

*Coalfield
Community Action Partnership, Inc.*

1626 West 3rd Avenue
P.O. Box 1406
Williamson, West Virginia 25661
Phone (304) 235-1701
FAX (304) 235-1706
www.coalfieldcap.org

Dear Weatherization Applicant:

Enclosed is an application for Weatherization services. A dwelling unit is considered eligible for Weatherization if it contains a family unit whose income is at or below 200% of the poverty level (see attached Poverty Guidelines) or a dwelling unit which contains a member who has received cash assistance payments under Title IV or XVI (AFDC or SSI).

Priorities are also established which are first given to elderly (60 years of age or older) occupied units, disabled occupied units and units with children. No application will be processed unless completely filled out. This includes primary fuel type, vendor and account number. The last page of the application only applies to rental homes.

You must return, along with your application, proof of your income, copy of natural gas bill (if applicable) and electric bill. **If you do not provide these documents your application will not be processed.** Proof of income can be a letter or statement from the income source so long as it is dated within the past six months. If your application for weatherization services is approved, please be aware that proof of income will be re-verified if, prior to the start of work, income documentation is older than six months. Direct deposit and/or bank statements cannot be used as proof of income. Payroll check stubs need to be submitted for one month, which may be weekly or bi-weekly. No exceptions will be made.

Please understand this is not a Home Repair Program, but a Weatherization Program. In addition, be advised that there is a waiting list for applicants once approved, but the staff at Coalfield CAP work diligently to serve approved applicants in a timely manner

Completed applications should be submitted to our Williamson office at the following address:

Physical Address: 1626 W. 3rd Avenue
Williamson, WV 25661

Mailing Address: PO Box 1406
Williamson, WV 25661

If you have any questions, please contact our office at (304) 235-1701 for Mingo and Boone residents and (304) 965-2400 for Clay and Kanawha.



Percent of 2020 Federal Poverty Guidelines (FPG) Tables

Household Size	100%	125%	200%
1	\$12,760	15,950	25,520
2	\$17,240	21,550	34,480
3	\$21,720	27,150	43,440
4	\$26,200	32,750	52,400
5	\$30,680	38,350	61,360
6	\$35,160	43,950	70,320
7	\$39,640	49,550	79,280
8	\$44,120	55,150	88,240
9	\$48,600	60,750	97,200
10	\$53,080	66,350	106,160

Coalfield Community Action Partnership

DBA FACS Pro Customer Intake Form

Intake Date	____ / ____ / ____ MM DD YYYY	Staff Completing Intake _____
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Address / Demographics

First Name	MI	Last Name	Suffix
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Mailing Address	_____		Physical Address	_____	
	_____			_____	
	_____			_____	
	_____			_____	
	_____			_____	
	CITY	STATE	ZIP CODE		
Phone	Home- () -		Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cell- () -			E-mail- _____	
	Work- () -			<input type="checkbox"/> Block from Search	
	X _____				
SS#	_____ - _____ - _____		Date of Birth	____/____/____	
				MM DD YYYY	
	<input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential			<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported	
	<input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown			<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Gender	<input type="checkbox"/> Male		Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino	
	<input type="checkbox"/> Female			<input type="checkbox"/> Hispanic/Latino	
	<input type="checkbox"/> Other				
Race	<input type="checkbox"/> American Indian or Alaska Native		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	
	<input type="checkbox"/> Asian			<input type="checkbox"/> Married <input type="checkbox"/> Separated	
	<input type="checkbox"/> Bi-racial or Multi-racial			<input type="checkbox"/> Partner <input type="checkbox"/> Widowed	
	<input type="checkbox"/> Black or African-American				
	<input type="checkbox"/> Caucasian or White		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot	
	<input type="checkbox"/> Middle Eastern			<input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw	
	<input type="checkbox"/> Native Hawaiian or Pacific Islander			<input type="checkbox"/> Pawnee <input type="checkbox"/> Pima	
	<input type="checkbox"/> Unspecified				
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska		Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska	
	<input type="checkbox"/> Caribbean <input type="checkbox"/> Other			<input type="checkbox"/> Caribbean <input type="checkbox"/> Other	
	<input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island			<input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island	
	<input type="checkbox"/> East Asian <input type="checkbox"/> Spanish			<input type="checkbox"/> East Asian <input type="checkbox"/> Spanish	
	<input type="checkbox"/> English			<input type="checkbox"/> English	
	<input type="checkbox"/> European/Slavic			<input type="checkbox"/> European/Slavic	
	<input type="checkbox"/> German			<input type="checkbox"/> German	
	<input type="checkbox"/> Middle Eastern/South Asian			<input type="checkbox"/> Middle Eastern/South Asian	
	<input type="checkbox"/> Native Central/South American or Mexican			<input type="checkbox"/> Native Central/South American or Mexican	
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None		Education Level	<input type="checkbox"/> 0-8	
	<input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown			<input type="checkbox"/> 9-12 Non-Graduate	
	<input type="checkbox"/> Medicaid			<input type="checkbox"/> High School Graduate/GED	
	<input type="checkbox"/> Medicare			<input type="checkbox"/> Some College/Certificate/Trade	
	<input type="checkbox"/> Military Health Care			<input type="checkbox"/> 2-4 Year College Graduate	
	<input type="checkbox"/> State Children's Health Insurance Program			<input type="checkbox"/> Post Graduate Degree	
	<input type="checkbox"/> State Health Insurance for Adults			<input type="checkbox"/> Unknown	
Disabling Condition	<input type="checkbox"/> Yes		Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None	
	<input type="checkbox"/> No			<input type="checkbox"/> Veteran <input type="checkbox"/> Unknown	
	<input type="checkbox"/> Unknown				

Household Type	<input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
	Characteristic (check all that apply) <input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR		<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old

Income	
Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources <input type="checkbox"/> Employment Earnings..... \$ _____ .00 <input type="checkbox"/> Other Income Sources <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> TANF..... \$ _____ .00 <input type="checkbox"/> SSI..... \$ _____ .00 <input type="checkbox"/> SSDI..... \$ _____ .00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ .00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ .00 <input type="checkbox"/> Private Disability Insurance..... \$ _____ .00 <input type="checkbox"/> Worker's Compensation..... \$ _____ .00 <input type="checkbox"/> Retirement Income from Social Security..... \$ _____ .00 <input type="checkbox"/> Pension..... \$ _____ .00 <input type="checkbox"/> Child Support..... \$ _____ .00 <input type="checkbox"/> Alimony or other Spousal Support..... \$ _____ .00 <input type="checkbox"/> Unemployment Insurance..... \$ _____ .00 <input type="checkbox"/> EITC..... \$ _____ .00 <input type="checkbox"/> Other..... \$ _____ .00 </div> <div> <input type="checkbox"/> Non-Cash Benefits <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing </div> <div> <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other </div> </div> </div> </div>
	Total Monthly Income..... \$ _____ .00

Employment	
Work Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)
	Current Employer Name: <hr/> <div style="text-align: right;">Employed Since: <u> </u>/<u> </u>/<u> </u> <div style="display: flex; justify-content: flex-end; gap: 10px;"> MM DD YYYY </div> </div> 2nd Current Employer Name: <hr/> <div style="text-align: right;">Employed Since: <u> </u>/<u> </u>/<u> </u> <div style="display: flex; justify-content: flex-end; gap: 10px;"> MM DD YYYY </div> </div>

Additional Household Member

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

Phone	Home- () -	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cell- () -		E-mail- _____
SS#	Work- () -	Date of Birth	<input type="checkbox"/> Block from Search
	X		MM / DD / YYYY
Gender	_____ - _____ - _____	Marital Status	<input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported
	<input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential		<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Race	<input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Ethnicity	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> Married <input type="checkbox"/> Separated
Primary Language	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Tribe	<input type="checkbox"/> Partner <input type="checkbox"/> Widowed
			<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Health Insurance	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot
			<input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw
Disabling Condition	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
			<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska
Military Status	<input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Disabling Condition	<input type="checkbox"/> 0-8
			<input type="checkbox"/> 9-12 Non-Graduate
Education Level	<input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None
			<input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Household Type	<input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
	Characteristic (check all that apply) <input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR		<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old

Income		
Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources..... (No-Income Affidavit Required) <input type="checkbox"/> Employment Earnings..... \$ _____ .00 <input type="checkbox"/> Other Income Sources <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> TANF..... \$ _____ .00 <input type="checkbox"/> SSI..... \$ _____ .00 <input type="checkbox"/> SSDI..... \$ _____ .00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ .00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ .00 <input type="checkbox"/> Private Disability Insurance..... \$ _____ .00 <input type="checkbox"/> Worker's Compensation..... \$ _____ .00 <input type="checkbox"/> Retirement Income from Social Security..... \$ _____ .00 <input type="checkbox"/> Pension..... \$ _____ .00 <input type="checkbox"/> Child Support..... \$ _____ .00 <input type="checkbox"/> Alimony or other Spousal Support..... \$ _____ .00 <input type="checkbox"/> Unemployment Insurance..... \$ _____ .00 <input type="checkbox"/> EITC..... \$ _____ .00 <input type="checkbox"/> Other..... \$ _____ .00 </div> <div> <input type="checkbox"/> Non-Cash Benefits <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing </div> <div> <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other </div> </div> </div> </div>	Total Monthly Income \$ _____ .00

Employment	
Work Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)
	Current Employer Name: <hr/> <div style="text-align: right;">Employed Since: ____/____/____ <div style="display: flex; justify-content: flex-end; gap: 10px;"> MM DD YYYY </div> </div> 2nd Current Employer Name: <hr/> <div style="text-align: right;">Employed Since: ____/____/____ <div style="display: flex; justify-content: flex-end; gap: 10px;"> MM DD YYYY </div> </div>

Additional Household Member

First Name _____ MI _____ Last Name _____ Suffix _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

Phone	Home- () - Cell- () - Work- () - X	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- <input type="checkbox"/> Block from Search
SS#	- - <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	/ / MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Household Type	<input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
	Characteristic (check all that apply) <input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR		<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old

Income	
Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources..... (No-Income Affidavit Required) <input type="checkbox"/> Employment Earnings..... \$ _____ .00 <input type="checkbox"/> Other Income Sources <input type="checkbox"/> TANF..... \$ _____ .00 <input type="checkbox"/> SSI..... \$ _____ .00 <input type="checkbox"/> SSDI..... \$ _____ .00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$ _____ .00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$ _____ .00 <input type="checkbox"/> Private Disability Insurance..... \$ _____ .00 <input type="checkbox"/> Worker's Compensation..... \$ _____ .00 <input type="checkbox"/> Retirement Income from Social Security..... \$ _____ .00 <input type="checkbox"/> Pension..... \$ _____ .00 <input type="checkbox"/> Child Support..... \$ _____ .00 <input type="checkbox"/> Alimony or other Spousal Support..... \$ _____ .00 <input type="checkbox"/> Unemployment Insurance..... \$ _____ .00 <input type="checkbox"/> EITC..... \$ _____ .00 <input type="checkbox"/> Other..... \$ _____ .00 <input type="checkbox"/> Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other
	Total Monthly Income..... \$ _____ .00

Employment	
Work Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)
	Current Employer Name: _____ Employed Since: ____/____/____ MM DD YYYY 2nd Current Employer Name: _____ Employed Since: ____/____/____ MM DD YYYY

Coalfield Community Action Partnership

DBA FACS Pro Client Intake Form
(Residence/Energy Information)

Residence Information / Residence Energy Information

Dwelling Type	<input type="checkbox"/> Site Built (built from bottom up) <input type="checkbox"/> Modular Home (no wheels) <input type="checkbox"/> Doublewide <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Mobile Home with add-on <input type="checkbox"/> Row House <input type="checkbox"/> Multi-Family Unit (5 or more homes in 1) <input type="checkbox"/> Duplex (2 homes under 1 roof)	<input type="checkbox"/> 3 to 4 Unit Rental <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Other		
Structure	<input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Wood Frame	# of Stories	<input type="checkbox"/> 1 story <input type="checkbox"/> 1.5 stories <input type="checkbox"/> 2 stories <input type="checkbox"/> 3 stories <input type="checkbox"/> 4 stories	Do you live in? <input type="checkbox"/> City/Town <input type="checkbox"/> Suburb <input type="checkbox"/> Rural Area	Year of Construction _____ YYYY
Smokers in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____	Was the dwelling previously Weatherized?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____ Were DOE funds used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are non-electric, unvented space heaters in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, How Many? _____
If previously Weatherized, was the dwelling subsequently damaged by fire, flood, wind or any other Act of God?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____		Does the Government assist with the rent or mortgage payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No How much is monthly Rent or Mortgage Payment? \$ _____	
If dwelling is rented and being Weatherized, what is Owner's Contribution?	\$ _____		House Exposure	<input type="checkbox"/> Exposed <input type="checkbox"/> Normal <input type="checkbox"/> Shielded	
Primary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood		Who is your Primary Heating Vendor?	Vendor _____ Acct. #- _____	
Secondary Heating	<input type="checkbox"/> Electricity <input type="checkbox"/> None <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other Fuel <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood		Who is your Secondary Heating Vendor?	Vendor _____ Acct. #- _____	
Cooling Energy	<input type="checkbox"/> Electric <input type="checkbox"/> None Vendor _____ Acct. #- _____		How much is your monthly energy bill?	\$ _____	
Please provide detailed directions to your dwelling.	_____ _____ _____				

Customer Consent Form

DBA FACS Pro Client Intake Form

I, _____ give _____ consent to release, obtain, store and share all pertinent identifying and non-personally identifying social, educational, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will be stored in a secure electronic data system. My information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by _____. I release _____ and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to _____ that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

Customer Signature

Date

Signature of CAA Staff Member

Date

Weatherization Consent Form

DBA FACS Pro Client Intake Form

Attach the following to this application:

☐ Proof of Income for all Household Members

☐ A copy of most recent electric utility bill **AND**

☐ A copy of most recent primary and secondary household heating bill (if applicable)

I _____ understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. I hereby authorize the agency indicated above to obtain information regarding past, present and future utility bills. I further authorize work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations. I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency Weatherization Program. I also understand that I cannot hold the agency responsible for existing conditions prior to weatherization work. I further understand that the weatherization crew may need to use my electricity to perform weatherization measures. I certify that to best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

Customer Signature

Date

Signature of CAA Staff Member

Date

**Appalachian Power Low Income Program
Customer (Homeowner/Tenant)/Property Owner Acceptance**

Dear Customer and/or Property Owner:

Appalachian Power Company and Wheeling Power Company ("APCo"), provides the APCo Low Income Program to their customers who are qualifying homeowners and tenants ("Customers") or qualifying property owners ("Property Owners") to help make their homes safer, improve the energy efficiency of their homes, and reduce their energy costs.

The APCo Low Income Program is designed so that it can be coordinated with – or supplementary to – the WV Weatherization Assistance Program (WAP) and other programs to provide comprehensive weatherization, energy efficiency and electrical safety services to our qualifying low-income Customers.

Under this APCo program, we will perform the following:

1. Examine the electric wiring, lighting, heating system, water heater, refrigerator, freezer, stove and other electric energy appliances in the homes to verify whether they are operating safely and efficiently and if not, may provide services to address their operation.
2. Check the attic, sidewalls, floors, windows and doors to determine if there is a need for additional insulation to the home and if there is, may provide services to address that need.

To effectively weatherize your electrically heated/cooled home, it may be necessary to insulate the wall cavities with cellulose. This involves drilling holes in the walls and putting insulation in the space behind. There are five methods we may use to get behind the wall:

1. The exterior siding will be drilled and plugged.
2. The exterior siding may be lifted and the sub-siding will be drilled.
3. The interior walls will be drilled and patched.
4. The interior baseboards and crown molding may be removed and the wall sheathing drilled.
5. Drilling through the seal plate and top plate of the wall cavity.

If your home has asbestos siding or other factors which prevent us from drilling through the exterior, you inspector and insulation contractor will determine the best approach to use inside the home.

If you have a mobile home, it is still necessary for you to sign this form. Insulation may be placed in the belly, walls, and roof of the mobile home.

Customers, if you qualify and would like the services under this program performed, **PLEASE READ, SIGN, AND RETURN PAGE 2 OF THE FORM** in the enclosed self-addressed envelope, if applicable. **Customer Tenants must additionally provide a copy of their most recent electric bill.**

Property Owners, **PLEASE READ, SIGN, AND RETURN PAGES 3 AND 4** in the enclosed self-addressed envelope, if applicable.

**CUSTOMER
RELEASE OF ALL CLAIMS AND
AUTHORIZATION TO USE DATA**

In consideration of the receipt and installation of weatherization materials and appliances, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit and forever discharge, Appalachian Power Company and Wheeling Power Company, their officers, agents, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against Appalachian Power Company and Wheeling Power Company, their officers, agents, employees, successors and assigns, on account of, or in any way arising out of the weatherization materials or appliances provided as well as the installation and use thereof.

I authorize Coalfield CAP to release to its designees information about my account and about weatherization materials or appliances installed on the property at the address below.

Customer Homeowner/

Customer Tenant Name: _____
(signature)

Print Name: _____

(address)

(city) (State) (Zip Code)

(Customer Account Number) Date: _____

**PROPERTY OWNER
RELEASE OF ALL CLAIMS AND
AUTHORIZATION TO USE DATA**

In consideration of the receipt and installation of weatherization materials and appliances, I, the Property Owner at the address below do hereby release, acquit and forever discharge, Appalachian Power Company and Wheeling Power Company, their officers, agents, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against Appalachian Power Company and Wheeling Power Company, their officers, agents, employees, successors and assigns, on account of, or in any way arising out of the weatherization materials or appliances provided as well as the installation and use thereof.

I authorize Coalfield CAP Inc. to release to its designees information about my account and about weatherization materials or appliances installed on the property at the address below.

Property Owner Name: _____
(signature)

Print Name: _____

(address)

(city) (State) (Zip Code)

Date: _____

**APCo Low Income Program
Property Owner Agreement**

I authorize Appalachian Power Company and Wheeling Power Company and _____
Coalfield CAP to release to its contractors information about my account at the address stated
below and about the energy conservation and weatherization measures which have been
incorporated at the address below. *The following information must be legibly typed or
printed, except the signature.*

As the Property Owner of the rental property listed below, I certify:

_____The tenant owns the appliance(s) (Refrigerator, Freezer, Stove, Dryer – please circle)
identified for replacement and/or removal.

Property Owner (type or print)

Street Address City State Zip
(Business or Personal Residence)

()

Telephone Number Email

Property Owner's Signature Date

Name of Tenant (type or print)

Rental Property Street Address City State Zip

Weatherization Assistance Program

Rental Release and Agreement

Date: _____

Rental dwelling occupied by: _____

Rental dwelling owned by: _____

HEATING SYSTEMS, HEALTH & SAFETYAGENCY COSTOWNER COSTMATERIALS: _____ \$LABOR: _____ \$OWNERS SHARE: 25%(materials) _____ \$

25%(labor) _____ \$

STANDARD WEATHERIZATION: (Material Cost)MATERIALS _____ \$LABOR _____ \$OWNERS SHARE: 25%(materials) _____ \$

25%(labor) _____ \$

TOTAL MATERIALS _____ \$

TOTAL LABOR _____ \$

TOTAL COST TO AGENCY _____ \$

TOTAL ESTIMATED OWNERS INVESTMENT _____ \$

The above estimate has been explained to me and I agree to contribute 25% of the cost of heating system, health and safety cost and all other standard weatherization measures. In the event that costs exceed those estimated above, the additional costs will be explained to me and those cost negotiated.

Owner Signature_____
Date_____
Signature of CAA Staff Member_____
Date

Weatherization Assistance Program

Rental Release and Agreement

I, _____ owner of the dwelling unit located at _____ and presently occupied by _____ hereby give my consent to having said dwelling unit weatherized by Coalfield CAP.

I further agree that for a period of two years, the rent shall not be raised because of the increased value of the dwelling unit solely due to weatherization, unless those increases are demonstrably related to matters other than weatherization work. I understand that in the event of a rent increase, the agency can request justification of such increases and could seek remuneration of the increases. In cases where the cost of heating or cooling the dwelling unit is included in the rent, I further agree that any significant reduction in such costs will be passed on to the occupant in the form of reduced rents.

It is understood that the West Virginia Weatherization Assistance Program (WAP) policy requires this agency to obtain investments from the owner to supplement the weatherization energy conservation services to be performed on the building. The policy states:

1. If an owner of the dwelling unit qualifies for WAP, no landlord contribution is expected.
2. In all other situations, a **mandatory** landlord contribution of 25% of the total cost of weatherization to the sub grantee performing the work is expected.

It is further understood that the agency and the weatherization program cannot be held liable for existing program-identified health and safety violations that are not corrected by the agency. It is also understood that the work to be done shall consist of weatherization activities only, as defined by WAP audit, and that no undue enhancement shall accrue to the value of the dwelling.

A cost estimate of needed weatherization work will be made and supplied to me. I will review the estimate, and upon agreement, will sign so that work can begin. Upon completion of the agreed work, an invoice will be sent to me reflecting the work completed and my costs based on the above-mentioned policy. In the event that costs exceed those estimated, the additional costs will be explained to me and those additional costs negotiated.

Owner Signature

Date

Signature of CAA Staff Member

Date

Zero Income Affidavit

I, _____, hereby certify under the penalties of perjury and fraud the following: (1) I have not received any income¹ in the past twelve (12) months prior to this date; (2) I do not have any additional proof of income; and (3) the information that I have provided in this affidavit is true and accurate. In addition, I authorize state and federal agencies to verify any of this information and hereby consent to the release of my West Virginia Tax Return for this purpose. My household living expenses have been met over the past twelve (12) months as follows:

Housing Assistance Amount: \$ _____ Date Received: _____

Source of Assistance/Name: _____

Utility Assistance Amount: \$ _____ Date Received: _____

Source of Assistance/Name: _____

Food Assistance Amount: \$ _____ Date Received: _____

Source of Assistance/Name: _____

Cash or Other Assistance Amount: \$ _____ Date Received: _____

Source of Assistance/Name: _____

I acknowledge that 18 U.S.C. § 1001, "Fraud and False Statements," provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Date: _____

Signature of Zero Income Claimant _____

NOTARY ACKNOWLEDGEMENT

WITNESS my hand and seal this _____ day of _____ 20____.

My County of Residence: _____

Notary Public -Signature

My Commission Expires: _____

Notary Public -Printed Name

HEAD OF HOUSEHOLD AND AGENCY SIGNATURES

Date: _____

Head of Household Signature _____

Date: _____

Agency Representative Signature _____

¹Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings.

Zero Income Affidavit

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Source of Assistance/Name: _____

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Date: _____

Signature of Zero Income Claimant

NOTARY ACKNOWLEDGEMENT

WITNESS my hand and seal this _____ day of _____ 20____.

My County of Residence: _____

Notary Public -Signature

My Commission Expires: _____

Notary Public -Printed Name

HEAD OF HOUSEHOLD AND AGENCY SIGNATURES

Head of Household Signature

Date: _____

Agency Representative Signature

Date: _____

¹Income means Cash Receipts earned and/or received by the applicant before taxes during applicable tax year(s). Cash Receipts include the following: money, wages and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends and/or interest; net rental income and net royalties; periodic receipts from estates or trusts; and net gambling or lottery winnings.

How did you hear about the CCAP Weatherization Program?

- ☐ Agency employee
- ☐ Billboard Ad
- ☐ Brochure
- ☐ Facebook
- ☐ Flyer
- ☐ Friend/Family member received services
- ☐ Informational Booth
- ☐ Internet search/Agency website
- ☐ Newsletter
- ☐ Newspaper Ad
- ☐ Presentation by agency staff member
- ☐ Referral from other agency
- ☐ Walk-In/Self Referral
- ☐ Word of Mouth
- ☐ Other (Please Describe) _____

How easy was it for you to access a Weatherization Program application?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy or difficult
- ☐ Somewhat difficult
- ☐ Very difficult

Did you have difficulty completing the application?

- ☐ Yes
- ☐ No
- ☐ Unsure

If you had difficulty completing the application, were you able to receive support from agency staff in assisting you with completing the application?

- ☐ Yes
- ☐ No
- ☐ Unsure

