorization Form.

When you return your application package to us, please include the following

Recent copy of your utility bill.

Proof of income for everyone who lives in your house.

If you work and are paid monthly – send in a copy of your last two check stubs.

If you work and are paid weekly, send in your last four check stubs.

If you draw Social Security – send in a copy of your award letter for the current year.

If you receive retirement or other income - send in a copy of your last bank statement.

Copy of Social Security card for everyone who lives in your house.

Write each person's date of birth next to their Social Security card on the copy.

Copy of picture identification for applicant, such as a driver's license or photo I.D.

All items above should be returned to P. O. Box 3728, Moultrie, GA 31776-3728 or Fax 229-890-1056.

If you have any questions, please call Ashlee Revell at 229-985-3610 and leave a voice message.

If you need assistance with the application and documents, or need copies made, please go to your local Neighborhood Service Center.

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• Telephone 229/985-3610 • 1-800/642-3384 • Fax 229/890-1056 •

Helping People Help Themselves in Baker • Calhoun • Colquitt • Decatur • Dougherty • Early • Grady • Lee  
Marion • Miller • Mitchell • Schley • Seminole • Sumter • Terrell • Thomas • Webster • Worth Counties

**Georgia Weatherization Assistance Program - Application Form**

Agency:		Interviewer:	
Date:		Job Number:	
Applicant's Name:		Home/Cell Phone:	
Home Address:		Zip Code:	
City:		County:	

**Income Information - Source(s) of Income**

Type of Income	Check all that apply	Type of Income	Check all that apply
Supplemental Security Income (SSI)		Railroad Retirement	
TANF		Pension	
Wages		VA Benefits	
No Income		Unemployment	
Self-Employment		Public Assistance	
Social Security		Other (Specify):	

**Household Demographics (Duplicated Count)**

Applicant's Date of Birth:		Applicant's Gender:	
Number of Elderly ≥ 60 years of age:		Number of Native Americans:	
Number of Children ≤ 2 years of age:		Number of Disabled:	
Number of Children 3-5 years of age:		Number of Seasonal/Farm Workers:	
Number Children 6-17 years of age:		Total Number in Household:	
Total Number of Elderly, Disabled or Young Children (Unduplicated Count):			
Home Energy Assistance through LIHEAP received? (yes/no)			

**At-Risk Occupant(s)**

Number of Elderly Persons (65 years or older):	
Number of Infants (2 years or less):	
Number of Person(s) Pregnant:	
Number of Persons with Health Condition(s) Exasperated by High/Low Temperature Conditions:	
Explain Health Condition(s):	

**Dwelling Demographics**

Site Built		Manufactured/Mobile Home		Multi-Family	
Primary Heating Fuel: (Natural Gas, Oil, Liquid Propane Gas, Electricity, Wood, Kerosene, other)					
Air Conditioning: (Window Units, Central AC, Portable)					
Roof Condition:					
Specific Issues:					
Owned: (yes/no)		Rented: (yes/no)		Other: (specify)	
Is your residence currently For Sale, in Foreclosure or in the process of being Foreclosed? (yes/no)					

**Landlord Information**

Name:		Address:			
City:		State:	Zip Code:	Phone:	

*I declare to the best of my knowledge the above information is accurate and is a true statement of my total household income:*

**Applicant Signature:** \_\_\_\_\_

**\*\*\*FOR AGENCY USE ONLY\*\*\***

**Eligibility Status**

Eligible: (yes/no)		Unit Wx'd Prior to 9/30/1994: (yes/no)	
Approved: (yes/no)		Date of Approval/Denial:	
Denied: (yes/no)		Reason for Denial (keep on file):	
Household Total Yearly Income:		Eligibility Level/Threshold:	
<b>Signature of Agency Interviewer:</b> _____			

**Georgia Environmental Finance Authority  
Energy Resources Division  
Weatherization Assistance Program  
Authorization Form**

I, \_\_\_\_\_, have applied for weatherization assistance with \_\_\_\_\_ SW GA  
Name of Applicant Weatherizing Agency  
 \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . I fully understand that this  
Date  
 Community Action Council

authorization form is a part of the intake process and shall be completed before any weatherization work can be performed.

**For Owner Occupied Dwellings:  
Homeowner/Authorized Agent Certification**

I, \_\_\_\_\_, certify that I am the owner of the dwelling unit located at \_\_\_\_\_  
Owner/Authorized Agent  
 \_\_\_\_\_ I do hereby authorize \_\_\_\_\_ SW GA  
Address Weatherizing Agency  
 \_\_\_\_\_ to make energy related repairs\* and release \_\_\_\_\_ SW GA  
Weatherizing Agency

\_\_\_\_\_ from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner.

\_\_\_\_\_  
Agency Representative Signature \_\_\_\_\_ / / \_\_\_\_\_  
Owner Signature Date

**For Renter Occupied Dwellings:  
Renters Agreement**

I, \_\_\_\_\_, certify that I am the owner of the dwelling unit located at \_\_\_\_\_  
Owner/Authorized Agent  
 \_\_\_\_\_ I do hereby authorize \_\_\_\_\_ SW GA  
Address Weatherizing Agency  
 \_\_\_\_\_ to make energy related repairs\* and release \_\_\_\_\_ SW GA  
Weatherizing Agency

\_\_\_\_\_ from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner. I fully agree that following the completion of repairs the rent shall not be raised for a period of two years because of increased value of the dwelling unit **due solely** to weatherization assistance and understand that no undue or excessive enhancement shall occur to the value of the dwelling unit.

\_\_\_\_\_  
Agency Representative Signature \_\_\_\_\_ / / \_\_\_\_\_  
\* particulars may be attached Owner/Authorizing Agent Signature Date

**Fuel Information Release**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release  
Address Fuel Supplier  
 Information on my fuel records and data both past and future to \_\_\_\_\_ SW GA Community Action Council  
Weatherizing Agency

if requested. I understand that this information will be used only to provide data for the above named agency, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

\_\_\_\_\_  
Account Number \_\_\_\_\_  
 \_\_\_\_\_  
Applicant's Signature  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date