



INSTRUCTIONS

The information you provide will be used to determine if you are eligible for weatherization.

Fillable Version

- Please enter all required information
- Answer all questions fully and accurately
- Sign the application electronically by typing your name
- Before you submit, review your completed application
- Send your application to mcruz@homesforgood.org
- Type **Weatherization Application** on the subject line

Printable Version

- Type or print legibly in black ink
- Answer all questions fully and accurately
- Sign and date the application
- Review your completed application before you mail it
- Mail or drop off at:

Homes for Good, 100 W 13th Avenue Eugene, OR 97401

We recommend that you print or save a copy of your completed application for your records.



100 West 13th Avenue, Eugene, OR 97401 • PH 541-682-3755 • FAX 541-682-3411



Homes. People. Partnerships. Good. www.homesforgood.org

PROGRAM OVERVIEW

HOMES FOR GOOD Housing Agency administers a Weatherization Program that helps income-qualified Lane County residents to reduce energy use in their residence. There is no cost to the applicant. The program serves both homeowners and renters.

The program MAY provide the following weatherization measures. There is no guarantee that any of these measures will be performed. HOMES FOR GOOD must complete an energy audit of the home to determine which measures are cost effective. The program does not perform emergency home repairs.

- › Insulate attics, walls and floors.
- › Seal air leaks.
- › Improve attic and under-floor ventilation.
- › Install carbon monoxide and smoke alarms.
- › Seal and insulate heating ducts.
- › Service heating equipment.
- › Perform minor health and safety repairs.
- › Install an energy efficient refrigerator and LED lightbulbs.

ELIGIBILITY

Weatherization is limited to households that meet the following requirements:

- 1) The residence must be located in Lane County
- 2) The applicant must be head of household and the household must meet Agency income guidelines
- 3) The residence must be free from structural damage and not for sale

THIS PROGRAM DOES NOT PROVIDE EMERGENCY ASSISTANCE.

If you have any questions about our weatherization program, please call 541-682-2561.



100 West 13th Avenue, Eugene, OR 97401 • PH 541-682-3755 • FAX 541-682-3411



Homes. People. Partnerships. Good. www.homesforgood.org

INCOME GUIDELINES **Effective July 1, 2020**

200% of Federal Poverty Level by Household Size
For Use in Federal Fiscal Year 2020 (Effective July 1, 2020)
Poverty Income Guidelines-Source US DOE

Gross income: all household income before any deductions

Household Unit Size	Annual <u>Gross</u> Income*	Monthly <u>Gross</u> Income*
1	\$25,520	\$2,126.66
2	\$34,480	\$2,873.33
3	\$43,440	\$3,620.00
4	\$52,400	\$4,366.66
5	\$61,360	\$5,113.33
6	\$70,320	\$5,860.00
7	\$79,280	\$6,606.66
8	\$88,240	\$7,353.33
9	\$97,200	\$8,100.00
10	\$106,160	\$8,846.66
Each Additional Member	\$8,960	\$746.66



100 West 13th Avenue, Eugene, OR 97401 • PH 541-682-3755 • FAX 541-682-3411



Homes. People. Partnerships. Good. www.homesforgood.org

APPLICATION

****PLEASE PRINT CLEARLY****

Applicant			
Applicant's Name		Phone Number	2nd Phone Number (if any)
Address		Mailing Address (if different)	
City	Zip	City	Zip
Email: _____			
Check if you (or a member of your household) are: (Check all that apply)		Number in household: _____ <input type="checkbox"/> Owner <input type="checkbox"/> Renter	
<input type="checkbox"/> Disabled <input type="checkbox"/> Over 60 Years Old <input type="checkbox"/> Under 6 Years Old <input type="checkbox"/> Member of a Federally Recognized Tribe of Oregon		Have you received Energy Assistance this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Last year's highest monthly utility bill: \$ _____ Utility company(s): _____ _____	

Dwelling Information			
Dwelling Type		Type of Heat	Does your heating system work? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> House	<input type="checkbox"/> Mobile Home	Electric <input type="checkbox"/>	(If not, explain) _____
<input type="checkbox"/> Duplex	<input type="checkbox"/> Apartment	Natural Gas <input type="checkbox"/>	_____
<input type="checkbox"/> Travel Trailer		Wood/Pellet <input type="checkbox"/>	_____
		Oil <input type="checkbox"/>	_____

Refer to the chart on page two to see if your household meets the income requirements of the Weatherization Program. Income requirements may change.

Your position on the list is based on the date we received your application. When you get near the top of the list (and funds are available), we will contact you and request more detailed household, income and ownership information. Please ensure that HOMES FOR GOOD has your correct phone number.

If you move or no longer wish to participate in our program, please call 541-682-2561 and we will remove your name from the list.

X

Applicant's Signature

Date



100 West 13th Avenue, Eugene, OR 97401 • PH 541-682-3755 • FAX 541-682-3411



Homes. People. Partnerships. Good. www.homesforgood.org

UTILITY INFORMATION RELEASE

Name _____

Address _____

Please provide your account number(s) and account holder(s) name for your **Heating** and **Baseload** Utilities.

HEATING UTILITY	
Utility Name: _____	Account Number: _____
Account Holder's Name: _____	

BASELOAD UTILITY	
Utility Name: _____	Account Number: _____
Account Holder's Name: _____	

I hereby authorize you to release information on my utility consumption, both past and present to HOMES FOR GOOD Housing Agency. I understand that this information will be used to provide data for the above-name agency and shall not be made public in such a manner that the dwelling or occupants can be identified.

Account Holder's Signature: _____ Date: _____



100 West 13th Avenue, Eugene, OR 97401 • PH 541-682-3755 • FAX 541-682-3411



Homes. People. Partnerships. Good. www.homesforgood.org

HOUSEHOLD SURVEY

Ownership Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Do you own your refrigerator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dwelling Type: <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> 3-Plex <input type="checkbox"/> 4-Plex <input type="checkbox"/> Mobile/Manufactured	Is there a working smoke alarm installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received Weatherization in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____	Is there a working carbon monoxide alarm installed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Heat Source <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Electric Ceiling <input type="checkbox"/> Gas Forced Air <input type="checkbox"/> Electric Forced Air <input type="checkbox"/> Gas Wall Unit <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric Wall <input type="checkbox"/> Space Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood Stove	
Does your heating system work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, for how long? _____	Check if you have access to the following <input type="checkbox"/> Attic <input type="checkbox"/> Water Heater <input type="checkbox"/> Crawl Space
Does your roof leak? <input type="checkbox"/> Yes <input type="checkbox"/> No Do any household members smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind? _____	

Address: _____

Applicant's Signature: _____ Date: _____