



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

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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.



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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



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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)

- ☐ Disabled
- ☐ Over 60 Years Old
- ☐ Under 6 Years Old
- ☐ Member of a Federally Recognized Tribe of Oregon

Number in household: _____ ☐ Owner ☐ Renter

Have you received Energy Assistance this year? ☐ Yes ☐ No

Last year's highest monthly utility bill: \$ _____

Utility company(s): _____

Dwelling Information

Dwelling Type

- ☐ House ☐ Mobile Home
- ☐ Duplex ☐ Apartment
- ☐ Travel Trailer

Type of Heat

- Electric ☐
- Natural Gas ☐
- Wood/Pellet ☐
- Oil ☐

Does your heating system work? ☐ Yes ☐ No

(If not, explain) _____

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



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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: _____
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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: _____



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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																
<table border="0" style="width: 100%;"> <tr> <td>Primary Heat Source</td> <td><input type="checkbox"/> Electric Baseboard</td> <td><input type="checkbox"/> Electric Ceiling</td> <td><input type="checkbox"/> Gas Forced Air</td> </tr> <tr> <td><input type="checkbox"/> Electric Forced Air</td> <td><input type="checkbox"/> Gas Wall Unit</td> <td><input type="checkbox"/> Heat Pump</td> <td><input type="checkbox"/> Electric Wall</td> </tr> <tr> <td><input type="checkbox"/> Space Heater</td> <td><input type="checkbox"/> Fireplace</td> <td><input type="checkbox"/> Oil</td> <td><input type="checkbox"/> Propane</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Wood Stove</td> </tr> </table>		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
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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																
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Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind? _____																	

Address: _____

Applicant's Signature: _____ Date: _____