



Levy County
215 S.W. 5th Street
Chiefland, FL 32626
352-593-1734

Alachua County
411 N. Main St., Ste.210
Gainesville, FL 32601
Charles J. Harris, Jr., Chief Executive Officer
Customer Assistance: 352-373-7667 - Housing Initiative 352-373-9805 - Administration: 352-378-5892
Fax: 352-378-2168 Email: info@cfcaa.org Website: www.cfcaa.org
<https://www.facebook.com/cfcaa>

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

Alena Lawson,
Chair
Alachua County
(Public Sector)

Marlon Gayle,
Vice Chair
Levy County
(Public Sector)

Eddie Jean Williams,
Secretary
Levy County
(Community Sector)

Scot Quintel,
Treasurer
Marion County
(Private Sector)

Board of Directors
LaShondra Lightsey
Marion County
(Community Sector)

Vacant
Levy County
(Private Sector)

Cheryl Martin
Marion County
(Public Sector)

Katrice Graham McIntosh
Alachua County
(Private Sector)

Earnestine Butler
Alachua County
(Community Sector)

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 month's of electric bill (*with kilowatts*)

⇒ Copy of all GROSS household income: ** Last 12 months wages:
*2017 Social Security//SSi; *pensions; *retirement, child support, alimony,
*regular insurance or annuity payments
(No Bank Statements, W-2's or Income Tax Refunds!)

⇒ Copy of all household members' Social Security Cards

⇒ Copy of Florida State Photo Identification for applicant

⇒ Copy of Proof of Disability – (if applicable)* If Heat/Air Conditioning is Medically Necessary Contact Weatherization Manager 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.
Weatherization Department
411 N. Main Street, Suite 210
Gainesville, FL 32601

****FOR QUESTIONS OR CONCERNS PLEASE CONTACT US AT: 352-373-7667****



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)*

2017-2018 Household Income Guidelines	
Number of People in Household	Maximum Annual Household Income
1	\$24,120.00
2	\$32,480.00
3	\$40,840.00
4	\$49,200.00
5	\$57,560.00
6	\$65,920.00
7	\$74,280.00
8	\$82,640.00
For household with more than 8 persons add	
\$8,360.00 per additional person (Effective 1/26/17)	

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:		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 NO	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 Natural Gas Electric Wood Other

TOTAL # OF PEOPLE		CLIENT CHARACTERISTICS:
RESIDING IN HOUSE:		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 an energy audit and having my home weatherized.
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:
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A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT.

8. Are you and all household members U.S. citizens or lawful resident aliens? Yes No

If no, describe current immigrant status: _____

9. Does any household member have **Health insurance or Medicare, Medicaid, Choices, Healthy Kids**, or any other kind of health assistance that helps to pay for medical expenses? Yes No

If yes, please name persons who are covered by any of the above _____

10. Do you receive child support payment? Yes, amount: _____ No

11. Do you receive food stamps? Yes, amount: _____ No

12. Do you live in assisted housing? (Section 8 or other subsidized housing?) Yes No

If yes, amount of rent you pay _____ Amount of utility reimbursement check: _____

13. Does your household receive any other government assistance?

School Food Medicaid TANF VA WIC EHEAP Other: _____

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 employees? 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 No If yes, who? _____

Applicant's Certification and Release

(IMPORTANT: Be sure that you READ and UNDERSTAND this before you sign. Ask for clarification if you don't understand.)

I certify that the information I have given in this application and in documents provided with this application is true and complete. I certify that to the best of my knowledge my household meets the income guidelines of the program and that I am the only member of my household who has applied for assistance in this program. I understand that misrepresentation is illegal and may result in denial of future services, prosecution, or other actions to recover the amounts of any benefits to which I am not legally entitled, including (but not limited to) deducting such amounts from future benefits.

I authorize my employers (past and present), as well as energy vendors, landlords, and/or any other potential recipients of the funds for which I am applying to release information about me to Central Florida Community Action Agency (CFCAA). I hereby release any such persons or organizations from any liability for providing this information to CFCAA or its employees.

I authorize CFCAA to contact my employers (past and present), as well as energy vendors, landlords, and/or any other individuals or organizations to verify the information I provide, and to take any steps that CFCAA considers necessary to clarify any questions that CFCAA may have about information I provide and information received from other persons or organizations.

I authorize CFCAA to release any information obtained by CFCAA in connection with this application to energy vendors, landlords, and/or other potential recipients of the funds for which I am applying, or to agencies to which I have applied or may apply or be referred for assistance.

(Before signing, be sure you understand and agree to the above certification.)

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: _____



Central Florida Community Action Agency (CFCAA)
411 N. Main Street, Suite 210 - Gainesville, FL 32601 - (352) 373-9805
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 Specialist Use Only:

Owner declined to provide information at the time of inspection.



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Table listing Board of Directors members: Alena Lawson (Chair), Marlon Gayle (Vice Chair), Eddie Jean Williams (Secretary), Scot Quintel (Treasurer), LaShandra Lightsey (Marion County), Vacant (Levy County), Cheryl Martin (Marion County), Katrice Graham McIntosi (Alachua County), Earnestine Butler (Alachua County).

APPEAL PROCEDURES

Central Florida Community Action Agency provides assistance to eligible residents of Alachua, Levy and Marion Counties. While many individuals may be eligible, the programs are not an entitlement for any one person or household. The assistance we can provide is limited by program regulations, agency policies, and available funds. If you are denied services we will either give you a denial notice before you leave the office or we will mail a denial notice, within 15 days, to the address you provide. The notice will state the reason you have been denied service.

If you apply for services and are denied, you have a right to appeal.

HOW TO APPEAL

1. Appeals and related correspondence should be mailed to: Central Florida Community Action Agency, Inc. 411 N. Main Street, Suite 202 Gainesville, FL 32601

2. An appeal must be submitted in writing within fifteen(15) calendar days of receiving the denial notice and mailed to the attention of either the Director of Family Services or the Director of Weatherization Services at the address above.

Your appeal must be legible and should explain why you think the reason for denial as stated in the denial notice is incorrect. Any appeal postmarked more than twenty (20) days after the date of denial may not be reviewed.

3. The Director of Family Services or the Director of Weatherization Services will review your appeal and provide a written response via certified mail within fifteen (15) calendar days.

4. If you do not accept the above response you may appeal to the Chief Executive Officer (CEO). You must do so in writing to the address above within fifteen (15) calendar days of receiving the response. Any appeal postmarked after the fifteen (15) days may not be reviewed.

5. The CEO will review your appeal and provide a written response via certified mail within fifteen (15) calendar days.

6. If you do not accept the response from the CEO you may appeal to the Board of Directors. You must do so in writing to the address above within fifteen (15) calendar days of receiving the CEO's response. Any appeal postmarked after the fifteen (15) days may not be reviewed.

7. The Board of Directors or designated Board Committee will review your appeal and provide a written response within fifteen (15) calendar days. The decision of the Board is final.

By my signature, I acknowledge that I have been made aware of the CFCAA "Weatherization Assistance Program Applicant Complaint/Appeal Procedures" process.

Applicant Name (Printed)

Date

Applicant Signature

CFCAA Representative

Handwritten signature of Charles J. Harris, Jr. in blue ink.

Charles J. Harris, Jr. Chief Executive Officer

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

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: _____

**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 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."**

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

Weatherization Application Checklist

Client Name: _____

Date: _____

In order for you to be considered for the weatherization program we must have

COPIES OF ALL OF THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION.

_____ **Photo Id of Application (ex: Driver's License or State-issue ID.)**

_____ **Social Security Cards for EACH household member.**

_____ **Proof of INCOME for a period of 12 months preceding the date of the application for all adult members residing in a dwelling unit. (Income includes money wages and salaries earned or received by the applicant before taxes, Social Security payments, Disability, any retirement payments, unemployment compensation, worker's compensation, dividends, interest, net rental income, net gambling or lottery winnings. (etc.)**

_____ **Proof of Home Ownership (ex. Certificate of House Title or House/Warranty Deed or Current Tax Notice.)**

_____ **Proof of Disability (if applicable): Letter from the Social Security Admin. MUST state that the person is disabled.**

_____ **Energy Bills for the last 12 months prior to date of application.**

_____ **verify that the application is complete.** _____
Your signature *Date*

Once we have received your application and copies, we will begin the process.

**MAIL TO: Central Florida Community Action Agency
Weatherization Dept. Suite 210
411 N. Main Street
Gainesville, FL 32601**