



# DELTA COMMUNITY ACTION FOUNDATION, INC.

308 SW 2<sup>nd</sup> Street  
Lindsay, OK 73052

Tel: (405) 756-1100 Fax: (405) 756-1104

*Karen Nichols*  
*Executive Director*

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Date \_\_\_\_\_

Dear Weatherization Applicant,

Attached is an application for your completion. This is an initial document to determine your eligibility for the Weatherization Assistance Program.

It is important that you read the application carefully and complete the forms in full.

The head of the household should complete each section to include attachments to the application to avoid processing delays. Please insure that you sign and date each document.

All income must be reported for each person who lives in your household. All income covering the past month from the date of the application must be verified.

Please provide some form of income verification (pay stubs, social security letter, IRS tax return, DHS or bank statement). Failure to provide verification will delay the processing of your application.

You must provide information on utility use for the previous 12 months. The documentation required is:

- A: Electric meter history for the previous 12 months (obtained from local electric company.)
- B: Natural gas or propane history for the previous 12 months (obtained from gas or propane supplier.)

If you require assistance in the completion of the application, please feel free to contact the Delta Weatherization office at (405)-527-6537.

Sincerely,

Weatherization Program

Att

DELTA COMMUNITY ACTION FOUNDATION, INC.  
 FAMILY PROFILE AND INTAKE FORM  
 \*Intake sheet must be completely filled out

Captain ID \_\_\_\_\_

Applicant Name First \_\_\_\_\_ Last \_\_\_\_\_ Type of Assistance \_\_\_\_\_ Date of Intake \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ County \_\_\_\_\_ Message Phone Number \_\_\_\_\_

All Adults in Household If more room is needed please use another intake.	D.O.B	Race	Age	Sex M/F	Completed Education Level	Disabled Y/N	Veteran Y/N	Health Ins. Y/N	Source of Income	Monthly Income Amount	Relationship To Applicant	Custodial Parent Y/N
1.										\$	SELF	
2.										\$		
3.										\$		
4.										\$		
Children in Home												
1.					CHILD					\$		
2.					CHILD					\$		
3.					CHILD					\$		
4.					CHILD					\$		
5.					CHILD					\$		

Family Type: Two Parent \_\_\_\_\_ Single Parent Mother \_\_\_\_\_ Single Parent Father \_\_\_\_\_ Individual \_\_\_\_\_ Two Adults (no children) \_\_\_\_\_ Multi Generation \_\_\_\_\_

Food Stamps: Y/N Amount: \_\_\_\_\_ Receive Child Support: Y/N Amount: \_\_\_\_\_ CDIB Card: Y/N \_\_\_\_\_

Housing: Own \_\_\_\_\_ Rent \_\_\_\_\_ Shelter \_\_\_\_\_ Homeless \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*  
 In accordance with the Policies at the Oklahoma Department of Commerce, you are hereby informed that you have the right to appeal the decision made on this Application and you have the right to expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of this agency, who will furnish you with a copy of the Appeals Procedure.  
 \*\*\*\*\*

Do you declare that your income is no more than the income poverty guidelines? Y/N \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
 I certify that by accepting this emergency food issuance, I disclaim any right to hold Delta Community Action or the Oklahoma City Food Bank responsible for the food. I further swear under penalty of the law that all information listed above is true to the best of my knowledge.  
 \*\*\*\*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Agency Use:

Funding Source \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Staff Signature \_\_\_\_\_

Income Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
Reason for services requested: \_\_\_\_\_  
\*\*\*\*\*

\*\*\*\*\*  
Case Notes: \_\_\_\_\_  
\*\*\*\*\*

\*\*\*\*\*  
Referrals: \_\_\_\_\_  
\*\*\*\*\*

Was referral given for child support? Y/N \_\_\_\_\_ Was application from DHS child support enforcement given? Y/N \_\_\_\_\_

Referral Application Given: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

\*\*\*\*\*  
Captain Input (Signature): \_\_\_\_\_ Captain Input (Date): \_\_\_\_\_  
\*\*\*\*\*

Approval of Intake Completion (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## Application for Weatherization Services

(We may not be able to contact you if information below changes. If there are ANY changes to the household, please notify this agency as soon as possible.)

# ppl in Household: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Head of Household  
(Applicant):

Last

First

Middle

Physical Address

Street

CITY

COUNTY

ZIP

Mailing Address

Street

CITY

COUNTY

ZIP

1ST PHONE: \_\_\_\_\_

2ND OR MSG PHONE: \_\_\_\_\_

Own

Rent

Move in Date or If Homeless, for how long? \_\_\_\_\_

Does anyone in the household receive **foodstamps**? Yes or No: \_\_\_\_\_

Name/Amount: \_\_\_\_\_

Does anyone in the household receive **WIC**? Yes or No: \_\_\_\_\_

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

Has anyone in the household been determined **legally disabled**? Y or N \_\_\_\_\_

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

Is anyone in the household a **Veteran**? Yes or No: \_\_\_\_\_

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

Are you the custodial or legal Guardian of minor children in household? \_\_\_\_\_

Child Name(s): \_\_\_\_\_

Has **Child Support** been ordered by the court? Yes or No: \_\_\_\_\_

If Yes, Do you receive Child Support? \_\_\_\_\_

NAME (Start with Applicant first)	Date of Birth	Social Security Number	Relation to Applicant	Ethnicity	Race	Education	Gender	Marital Status	Health Ins?
(Please choose the correct response from the available choices for each family member)			Spouse	Hispanic	White	0-8 grade	Male	Child	None
			Child	Non-Hisp.	Black	8+Non-grad	Female	Single	Medicaid
			Grandchild		Am Indian	HS Grad		Married	Medicare
			Parent		Asian	Some col		Separated	Employer
			Non Related		Bi-Racial	2-4 yr col		Divorced	Other

**EMPLOYMENT** Supervisor \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAMILY MEMBER	COMPANY NAME	DATE HIRED	HRS WEEKLY	HOURLY WAGE	HOW OFTEN PAID	GROSS AMOUNT	LAST 30 DAYS INCOME

**OTHER SOURCES OF INCOME IN LAST 30 DAYS**

Family Member Name	TYPE OF INCOME	Amount	Family Member Name	TYPE OF INCOME	Amount
	S.S. Retirement			S.S. Retirement	
	SSDI Disability			SSDI Disability	
	SSI			SSI	
	Pension			Unemployment	
	Child Support			ZERO INCOME	\$0.00
	Other Income & Amount				

## Weatherization Supplement Application

**Applicant Name** \_\_\_\_\_

Has you ever received previous Weatherization Services from ANY agency? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, when and what agency? \_\_\_\_\_

Driving Directions to Your Home:

### 1. Ownership:

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ Contract for Deed (Rent to Own) \_\_\_\_\_

**Specify Name on Deed** (please specify also if "unknown"): \_\_\_\_\_

If the deed of the home is NOT in your name, you may still QUALIFY FOR WEATHERIZATION. You & the legal owner of the property must fill out a rental agreement (available upon request).

Do you occupy this residence full-time? \_\_\_\_\_ YES \_\_\_\_\_ NO

### 2. Heating / Cooling Information:

Name of Electric / Natural Gas Provider(s) attach a copy of Utility bill(s): \_\_\_\_\_

Type of heating fuel used: Electric \_\_\_\_\_ Nat. Gas \_\_\_\_\_ Propane \_\_\_\_\_ Wood \_\_\_\_\_

Type of Heating System: Central \_\_\_\_\_ Wall \_\_\_\_\_ Floor \_\_\_\_\_ Space Heater \_\_\_\_\_

Is your heating system vented to the outside of the home? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you pay for the heating & cooling in your home? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does your heating / cooling work properly? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, why? \_\_\_\_\_

Have you received assistance from the Oklahoma DHS LIHEAP Program? \_\_\_\_\_ YES \_\_\_\_\_ NO

### 3. Housing Details & Condition:

House: \_\_\_\_\_ Mobile Home: \_\_\_\_\_

Exterior Type: Wood \_\_\_\_\_ Metal \_\_\_\_\_ Stucco \_\_\_\_\_ Concrete/Stone \_\_\_\_\_

If exterior type is different than the option above, please describe: \_\_\_\_\_



# of Doors \_\_\_\_\_ # of Windows \_\_\_\_\_ # Broken / Cracked Windows \_\_\_\_\_

Do the doors need (Circle applicable): Replaced \_\_\_\_\_ Repaired \_\_\_\_\_ Weatherstripped \_\_\_\_\_ Door Sweeps \_\_\_\_\_ Thresholds \_\_\_\_\_

Is your Attic / Ceiling insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Can it be insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please explain: \_\_\_\_\_

Are your walls insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Can they be insulated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Foundation Type: \_\_\_\_\_ Slab / Solid \_\_\_\_\_ Other \_\_\_\_\_

Are there large cracks or damage to the foundation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there anyone in your household who is (1) disabled as defined by Section 7(8) of the Rehabilitation Act of 1973;(2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction act, or (3) who is receiving benefits under Chapter 11 or 15 of the Title 3B, U.S. Code? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand this Agency may need to share this information with other agencies and/or organizations to best serve my needs. This agency, and their representatives, have my consent and permission to share this information with other agencies and/or organizations. I have read and understand this agreement. I voluntarily sign my consent. I understand I have the right to appeal any decision I do not agree with. I understand that a copy of the policy is available to me upon request.

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

**Date** \_\_\_\_\_

**Hold Harmless Clause - To be Completed by Applicant & Witness**

I shall indemnify and save harmless the State of Oklahoma, the agency, its officers, agents, servants, employees and designees from all liability for death or injury to any person resulting from the weatherization of my property.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Agency Director, who will furnish you with a copy of the Appeals Procedure established under the guidelines of title 74 of the Oklahoma Statutes (1982) Section 1533.2 & 5023(1991).

This Agency will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as pursuant to the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

**Release of Personal Income Information - To be Completed by Applicant & Witness**

In order to determine my eligibility for the program(s) my family is applying for assistance with, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department Of Commerce (ODOC) or its designee to have access to my financial records in my possession of any other entity prior to the starting dates of the work to be done. I waive my rights to privacy or confidentiality.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Release of Energy Consumption Information - To be Completed by Applicant & Witness**

I hereby grant permission to this Agency and their representatives to inspect utility and billing records at the home of

Client Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Certification By Applicant(s) - To be Completed by Applicant & Witness**

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining a Rehabilitation Loan/Grant and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifies that he/she is the owner of the property described in this application, and that the residence described in this application is his/her principal place of residence. Applicant states that he/she understands that the Rehabilitation Loan/Grant proceeds will be used only for the work and materials necessary to meet all standards set forth by program policy, which are prescribed for the property described for this property described in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both".

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Income Certification (To be Completed by Agency Staff only):**

Source of Documentation: \_\_\_\_\_

Comments: \_\_\_\_\_

Verified by: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**Client Agreement for  
Carbon Monoxide Testing to be done by the Weatherization Program**

**Yes**

I hereby grant permission to the Agency representing the Weatherization Assistance Program to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered, this Agency can/or will contact the local gas utility, and it could result in my gas being shut off until the problem is corrected. I also understand that this Agency is under no obligation to make these repairs for me.

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**Date**

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**Signature of Applicant**

**No**

I refuse to let the Agency representing the Weatherization Assistance Program check for possible carbon monoxide problems within my home. I understand that by refusing to give my permission for this testing, this Agency cannot satisfy its program requirements as set by the Oklahoma Department of Commerce, and that my application will no longer be considered for weatherization services.

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**Date**

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**Signature of Applicant**

INDOOR AIR QUALITY AND SAFETY CHECKLIST

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

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

<u>YES</u>	<u>NO</u>	
		1. Has your furnace filter been cleaned or replaced in the past six months?
		2. Have you had your home tested for radon?
		3. Do you have mold or mildew problems during the winter?
		4. Do your bathrooms have working exhaust fans and <u>are they used</u> ?
		5. Do you have and use your kitchen exhaust fan (not recirculation type) when using the stove or oven? _____ When was the last time the grease filter was cleaned?
		6. Is your clothes dryer vented indoors? Do you dry damp clothes indoors?
		7. Is the basement or crawlspace below your home frequently damp or wet?
		8. Are the following items typically stored inside your home? <input type="checkbox"/> Paints, solvents, grease, oil, etc. <input type="checkbox"/> Pesticides, herbicides, bug bombs, etc. <input type="checkbox"/> Gasoline cans, gasoline lawn mowers, chain saws, etc. <input type="checkbox"/> Kerosene or kerosene space heaters
		9. Do you use a wood stove, fireplace or unvented space heaters during the winter?
		10. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellowish rather than solid blue?
		11. Do you regularly use any of the following potentially toxic chemicals in your home? <input type="checkbox"/> Strong cleaning products <input type="checkbox"/> Pest killers, insect sprays, flea bombs, etc. <input type="checkbox"/> Room Deodorizers
		12. Do any family members have indoor hobbies using glue, paint, varnish, etc.?
		13. Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?
		14. Does anyone smoke inside your home?
		15. Does a fine, white dust or powder regularly appear on the floor or furniture beneath textured ceilings or old pipe and duct insulation?
		16. Is anyone in your household experiencing any of the following symptoms? <input type="checkbox"/> Chronic headaches <input type="checkbox"/> Burning or watery eyes <input type="checkbox"/> Breathing difficulties <input type="checkbox"/> Chronic drowsiness <input type="checkbox"/> Asthma or bronchitis <input type="checkbox"/> Dizziness <input type="checkbox"/> Repeated nausea



YES	NO	
		17. Are the symptoms reported by more than one member of the household?
		18. Are the symptoms more severe in those who spend the most time indoors at home?
		19. Are the symptoms most severe in household members younger than 4 or older than 60?
		20. Do the symptoms become less severe when away from the house? Approx. how many hours away from the house seem to make a difference? _____
		21. Do the symptoms exhibit a seasonal pattern?
		22. Do you use a humidifier during the winter (free-standing or mounted)?
		23. Do you have any indoor pets?
		24. Do you live in a manufactured home or mobile home?
		25. Have any of the following things been added or done to your home recently? <ul style="list-style-type: none"> <li><input type="checkbox"/> Newly constructed or extensive remodeling or painting in the past 3 years?</li> <li><input type="checkbox"/> New plywood or particle board paneling or subflooring?</li> <li><input type="checkbox"/> New carpets, draperies or upholstered furniture?</li> <li><input type="checkbox"/> New kitchen cabinets, teak or oak veneer or plastic laminate furniture?</li> <li><input type="checkbox"/> Extensive weatherization, including blown-in wall insulation?</li> <li><input type="checkbox"/> Changes in your gas or oil heating system (80% + efficiency furnace, new water heater or new chimney for furnace, water heater or wood stove)?</li> </ul>
		26. Is the draft of your wood stove or fireplace weak, even after the first few minutes?
		27. Is there anything else in or about your home you may suspect may contribute to poor indoor air quality, excessive moisture or be a physical hazard to the occupants?
		28. Is there evidence of rodents or rodent droppings in your home, attic, crawlspace, heating ducts or other enclosed areas in or around your home?

Please explain:

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## OCCUPANT AGREEMENT

The Weatherization Assistance Program shall be defined as an U.S. Department Of Energy funded program that increases the energy efficiency of dwellings owned or occupied by low-income persons. The programs serve to reduce the total residential energy expenditures, and improve the health and safety of the home.

I, \_\_\_\_\_, certify that I am the occupant of the property located at

\_\_\_\_\_ in \_\_\_\_\_

County in the State of Oklahoma.

I further certify that I give my permission to **the Agency representing the Weatherization Assistance Program** and their subcontractors to perform any and all work related to the Weatherization Assistance Program activities at the property listed above.

I certify that there are no pre-existing medical conditions that will be exacerbated by the performance of weatherization activities. I also certify that the activities to be performed were fully described to me, including moisture and hazardous material problems, and I am fully aware of the measures to be installed, the labor involved to install those measures, and the anticipated results.

I release and hold harmless the State of Oklahoma, its agents, officers, employees, and **the Agency representing the Weatherization Assistance Program**, named above, from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

\_\_\_\_\_  
Signature of Occupant

\_\_\_\_\_  
Witness

CERTIFICATION OF ZERO INCOME

(To be completed by adult members only, if appropriate)

Household Name: \_\_\_\_\_

1. I hereby certify that, I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, death benefits, workers compensation, veteran's payments, training, stipends, military family allotments;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes all acts of fraud. False, misleading or incomplete information may result in the termination of a purchase agreement.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
printed name of applicant

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
printed name of notary

\_\_\_\_\_  
date

**WEATHERIZATION PROGRAM AGREEMENT FOR RENTAL UNITS**

THIS AGREEMENT, MADE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_, between

Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

hereinafter called the Owner, and the Community Action Agency (CAA) \_\_\_\_\_ hereinafter called the Contractor, for work to be completed on the structure located at:

Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_

Occupied by \_\_\_\_\_ hereinafter called the Tenant.

This Agreement is entered into by and between the above-named Owner, Tenant and the Contractor.

The Contractor has determined that the Tenant's residence is eligible for weatherization improvements (under 10 CFR 440).

A residence is considered "completed" upon completion of the final inspection of the weatherized work by the Contractor.

The parties to this Agreement, for good and valuable consideration, agree that the weatherization improvements are subject to the following conditions:

- 1 . The Contractor agrees to provide weatherization services/improvements to the residence of the Owner that is occupied by the current Tenant.
- 2 . By entering into this Agreement, the Owner and his/her heirs or assigns agree not to raise the rent on the above-described property for a period of 36 months from the date of the completion of weatherization improvements.
- 3 . The Owner also agrees that the Tenant will not be evicted, regardless of type of rental agreement without legal cause (non-payment of rent, etc.) for a period of 36 months from the date of the completion of weatherization improvements.
- 4 . If this Agreement is not adhered to by the Owner and/or the rent is raised, the cost of the weatherization improvements shall be reimbursed by the Owner to the Contractor.
- 5 . If the Tenant is leasing a low-income, federally subsidized residence, this Agreement shall supersede any and all rental contract agreements between the Owner and the other State and/or federal agency.
- 6 . The parties to this Agreement agree that no undue or excessive enhancement shall be provided to the rental unit or building due to this weatherization assistance.
- 7 . The Owner agrees to rent the premises at the current rate of \$\_\_\_\_\_ per \_\_\_\_\_ for a minimum of 36 months from the date of completion of weatherization improvements.
- 8 . The Owner and Tenant agree to release and hold harmless the State of Oklahoma, its agents, officers, and employees and the above-named CAA, its agents, officers and employees from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

This Agreement constitutes the full and complete agreement between the parties.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Weatherization Coordinator/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

**The original document stays with the Contractor, one copy to the Owner and one to the Tenant.**