

1. Application Date: <i>Month/Day/Year</i>		2. Last Name: <i>Name indicated here is considered the head of household for informational purposes below.</i>		3. First Name:		4. Middle Initial:			
5. Physical Address				6. City		7. State	8. Zip		
9. Mailing Address ( <i>if different than physical address</i> )				10. City		11. State	12. Zip		
13. Contact Information:		15. Within Previous 12 Months Our Household Has Received:		16. Our Home is:		17. Our Rent Includes:			
a) Primary Phone Number	b) Alternate Phone Number	<input type="checkbox"/> Fuel Assistance	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Heat		
c) Email Address							<input type="checkbox"/> Hot Water		
							<input type="checkbox"/> Electricity		
18. Family/Household Information & Demographics <i>Please indicate below the total number of persons in the household that meet each listed criteria:</i>				19. If you rent your home, please provide the following:					
Children aged 0-2	Children aged 3-5	Children aged 6-17	Adults aged 18-59	Adults 60 years (+)	Disabled	Native American	New American		
					Total Number of People Living in Household:	Name of Property Owner	Mailing Address		
						Telephone Number	Email Address		
20. Please list below <b>All</b> members of the household, including the head of household, children and members without income; Include <b>All</b> income records for each household member for the previous 12 months <b>Date of Birth is required for all household members</b> <b>Social Security Numbers are required for all 18 (+) year olds AND children receiving income or benefits</b>						Office Use Only:			
Name	Sex (F / M)	Date of Birth	Social Security #	Disabled Household Member (Y / N)	List All Income Sources (Please also indicate here if a household member is unemployed or is not in the labor force)	Income Amount	Excluded Income	Included Income	
{ Self }									
							Ttl Excluded	Ttl Included	
Applicant Signature _____ Date _____				WAP Staff Signature _____ Date _____					
Applicant's Certification: I attest that the information submitted within this application is true to the best of my knowledge and understand that any willful misrepresentation may be cause for the rejection of my application, discontinuance of any work begun on my home and possible prosecution. I am aware that portions of the above information are to be verified by authorized Weatherization Assistance Program (WAP) representatives and that I may be required to provide additional documentation. I understand that weatherization of my household under this program is subject to the availability of public funding and the eligibility of my household in accordance with WAP program guidelines. I am aware that representatives of the State of Vermont's Office of Economic Opportunity (OEO) and/or the United States Department of Energy (DOE) may inspect the work performed on my home following completion of weatherization work. I also understand that this information may be shared with other state agencies to further assist my household. I understand that if I feel I have been discriminated against regarding any decision made on this application because of race, color, national origin, sex, handicap or age, I may appeal those decisions to the weatherization program director at: State Office of Economic Opportunity, 280 State Drive, Waterbury, VT 05671-1801 or by telephone (802) 796-6499.									
Eligibility Determination:		Office Use Only:				Ineligible For Program Services Determination:		Additional Information:	
<input type="checkbox"/> ≤ 60 % SMI	<input type="checkbox"/> 60 - 80% SMI	<input type="checkbox"/> ≤ 125% FPL	<input type="checkbox"/> 150% - 200% FPL	<input type="checkbox"/> Over Allowable Income Threshold	<input type="checkbox"/> Previously Weatherized	<input type="checkbox"/> Alien Status	<input type="checkbox"/> Other	Building Type:	Fuel Types (List All):
								DHW Type:	
Client Number		Contract Number		Job Number		Job Start Date			

If you have questions or would like additional assistance with your application please contact:

**Vermont's Weatherization Assistance Program**  
Operated Regionally by: **Capstone**

**Please submit to: Weatherization Office**  
**Capstone Community Action**  
**20 Gable Place, Barre, VT 05641**

**Call Us Toll Free:**  
**(877) 919-2299**



If you prefer to type information into an electronic document please visit our website to download a fillable form.  
<http://dcf.vermont.gov/benefits/weatherization>

## Vermont's Weatherization Assistance Program: Proof of Ownership Request

Client Name(s): \_\_\_\_\_ Client Physical Address: \_\_\_\_\_

\_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

Client Telephone: \_\_\_\_\_ Client Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

The Weatherization Assistance Program is required to verify and document the ownership of every property before any program services can be provided for prospective clients. There are seven ways that you can satisfy this program application requirement and they are outlined in the list below. Please indicate which (1) document you will be providing from this list and submit with your completed application packet.

1.  Copy of deed
2.  Copy of mortgage or mortgage payment book
3.  Real estate tax bill or receipt for address being weatherized
4.  School tax bill or receipt for address being weatherized
5.  Written statement from local tax assessor's office, county, or tribal clerk or deeds commissioner
6.  Copy of an executed land contract, life tenancy agreement or life lease
7.  Chattel mortgage (mobile home mortgage)

**Owner-Occupied Housing:** If the client name(s) and the physical address of the property to be weatherized match the name(s) and address on the document submitted as your proof of ownership, then no additional information beyond what is requested above is necessary to satisfy proof of ownership.

**Rental Housing:** When the client applying for services does not live at the property to be weatherized or does not own the property, then additional information is needed to successfully process the application for program services. In rental housing situations please complete this section and weatherization staff will work with you in determining additional documentation that will be needed to process your application.

Building Owner Name: \_\_\_\_\_ Owner Mailing Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

Co-Owner(s) Name(s) if applicable: \_\_\_\_\_

Please submit to: Weatherization Office  
 Capstone Community Action  
 20 Gable Place  
 Barre, VT 05641

Contact us at: Phone: (802) 479-1053  
 Toll Free: (877) 919-2299  
 Weatherization@CapstoneVT.org



### Vermont's Weatherization Assistance Program: Fuel Records Release

Client Name: \_\_\_\_\_ Client Address: \_\_\_\_\_  
 Client Telephone: \_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

Please indicate below all fuel types that are used in your home to provide your heating, produce hot water or that are used for cooking. If you use wood, wood pellets, bio bricks or coal—or if you sometimes buy heating fuel a few gallons at a time—please provide your best guess of how much of these fuels you use each year.

Fuel Type	Used for Heating	Used for Hot Water	Used for Cooking	Total Amount Used Each Year (in cords/tons/gallons etc.,)	
Wood				cords	
Wood Pellets				tons	
Bio Bricks <u>or</u> Coal				tons	
Oil				If you buy oil, kerosene or diesel fuel a few gallons at a time, how many gallons a year do you buy this way? _____ gallons	
Kerosene <u>or</u> Diesel					
Propane				Utility Names	Utility Acct. #
Natural Gas				-Vermont Gas-	
Electricity					

Please indicate all fuel companies that you have purchased fuel from in the past 3 years below.

#	Fuel Company	Mailing Address	Town, State, Zip Code
1			
2			
3			

#### Client Release Authorization

I hereby authorize the Weatherization Assistance Program to obtain and record my household fuel records from all companies I have purchased fuel from and to obtain and record energy usage records from the State's dedicated energy efficiency utilities. In order to evaluate program impact and energy savings achieved, I authorize the WAP to request updated energy consumption data from fuel companies and energy efficiency utilities for five years from the date my weatherization project is completed.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Fuel Provider:

Please assist the Weatherization Assistance Program by providing all fuel records from this client's account over the past 36 month period. We need this information from you in order to proceed with their project.

Indicate Fuel Type: _____							
Delivery Date	Gallons	Delivery Date	Gallons	Delivery Date	Gallons	Delivery Date	Gallons

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**Vermont’s Weatherization Assistance Program: Earned Income Overview Form**

Documenting the past 12 months of household income for every 18(+) year old member of your household is a required part of the weatherization assistance program application process.

**Types of Earned Income:** From the list of choices below, please identify every type of income that was earned by any 18(+) year old member of your household during the past 12 months. Please provide the statements/receipts for every applicable income type when submitting your application.

- |   |   |
|---|---|
| <input type="checkbox"/> Gross employment wages and salaries  | <input type="checkbox"/> Regular alimony payments   |
| <input type="checkbox"/> Regular payments from social security  | <input type="checkbox"/> Net gambling or lottery winnings   |
| <input type="checkbox"/> Unemployment compensation  | <input type="checkbox"/> Dividends, interest or net royalties   |
| <input type="checkbox"/> Self-employment net receipts<br><i>(including income from rental properties)</i> | <input type="checkbox"/> Regular insurance or annuity payments<br><i>(including worker’s compensation)</i>  |
| <input type="checkbox"/> Training stipends  | <input type="checkbox"/> Military family allotments   |
| <input type="checkbox"/> Strike benefits from union   | <input type="checkbox"/> Veteran's payments   |
| <input type="checkbox"/> Periodic receipts from estates or trusts   | <input type="checkbox"/> Private or government employee pensions,<br>military retirement income, railroad<br>retirement benefits or miscellaneous<br>retirement payments, pensions or funds |

**Income Statements & Verification:** The weatherization assistance program is required to verify your earned income submissions to determine your household's eligibility for weatherization program services.

**-Federal Tax Return:**  All applicants must submit the first two pages of the most recent Federal Tax Return

**--Please contact the weatherization program for additional instruction if you do not file taxes--**

**Additional Submission Requirements for Common Types of Earned Income**

**-Social Security Income:** The following information must be submitted for every household member that currently receives Social Security benefits or has received these benefits in the past 12 months:

- A copy of your most recent Social Security Benefits Statement

Please review the informational form titled “Obtaining Your Explanation of Social Security Benefits” that was provided with your application packet. That form includes instruction for accessing these benefits statements directly from the Social Security Administration.

**-Wages & Salary:** The following information must be submitted for every 18(+) year old household member that is currently employed or has been employed in the past 12 months:

- A completed “Employment Verification Form” *(provided to you by weatherization)*

**-Unemployment Compensation:** The following information must be submitted for every 18(+) year old household member that is currently unemployed or has been in the past 12 months:

- A copy of an Unemployment Benefits Statement from the last calendar year

**-Self-Employment:** The following information must be submitted for each 18(+) year old household member that is currently self-employed (or has been in the past 12 months):

- A copy of your most recent Schedule C filing **AND**
- A completed & notarized “Self-Employment Income Verification Form”  
*(provided to you by weatherization)*

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**Vermont's Weatherization Assistance Program: Obtaining Your Explanation of Social Security Benefits**

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Documenting the past 12 months of household income for every 18(+) year old member of your household is a required part of the weatherization assistance program application process.

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**Verifying Your Social Security Benefits:** If you or any member of your household receives Social Security Benefits, you will need to help your weatherization provider verify the amount of these benefits that count as earned income by submitting the following documentation:

- A copy of your most recent Explanation of Social Security Benefits Statement
- 

**Obtaining Social Security Benefits Statements:** If you do not currently have copies of your benefits statements, there are two methods for obtaining copies directly from the Social Security Administration outlined below:

1. Call toll free at 1 (800) 772-1213, Monday through Friday (7 am to 7 pm)
  2. Visit [www.socialsecurity.gov](http://www.socialsecurity.gov). Click on "Online Services" and then click on "Get your Social Security Statement". You are then prompted to login or create an online account in order to view your Social Security Benefits Statements.
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[Weatherization@CapstoneVT.org](mailto:Weatherization@CapstoneVT.org)



**Vermont's Weatherization Assistance Program: Income Verification Form**

A separate Income Verification Form is to be completed by each working adult (18(+) *years old*) residing in your household. Completing a separate form for each job held within the past 12 months is required so it may be necessary for individual household members to complete multiple forms.

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Employer Phone Number: \_\_\_\_\_ Employer Fax Number: \_\_\_\_\_  
 Employer Mailing Address: \_\_\_\_\_

**Applicant Authorization to Release Information**

By signing below, I hereby authorize the Weatherization Assistance Program to contact agencies and employers for the purpose of verifying my income.

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

***-This Section to be Completed by Employer-***

The individual named above has applied for weatherization program services.

Their earned income for the past 12 months must be verified in order to determine program eligibility.

Total gross wages earned during period of time defined below: \_\_\_\_\_

Beginning on: \_\_\_\_\_ Ending on: \_\_\_\_\_

Printed name of person providing verification: \_\_\_\_\_ Title: \_\_\_\_\_

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

***-All information will remain confidential and your response is important and greatly appreciated-***

*If you are unable to provide the requested information please provide the weatherization program with the contact information for the appropriate party that will be able to document this information.*

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 Weatherization@CapstoneVT.org



**Vermont's Weatherization Assistance Program: Self-Employment Income Verification Form**

Please submit the following documentation for each self-employed adult (18(+) years old) residing in your household that was self-employed for any duration during the past 12 months:

- A copy of the most recent federal tax return (including the most recent - Schedule C - filing)
- A signed and notarized copy of this Self-Employment Income Verification Form.

Note that income from rental properties must be included as self-employment income.

Please complete this form entirely to verify your income from the beginning of this calendar year through today. If you do not file taxes please contact us for additional assistance with your application prior to submitting.

Name of Self-Employed Individual: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Time Period Beginning on: 01-01-current year Ending on: \_\_\_\_\_

Gross Income: \_\_\_\_\_

Expenses: \_\_\_\_\_

Net Income: \_\_\_\_\_

**Applicant Certification:**

By signing below, I confirm the information represented above is true and accurate to the best of my knowledge.

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

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

***-This Section to be Completed by Notary-***

The individual named above as applicant has provided identification and affirmed before me that the information contained herein is true and accurate to the best of their knowledge.

Printed Name of Notary: \_\_\_\_\_

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

{seal}

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

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