



Central Florida Community Action Agency

Alachua County Office
411 N Main Street, Suite 210
Gainesville, FL 32601
(352) 373-7667

Levy County Office
215 SW 5th Street
Chiefland, FL 32626
(352) 493-1734

Marion County Office
2703 NE 14th Street
Ocala, FL 34470
(352) 732-3008

info@cfcaa.org
www.cfcaa.org

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(Public Sector)

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Charles J. Harris, Jr.

Application for Weatherization Service
Weatherization is NOT housing rehabilitation, remodel, reconstruction, or other house/ROOF repair and WILL NOT be done by this program.

Per DOE regulations, if you have had weatherization work on your home since September 30, 1994, you are not eligible for service again.

Please include the following:

- => Copy of 12 months of electric bills (with Kilowatts)
=> Copy of all GROSS household income: *Last 12 months wages; *2018 Social Security/SSI; *pensions; *retirement, alimony, *regular insurance or annuity payments (NO Bank Statements, W-2's or Income Tax Returns!)
=> Copy of all household members' Social Security Cards
=> Copy of Florida State Photo Identification of applicant
=> Copy of Proof of Disability - (if applicable)* If Heat/Air Conditioning is Medically Necessary Contact Weatherization Department for assistance*
*Letter from Social Security Administration, *Department of Motor Vehicle permit registered to household member, or *Physicians Endorsement (on letterhead)
=> Proof of Ownership of Property to be Weatherized:
*Copy of Deed, Title, Homestead Exemption receipt, or Property Tax/Property Appraisers

MAIL TO: Central Florida Community Action Agency, Inc.
ATTN: Weatherization Department
411 North Main Street, Suite 210
Gainesville, FL 32601

FAX TO: 352-378-2168

FOR QUESTIONS OR CONCERNS PLEASE CONTACT US AT:
352-373-7667 or weatherization@cfcaa.org



WEATHERIZATION ASSISTANCE PROGRAM

PROGRAM DESCRIPTION: The Weatherization Assistance Program (WAP) annually offers grant funds to community action agencies, local governments and non-profit agencies to provide specific program services for low-income families of Florida. Program services available statewide.

MISSION: The mission of the program is to reduce the monthly energy burden on low-income households by improving the energy efficiency of the home.

FUNDING: The program is funded each year by the U.S. Department of Energy and receives supplemental funding from the U.S. Department of Health and Human Services. The extent of services to be provided depends on available funding.

ELIGIBLE APPLICANTS: To qualify for the Weatherization Assistance Program, the total household income may not be more than 200 percent of the national poverty level. Preference is given to owner-occupied homes, elderly (60 years-plus) or physically disabled residents, families with children under 12 and households with a high energy burden (repeated high utility bills).

TYPE OF ASSISTANCE *

- * Address air infiltration with weather stripping, caulking, thresholds, minor repairs to walls, ceilings and floors, window and door replacement
- * Install attic and floor insulation
- * Install attic ventilation
- * Apply solar reflective coating to manufactured homes
- * Install Solar Screens
- Repair or replace inefficient heating and cooling units
- Repair or replace water heaters
- * *(Contingent upon available funding)*

2018 Household Income Guidelines	
Number of People in Household	Maximum Annual Household Income
1	\$24,280.00
2	\$32,920.00
3	\$41,560.00
4	\$50,200.00
5	\$58,840.00
6	\$67,480.00
7	\$76,120.00
8	\$84,760.00
For household with more than 8 persons add	
\$8,640.00 per additional person (Effective 1/13/18)	

WEATHERIZATION FACTS

- * Low-Income families pay an average of 18 percent of their annual income for energy, compared with 5 percent for other households
- * The average energy expenditure in low-income households is \$1,871 annually
- * As estimated by the U.S. Department of energy , these services save the weatherization customers an average of \$413 annually and return an average of \$2.72. in energy and non-energy related benefits for every dollar invested.

For more information or where to apply for services in your count, contact the:

Department of Economic Opportunity

Division of Housing and Community Development

Bureau of Community Assistance

107 East Madison Street, M S C - 400

Tallahassee, Florida 32399-6508

850-717-8450

WEATHERIZATION ASSISTANCE PROGRAMS

CLIENT INTAKE FORM

AGENCY NAME: CFCAA		JOB NO:
CLIENT NAME:		OWNER'S NAME:
SOCIAL SECURITY #: (last 4 digits)		PHONE NO.:
UNIT ADDRESS:		MAILING ADDRESS:
CITY:	ZIP	COUNTY: ZIP
LANDLORD AGREEMENT YES <input type="checkbox"/> NO <input type="checkbox"/>	OWNERSHIP PROOF (source)	YEAR BUILT:
INCOME ELIGIBILITY: Must include annual income for ALL household members.		
Type of Income:	Client	Others in household
A. EMPLOYMENT		
B. UNEMPLOYMENT COMPENSATION		
C. SOCIAL SECURITY		
D. SUPPLEMENTAL INCOME (SSI)		
E. RETIREMENT		
F. T.A.N.F.		
G. OTHER (type)		
Subtotals:		
TOTAL HOUSEHOLD INCOME = \$		
Main Heating Fuel Source (Check one) Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/>		
TOTAL # OF PEOPLE RESIDING IN HOUSE:		CLIENT CHARACTERISTICS:
		Check each characteristic of the client who qualifies for assistance. (Client may be counted in more than one category. Client is not a child.)
Utility Bill at time of application \$		ELDERLY (60 & older)
CHARACTERISTICS OF All PEOPLE IN HOUSE:		DISABLED
(Each person may be counted in more than one category)		N. AMERICAN INDIAN
ELDERLY (60& older)		HIGH ENERGY BURDEN HOUSEHOLD
DISABLED		RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)
NATIVE AMERICAN INDIAN		OTHER (Income qualified only)
CHILDREN (2 & under)		UNITS BY OCCUPANCY: check only one below:
CHILDREN (3 to 5 years)		OWNER OCCUPIED HOME
CHILDREN (6to 12 years)		SINGLE FAMILY RENTER
All other people not included in above categories		MULTI FAMILY
		OWNER MOBILE HOME
		RENTER MOBILE HOME
CLIENT AGREEMENT:		
1. I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.		
2. I certify that my household meets the income guidelines of this program.		
3. I hereby give permission to enter these premises for the purpose of conducting and energy audit and having my home weatherize.		
4. I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.		
5. There are ___ are not ___ occupant health issues that will prevent performing diagnostic testing.		
CLIENT SIGNATURE:		DATE:
A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT.		Form CIF-11

Central Florida Community Action Agency, Inc.

Please provide ALL information requested. Only black or blue ink can be accepted.

1. Give the following information for yourself and every other person living in your home. If more than eight people live in your home, please request an additional sheet.

NAME	Date of birth	Type of income *	Weekly, biweekly monthly	Amount of income (put zero if none)	Race: W,B,A Mixed	Hispanic Y,N	Highest grade completed	Relationship to applicant
Your name:								SELF
Other names:								

*Type of income includes wages, tips, self-employment, social security, SSD, SSI, TANF, child support, unemployment, retirement, pensions, interest, insurance or annuity payments, support from family, **any other money that is received by any member of the household.**

2. Address where you live: _____
Street Address
City or Town
County
Zip Code

3. Mailing address if different: _____
Street Address
City or Town
Zip Code

4. Telephone number(s) where you can be reached: (____) _____ (____) _____

5. Please tell us if you: rent your home own your home other: _____

6. Do any household members have a disability and receive disability benefits? Yes, name(s): _____ No

7. Is any household member a veteran? Yes, name(s): _____ No

8. If you or any other household members are **not** U.S. citizens and/or lawful residents list names and status below:

Name(s): _____ Immigrant status: _____

9. Does any household member have Health insurance, Medicare, Medicaid, Healthy Kids, or any other kind of assistance that helps to pay for medical expenses?

Yes, name(s): _____ No

10. Does any household member receive child support payment? Yes, amount: _____ No
11. Does any household member receive food stamps? Yes, amount: _____ No
12. Do you live in assisted housing? (Section 8, or subsidized housing?) Yes No
13. Please check all other government assistance received by your household. TANF (cash) WIC
 School Food Medicaid VA EHEAP Other: _____ None

14. From which other agencies have you received help in past 12 months? _____

15. Is any household member related to any agency board members or agency employee? Yes No
 If yes, please name board member or staff: _____ and state relationship _____

16. Does any household member belong to the Poarch Indian Tribe? Yes, name: _____ No

Applicant's Certification and Release

IMPORTANT: Please READ and UNDERSTAND this before you sign. Ask for clarification if you don't understand.

I understand that the programs administered by Central Florida Community Action Agency (CFCAA) use federal funds distributed by the State of Florida and all records are subject to federal and state laws regarding public records.

I certify that the information I have given in this application, and in documents provided with this application, is true and accurate, and no information has been withheld. I understand that misrepresentation is illegal and may result in denial of future services and/or prosecution. I understand that any benefits I receive for which I am not eligible, regardless of cause, must be repaid before obtaining future services.

I authorize Central Florida Community Action Agency (CFCAA) to contact my employers (past and present), energy vendors, and any other individuals or organizations CFCAA deems necessary for the purpose of verifying information I provide, either written or verbal.

I authorize my employers (past and present), energy vendors, and any potential recipients of the funds for which I am applying to provide information about me and my household to Central Florida Community Action Agency (CFCAA). I hereby release any such entities and their employees and representatives from any liability for providing this information to CFCAA and its employees.

I authorize Central Florida Community Action Agency (CFCAA) to provide information obtained in connection with this application to energy vendors and any potential recipients of the funds for which I am applying, and to agencies to which I have applied or may apply or be referred for assistance. I hereby release CFCAA and its employees from any liability for providing this information to any such entities and their employees and representatives.

(Before signing, be certain you understand and agree to the above.)	
APPLICANT SIGNATURE:	Date:

AGENCY STAFF COMPLETES BELOW

I have determined the eligibility of this applicant. I am not the applicant or a friend, relative, or employee of the applicant.

CFCAA STAFF SIGNATURE: _____ Date: _____



411 N. Main Street, Suite 210 - Gainesville, FL 32601 - (352) 373-7667
Weatherization Department

OWNER'S QUESTIONNAIRE & PROPERTY HISTORY

- 1. Occupants Name _____ Date _____
- 2. Have you had previous service with this program at this address? ____Yes ____No
- 3. Are you the owner? ____Yes ____No
- 4. How long have you lived here? _____ years
 - 4a. If unit is a house: Brick____ Cement Block ____ Wood ____
 - 4b. Number of Bedrooms: ____ Bathrooms: ____
 - 4c. Number of people living in house: _____
- 5. Is the unit a: Mobile Home ____ House ____
- 6. Any pets? ____Yes ____No Dogs____ Cats____

ROOFING

- 7. How old is main roof? _____years ____don't know Other roof areas: _____years ____don't know
- 8. Do you have any leaks or problems? ____Yes ____No
If Yes, when and where? _____

HEATING

- 9. What type of heating do you have? _____ Number of units: ____ Age: ____yrs
- 10. Do you have any heating problems? ____Yes ____No
If Yes, what type? _____

COOLING

- 11. Do you have central air? ____Yes ____No Window units? ____Yes ____No
Are there any areas without cooling? ____Yes ____No
- 12. Number of units: ____ approximate age: ____years.
- 13. Do you had any cooling problems? ____Yes ____No
If Yes, what type: _____

ELECTRICAL

14. Do you have any electrical problems? Yes No

If Yes, what type: _____

PLUMBING

15. How do you get your water? municipal/public private well

16. Where does your waste water go? municipal/public sewer septic tank cesspool

17. Do you have any problems with the water pressure, volume, quality, or with drainage? Yes No

If Yes, what type: _____

18. Do you have any plumbing leaks, including shower stalls? Yes No

What areas were affected? _____

HOT WATER

19. What type of water heater do you have? electric gas solar other: _____

Number of units: _____ Approximate age: _____ years

20. Do you have any problems with the amount and/or temperature of the hot water? Yes No

If Yes, explain: _____

WOOD DESTROYING INSECTS

21. Are you aware of any present wood destroying insects? Yes No

If Yes, when and where: _____

Was damage (if any) repaired? Yes No Explain: _____

MISCELLANEOUS

22. How old is your refrigerator? _____ Any current problems? _____

23. Do you have any gas appliances? Yes No If yes: LP Natural gas don't know

24. Are you aware of any high level of pollutants or other concerns related to air, water or material content in this house, such as mold, asbestos, or lead paint? Yes No Explain: _____

25. Are you aware of any other past or present conditions which may have affected the habitability or structural stability of this property? Yes No Explain: _____

26. Other comments: _____

Signature _____ **Date** _____

CFCAA Weatherization Staff Use Only:

_____ Owner declined to provide information at the time of inspection.

Applicant Consent to Inspections

Housing rehabilitation, remodeling, reconstruction or other housing repair are NOT weatherization and WILL NOT be done by this program.

If it is determined that the performance of weatherization measures will increase the energy efficiency of your home, the CFCAA Department of Weatherization agrees to perform the necessary weatherization activities in accordance with the following requirements:

- A. Your income eligibility and proof of ownership have been verified to meet program guidelines.
- B. Only weatherization activities that will make the home more energy efficient by reducing the infiltration of air will be performed.
- C. Total cost to weatherize this unit cannot exceed the dollar amount allowed by federal and state regulation for each dwelling.
- D. The homeowner must be available during audits of the home, and an adult must be at the home during construction of weatherization services.
- E. The homeowner will consent to inspection by the county building department when work is completed.
- F. The homeowner will be required to sign a completed, Building Work Report after the completion of work.

Applicant Signature: _____

Date: _____

Check here if you would like correspondence by email

Email address: _____



APPEALS AND GRIEVANCE PROCEDURES

Customers may file an appeal if their application for service was denied or if they believe that: 1) they were approved for an incorrect benefit, or 2) their application was not acted upon within fifteen (15) days after CFCAA received the completed application and all required documents. The same steps should be followed for filing a formal grievance/complaint.

You must complete the following steps and return the appeal or grievance in writing to:

Central Florida Community Action Agency, Inc.
411 North Main Street, Suite 210
Gainesville, Florida 32601

1. The applicant is required to submit the appeal or grievance in writing within thirty (30) days after the date of the denial or approval letter to the attention of the Director of Family Services or the Director of Weatherization and Housing Initiatives at the above address. Any appeal or grievance postmarked more than thirty (30) days after the denial or approval letter may not be reviewed.
2. The appeal must be legible and should explain why the applicant believes the denial or approval is incorrect. The grievance/complaint letter should explain the nature of the complaint or issue that the person has.
3. A written response will be provided to the applicant via certified mail within fifteen (15) days.
4. If the above response does not resolve the appeal or grievance, the applicant may request a hearing with the Chief Executive Officer. The applicant must make this request within five (5) days after receiving the written response. The response of the Chief Executive Officer or the designated representative will be the final decision.
5. No matter the outcome of the final decision, a customer may reapply for services from CFCAA at any time that the agency is accepting applications. The customer will need to provide all required documentation and complete a new application for the new service.

By my signature, I acknowledge that I have been made aware of the CFCAA “*Appeals and Grievance Procedures*”.

Applicant Name (Printed)

Date

Applicant Signature

CENTRAL FLORIDA COMMUNITY ACTION AGENCY, INC.
NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
WEATHERIZATION ASSISTANCE PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by CENTRAL FLORIDA COMMUNITY ACTION AGENCY, INC. for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Assistance Program.

Date

Applicant's Signature

**Physician's Endorsement
For Free HVAC Repair or Replacement**

Letter should contain the following:

- 1 Be on official letterhead
- 2 Doctor's name and contact information
- 3 Patient name and information that corresponds to the application

4 "This Statement needs to be included in the doctors Endorsement letter"

- * This person is a patient under my direct care who has a diagnosed medical condition.
- * The patient's medical condition will worsen and could result in "HARM OR DEATH"