

# Weatherization Screening Tool <sup>1/26</sup>

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

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

- **Has your house been weatherized in the last 15 years:** Yes or No

If yes, you are NOT WX eligible.

If no, continue with screening.

- **Does your house have roof leaks:** Yes or No

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

Yes or No

- **Do your interior walls have holes (larger than a 2 ft. x 2 ft. area):** Yes or No

- **Does your inside ceiling have holes (larger than a 2 ft. x 2 ft. area) or is rotten/wet or falling down:** Yes or No

- **Is there mold/mildew in the house:** Yes or No

- **Does your house have unvented gas space heaters:** Yes or No

If yes, they must meet code, and only 1 is allowed per home.

If no, continue with screening.

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



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

**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, please include the following information.

- **Copy of Picture Identification for applicants, such as a driver's license or photo I.D.**

- **Copy of Social Security card for everyone who lives in your home.**

**(Write each person's date of birth next to their Social Security Card on the copy.)**

- **Proof of income for everyone who lives in your home.**

**If you work and are paid monthly, provide a copy of your last two check stubs.**

**If you work and are paid weekly, provide a copy of your last four check stubs.**

**If you receive Social Security Benefits, provide a copy of your award letter for the current year.**

**If you receive retirement or other income, provide a copy of your last bank statement.**

- **Recent copy of your utility bill.**

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

If you have any questions, please contact Arletty Leyva at 229-985-3610.

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  
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**Georgia Weatherization Assistance Program Application**

Job#: \_\_\_\_\_

Applicant Name:		Date of Birth:	Gender:	SSN:
Home Address:			County:	
City:	ZIP:	Received LIHEAP Energy Assistance? <input type="checkbox"/> Y <input type="checkbox"/> N		
Home Phone:	Cell Phone:	Email:		
Primary Heating Utility:	Account Name:	Account #:		
Electric Utility:	Account Name:	Account #:		

**Income Sources (check and list all that apply)**

<input type="checkbox"/> Supplemental Security Income (SSI): \$	<input type="checkbox"/> Railroad: \$	<input type="checkbox"/> TANF: \$
<input type="checkbox"/> Wages: \$	<input type="checkbox"/> VA Benefits: \$	<input type="checkbox"/> Self-Employed: \$
<input type="checkbox"/> Social Security: \$	<input type="checkbox"/> Public Assistance: \$	<input type="checkbox"/> Pension: \$
<input type="checkbox"/> No Income	<input type="checkbox"/> Unemployment: \$	<input type="checkbox"/> Other (specify): \$

**Household Demographics**

# ≤ 2 years old:	# ages 3-5:	# ages 6-17:	# ≥ 60 years old:	# ≥ 65 years old:
# Disabled:	# Pregnant:	# Seasonal Farm Workers:	# Native Americans:	
# with Health Conditions Exasperated by High and/or Low Temps:	Explain:			
Total # in Household:	Total # Disabled, ≥ 65 years old, and ≤ 2 years old (unduplicated count):			

**Unit Information**

Unit Type: <input type="checkbox"/> Site Built <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Multi-family	Year Built:
Ownership Status: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other:	
Primary Heating Fuel: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other:	
Air Conditioning: <input type="checkbox"/> Central A/C <input type="checkbox"/> Window Units <input type="checkbox"/> Portable	Roof Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Specific Issues:	
Currently for sale, in foreclosure, or in process of being foreclosed? <input type="checkbox"/> Y <input type="checkbox"/> N	

**Landlord Information**

Name:	Address:	City:
State:	ZIP:	Phone:
		Email:

**Attest**

I declare, to the best of my knowledge, that the information contained in my application is true and accurate.

Applicant Signature:	Date:
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**\*\*\* AGENCY USE ONLY \*\*\***

Unit wx'd within past 15 years: <input type="checkbox"/> Y <input type="checkbox"/> N	Income Eligible: <input type="checkbox"/> Y <input type="checkbox"/> N	Total Yearly HH Income: \$
Approved: <input type="checkbox"/> Y <input type="checkbox"/> N	Denied: <input type="checkbox"/> Y <input type="checkbox"/> N	Eligibility Level/Threshold:
Reason for Denial:		
Agency Signature:	Date:	

**Weatherization Assistance Program**  
Owner-Occupied Dwelling Authorization Form

I, (name) \_\_\_\_\_, have applied for weatherization assistance with Southwest Georgia Community Action Council Inc. on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. I fully understand that this authorization form is part of the intake process and must be completed before any weatherization work can be performed.

**Homeowner or Authorized Agent Certification**

I, (name) \_\_\_\_\_, certify that I am the owner or authorized agent of the dwelling unit located at (address) \_\_\_\_\_.  
I do hereby authorize the above-named agency to make energy related repairs and release the above-named 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 / Authorized Agent Signature

\_\_\_\_\_  
Date

**Electricity Provider Fuel Information Release**

I, (name) \_\_\_\_\_, hereby authorize (name of electricity fuel supplier) \_\_\_\_\_ to release information on my fuel records and data (both past and future) to the above-named 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.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Number

*\*Must be signed by the person listed on the bill for service.*

**Gas Provider Fuel Information Release**

I, (name) \_\_\_\_\_, hereby authorize (name of gas fuel supplier) \_\_\_\_\_ to release information on my fuel records and data (both past and future) to the above-named 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.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Number

*\*Must be signed by the person listed on the bill for service.*

**Weatherization Assistance Program**  
Renter-Occupied Dwelling Authorization Form

I, (name) \_\_\_\_\_, have applied for weatherization assistance with Southwest Georgia Community Action Council Inc. on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. I fully understand that this authorization form is part of the intake process and must be completed before any weatherization work can be performed.

**Homeowner or Authorized Agent Certification**

I, (name) \_\_\_\_\_, certify that I am the owner or authorized agent of the dwelling unit located at (address) \_\_\_\_\_.

I do hereby authorize the above-named agency to make energy related repairs and release the above-named 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 completion of weatherization work that the rent shall not be raised 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

\_\_\_\_\_  
Owner / Authorized Agent Signature

\_\_\_\_\_  
Date

**Electricity Provider Fuel Information Release**

I, (name) \_\_\_\_\_, hereby authorize (name of electricity fuel supplier) \_\_\_\_\_ to release information on my fuel records and data (both past and future) to the above-named 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.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Number

*\*Must be signed by the person listed on the bill for service.*

**Gas Provider Fuel Information Release**

I, (name) \_\_\_\_\_, hereby authorize (name of gas fuel supplier) \_\_\_\_\_ to release information on my fuel records and data (both past and future) to the above-named 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.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Number

*\*Must be signed by the person listed on the bill for service.*