EANDC
Improving neighborhoods, creating communities

Thank you for requesting an application for the **WEATHERIZATION PROGRAM.** We have enclosed an application for you to fill out and return to our office.

**Please also send:**

- **Copies of income for the past twelve months for all members of household eighteen years and older**
- **Previous year tax return**
- **Current electric bill**
- **Current gas bill**
- **Additional signed forms listed on next page**

Attached are several forms for you to review and keep for your records. If you require assistance in filling out the application, please contact our office at 330-773-2095.

The program provides priority to households with senior citizens, disabled and/or children age 5 and under.

We will begin processing your application as soon as we receive your completed and signed application and **all** documents required.

You should expect to hear from us within four to six weeks regarding the status of your application.

EQUAL HOUSING OPPORTUNITY

East Akron Neighborhood Development Corporation
550 S. Arlington Street • Akron, Ohio 44306 • www.eandc.org
(330) 773-2095 • Fax (330) 773-2108

NeighborWorks® CHARTERED MEMBER

# HWAP CHECKLIST
# THINGS TO DO OR SEND BACK

- Fill out front and back of ***Application*** completely sign and date back of ***Application***
- Fill out completely, sign and date ***Attachment A-2***
- Fill out completely, sign and date ***No Heat Agreement***
- Sign and date ***Consent to Release Information Form***
- Fill out completely, sign and date ***Housewarming Weatherization Program***
- Send a copy of current ***Electric Bill*** that shows account number and name
- Send a copy of current ***Gas Bill*** that shows account number and name
- Send in copies of current income for **ALL** persons 18 and older living in your home
- Send in copies of previous year tax return

## SEND BACK ALL OF THE ABOVE

- Keep and read
  - Cover letter
  - Eligibility information sheet
  - Appeals Process information

**PLEASE CALL 330-773-2095 WITH ANY QUESTIONS**

# ENERGY ASSISTANCE PROGRAMS APPLICATION 2017–2018

The Ohio Development Services Agency (ODSA) offers programs to income eligible Ohioans to assist in paying their utility bills and to improve the energy efficiency of their homes. This application provides information on the Home Energy Assistance Program (HEAP), Winter Crisis Program (WCP), Summer Crisis Program (SCP), Percentage of Income Payment Plan (PIPP) Plus and the Home Weatherization Assistance Program (HWAP). You can apply for HEAP and PIPP Plus with this application. To apply for SCP, WCP, and HWAP, you must visit your Local Delegate Agency (LDA). For a list of LDAs, visit www.energyhelp.ohio.gov.

- **HEAP** provides a one-time annual benefit to your main heating source account. For example, if you heat your home with a gas furnace, a credit will be applied to your gas bill. The HEAP program begins July 1, 2017 and ends June 30, 2018. The one-time benefit is typically credited starting January 2018, depending on when the application was received. Please note if you mail-in your application, it can take 12 to 16 weeks to process.
- **SCP** provides a one-time annual benefit to your electric bill, and/or for the purchase of fans and air conditioners. Visit your Local Delegate Agency in person to apply for SCP. The SCP program begins July 1, 2017 and ends August 31, 2017.
- **WCP** provides a benefit once per heating season to your main and/or electric accounts. The benefit can be used by eligible households that are disconnected (or have a pending disconnection notice), need to establish new service or pay to transfer service or have 25% (or less) of bulk fuel supply. The program can also assist with fuel tank placement, fuel tank testing and furnace repair. Visit your Local Delegate Agency in person to apply for WCP. The 2017 WCP program begins November 1, 2017 and ends March 31, 2018.
- **PIPP Plus** is an extended payment arrangement that requires regulated gas and electric companies to accept payments based on a percentage of the household income. Under PIPP Plus, if you heat with gas, you pay 6 percent of your monthly household income to your gas company and 6 percent to your electric company. If you heat with electricity, you pay 10 percent of your monthly household income. Enrollment can occur through this application only for the following companies: American Electric Power (AEP), Columbia Gas of Ohio, Dayton Power and Light (DP&L), Dominion East Ohio Gas, Duke Energy, FirstEnergy Companies (Cleveland Illuminating Co., Ohio Edison, Toledo Edison) and Vectren. The household must provide a copy of a current utility bill which should be in the name of the PIPP Plus applicant or an adult household member. Complete this application to apply for PIPP Plus or visit your Local Delegate Agency. PIPP Plus is not available to customers of rural electric co-ops, municipal utilities or users of delivered fuels. Please note if you mail- in your application it can take 12 to 16 weeks to process.
- **HWAP** is a residential energy efficiency program that reduces the energy use of qualified households. The types of assistance will be based on the home's energy efficiency assessment. If you are interested in weatherization services visit your Local Home Weatherization Assistance Provider. For a list of providers, visit www.HWAP.development.ohio.gov.

## ELIGIBILITY

Household eligibility is based in part on income (see page 2 for income guidelines for all programs). If eligible, the benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the energy bill by the utility company.

If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. A copy of the utility bill or documentation of responsibility (example: copy of your rental agreement/lease or sign letter from your landlord) is required. Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are not eligible for payment assistance, but may be eligible for weatherization services. All persons who share a common kitchen and bath are considered members of the same household and must apply on one application.

**NEW THIS YEAR: If a household's total income is zero/none or is completely listed as odd jobs or other income, you must apply for assistance at your Local Delegate Agency (LDA). The LDA may require an IRS transcript and documentation of how the household is being supported and how expenses/bills are being met.** Please visit www.irs.gov/Individuals/Get-Transcript or call 1-800-908-9946 for assistance with accessing an IRS transcript, if necessary. **Mailed-in applications will not be accepted.**

## CONTACT INFORMATION

To contact us with questions regarding Energy Assistance Programs, check the status of your application, or locate your Local Delegate Agency, you can reach us by email or telephone:

**Email:** energyhelp.ohio.gov and click "contact us"

**Telephone:** 1-800-282-0880 or 614-644-6600

**TDD hearing impaired only:** 711

## HOUSEHOLD INCOME EXPLANATION

Household income includes the gross income of all household members, excluding wage income earned by dependent minors less than 18 years of age, unless the minor is emancipated. Gross income includes, but is not limited to, wages (excluding documented health insurance premiums), interest, annuities, pensions, Social Security (excluding Medicare premiums), retirement, employment disability, public assistance, Supplemental Security Income (SSI), alimony, child support, unemployment benefits, Workers' Compensation, utility allowances and any other indirect income. Other exclusions may apply if documented.

Please visit energyhelp.ohio.gov for a list of included and excluded income.

**2017–2018 Income Guidelines**

| Size of Household | | Total Gross Annual Household Income | | | | |
|---|---|---|---|---|---|---|
| 1 | | up to $18,090.00 | | $21,105.00 | | $24,120.00 |
| 2 | | up to $24,360.00 | | $28,420.00 | | $32,480.00 |
| 3 | | up to $30,630.00 | | $35,735.00 | | $40,840.00 |
| 4 | **(150%)** | up to $36,900.00 | **(175%)** | $43,050.00 | **(200%)** | $49,200.00 |
| 5 | **(For PIPP Plus)** | up to $43,170.00 | **(For HEAP,** | $50,365.00 | **(For HWAP)** | $57,560.00 |
| 6 | | up to $49,440.00 | **WCP and SCP)** | $57,680.00 | | $65,920.00 |
| 7 | | up to $55,710.00 | | $64,995.00 | | $74,280.00 |
| 8 | | up to $61,980.00 | | $72,310.00 | | $82,640.00 |

For household with more than 8 members, add $6,270 for 150%, $7,315 for 175% and $8,360 for 200% per member.

## CITIZENSHIP

For each household member claiming U.S. Citizenship or Legal Resident Status, proof of this status is required. The following items may be submitted as proof of residency status: **PLEASE DO NOT SEND ORGINALS**

**Proof of U.S. Citizenship**

1. Birth Certificate/Hospital Birth Records
2. Baptismal Records (Only when place and date of birth is shown)
3. Indian Census Record
4. Military Service Record
5. U.S. Passport
6. Verified Citizenship for Ohio Work First (OWF) Program
7. Voter Registration Cards
8. Social Security Cards (that do not include notes regarding work authorization)

**Proof of Legal Resident/Qualified Alien**

1. Naturalization Papers/Certifications of Citizenship
2. INS ID Card
3. Alien Registration Cards/Re-entry permits
4. INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993)
5. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act: or b) One or a combination of the following terms: Refugee, Parolee, or Asylee
6. Permanent Visa
7. INS Form G-641, "Application for verification of Information from INS Records", when annotated at bottom by INS representative as lawful admission for humanitarian reasons
8. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act
9. Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act
10. INS Form I-688

## PRIVACY ACT NOTICE

DISCLOSURE: The disclosure of Social Security numbers is mandatory to receive Home Energy Assistance Program (HEAP) benefits. AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program (HEAP) to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Please tear here and keep instructions for your records

# WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

| For Office Use Only | EANDC – ENERGY SERIVCES<br>550 S. ARLINGTON ST.<br>AKRON, OHIO 44306<br>PHONE: 330-773-2095 FAX: 330-773-2108 | For Office Use Only – Date Rec'd |
|---|---|---|
| Prev HWAP:<br>Prev HW:<br>Prev EPP:<br>Date & Intl: | | |

**YOU MUST SIGN THIS APPLIATION TO RECEIVE ASSISTANCE** – Primary Applicant/Utility Account Holder (must live in the home)

**Please Print or Type**

| First Name | Initial | Last Name | Your Social Security Number |
|---|---|---|---|
| Present Mailing Address | | | Apartment |
| City | State | Zip | Ohio County |
| Daytime Telephone (including area code) | | E-Mail Address | |
| Emergency Contact Name | | Emergency Contact Telephone Number | |
| Did you receive HEAP for the previous heating season? (check one) YES_____ No_____ | | | |

Racial/Ethnic Background: ❑Black ❑ White ❑Asian ❑Hispanic ❑Native American ❑Other

1) Check the box that most closely describes the type of building you live in. (Check only one)
❑ Mobile Home ❑ Single Family ❑ Multi-family Low-rise (3 stories or less) ❑ Multi-family Low-rise (4 stories or more)

2) _____ Including yourself, how many people live in your household? (Include all persons listed on question number 3)

3) Including yourself, please list the names, relationships, social security number(s), date(s), of birth, and gross incomes of everyone living in your household. Please indicate if each household member is disabled and if they are a U.S. Citizen by checking yes or no in the appropriate box. Include all income of all persons living in your household except for wage or salary income earned by dependent minors under 18. (Attach proof of income, disability and citizenship/alien status – see "Instructions".) Use a separate sheet if necessary. Failure to provide the required income documents for at least the previous 90 days will delay the processing of your application.

| Household Members | Relationship to You | Social Security Number | Date of Birth | Income Source | Current Mo | Last 12 Mo. | Disabled? | U.S. Citizen? |
|---|---|---|---|---|---|---|---|---|
| | Self | | | | | | ❑ Yes ❑ No | ❑ Yes ❑ No |
| | | | | | | | ❑ Yes ❑ No | ❑ Yes ❑ No |
| | | | | | | | ❑ Yes ❑ No | ❑ Yes ❑ No |
| | | | | | | | ❑ Yes ❑ No | ❑ Yes ❑ No |
| | | | | | | | ❑ Yes ❑ No | ❑ Yes ❑ No |
| | | | | | | | ❑ Yes ❑ No | ❑ Yes ❑ No |
| | | | | | | | ❑ Yes ❑ No | ❑ Yes ❑ No |

4) _____ What was your total gross household income for the last 12 months?

5) ❑ Yes ❑ No Do you receive Public Assistance? Case Number _____

6) INCOME SOURCE (Check the Income Source(s) for your household) **DOCUMENTATION MUST BE PROVIDED!**

❑ Wages ❑ Pension ❑ Social Security ❑ Child Support ❑ Employment Disability
❑ Self Employment ❑ VA Pension ❑ SSDI ❑ Workers' Comp ❑ Interest
❑ Unemployment ❑ VA Disability ❑ SSI ❑ TANF ❑ Other
❑ Active Military Pay ❑ Disability Assistance ❑ No Income (Explain how you pay bills on a separate sheet.)

**OVER →**

7) Do you rent or own your home? ❑ Rent ❑ Own (Buying) skip to question 13.

8) Landlord's Name
Address
Telephone Number

9) ❑ Yes ❑ No Do you rent a room in someone else's home? If yes, please list all household member information under question number 3.

10) ❑ Yes ❑ No Do you receive **rental** assistance from the government (i.e., Section 8, HUD, Metropolitan Housing)?

11) ❑ Yes ❑ No Has your household received weatherization services from any other program; (for example, a utility program)?
If yes, which program?

12) [ ] Number of Native Americans in the household (as defined by the U.S. Bureau of Indian Affairs).

13) What is your **main** source of heat? (Check only one)

❑ Natural Gas ❑ Bottle Gas or Propane ❑ Fuel oil or Kerosene ❑ Coal, Wood or Pellets ❑ Electric ❑ Other

| Complete this section for your main heating source, including all-electric homes. Give your heating company name and account number below. Include a copy of your **most recent** fuel or heating bill from your current address. | Complete this section below with your electric company name and account number. Include a copy of your **most recent** electric bill from your current address. |
|---|---|
| **Main Heating Source** (Same source as Question 16)<br><br>❑ Yes ❑ No If you are not currently enrolled in PIPP, do you want to enroll?<br>❑ Yes ❑ No If you are not currently enrolled in PIPP, would you like to re-verify your household income for eligibility?<br><br>Company/Vendor<br><br>Account #<br><br>14) ❑ Yes ❑ No Are you heating costs included in your rent?<br>15) ❑ Yes ❑ No Is the name on your heating bill different from the Applicant's name? If yes, give that name<br><br>16) ❑ Yes ❑ No Do you share a main heating source meter with another household? | **Electric**<br><br>❑ Yes ❑ No If you are not currently enrolled in PIPP, do you want to enroll?<br>❑ Yes ❑ No If you are not currently enrolled in PIPP, would you like to re-verify your household income for eligibility?<br><br>Company/Vendor<br><br>Account #<br><br>17) ❑ Yes ❑ No Is your electricity included in your rent?<br>18) ❑ Yes ❑ No Is the name on your electric bill different from the Applicant's name? If yes, give that name<br><br>19) ❑ Yes ❑ No Do you share an electric meter with another household? |

I understand that by signing this application, I grant the Ohio Department of Development or its authorized providers access to my bank, employment, public assistance, utility company, or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Department of Development, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provide may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services or assistant. I also understand that I have the right to require a state hearing with 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the required information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits (45cfr 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)

Sign Here _____ Date_____

Attachment A-2

FirstEnergy

# Ohio Partners for Affordable Energy

## Community Connections Program
## Customer/Property Owner Acceptance

Dear Customer and/or Property Owner:

FirstEnergy's electric distribution utilities offer the Community Connections Program to their customers who are qualifying homeowners and tenants ("Customers") to help make their homes safer, to improve the energy efficiency of their homes, and to provide an opportunity to reduce their energy costs.

The Community Connections Program is designed so that it can be coordinated with other programs to provide comprehensive weatherization, energy efficiency and electrical safety services to our qualifying low-income Customers.

Under this 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 all sheathing drilled.
5. The seal plate and top plate of the wall cavity may be drilled.

If your home has asbestos siding or other factors which prevent us from drilling through the exterior, your 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.

HOMEOWNERS AND TENANTS, if you qualify and would like the services under this program performed, **PLEASE READ, SIGN, AND RETURN PAGE 2 OF THIS FORM. Customer Tenants must additionally provide a copy of their most recent electric bill.**

LANDLORDS -- **PLEASE READ, SIGN, AND RETURN PAGES 3 AND 4.**

FirstEnergy

# Ohio Partners for Affordable Energy

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

In consideration of the receipt and installation of weatherization materials or appliances through the Community Connections Program, I, the Customer homeowner/Customer tenant at the address below do hereby release, acquit, and forever discharge, FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and *East Akron Neighborhood Development Corp/Energy Services* and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), 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 the Providers, on account of, or in any way arising out of the work performed through the Community Connections Program.

I acknowledge that the electric efficiency and related measures are being installed on an **"AS IS"** basis, and that Providers DISCLAIM **ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed through the Community Connections Program is only an estimate and not a guarantee.

I authorize *East Akron Neighborhood Development Corp/Energy Services* to release to its designees related to the Community Connections Program, including without limitation, the local electric utility, representatives from the Public Utilities Commission, and Ohio Partners for Affordable Energy, information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

**Customer Homeowner/**
**Customer Tenant Name:**_____
(Signature)

**Print Name:**_____

_____
(Address)

_____
(City) (State) (Zip Code)

_____ Date:_____
(Customer Account Number)

FirstEnergy

# Ohio Partners for Affordable Energy

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

In consideration of the receipt and installation of weatherization materials or appliances through the Community Connections Program, I, the Property Over at the address below do hereby release, acquit, and forever discharge, FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and *East Akron Neighborhood Development Corp/Energy Services* and each of their respective officers, agents, employees, successors and assigns (collectively "Providers"), 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 the Providers, on account of, or in any way arising out of the work performed through the Community Connections Program.

I acknowledge that the electric efficiency and related measures are being installed on an **"AS IS"** basis, and that Providers **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy cost savings projected by Providers as a result of work being performed through the Community Connections Program are an estimate and n o t a guarantee.

I authorize *East Akron Neighborhood Development Corp/Energy Services* to release to its designees related to the Community Connections Program, including without limitation, the local electric utility, representatives from the Public Utilities Commission, and Ohio Partners for Affordable Energy, information about my energy accounts, my energy consumption patterns and photographs and descriptions of weatherization materials or appliances installed on the property at the address below and to allow reasonable access to my home to inspect the work performed.

**Property Owner Name:**_____

(Signature)

**Print Name:**_____

_____

(Address)

_____

(City) (State) (Zip Code)

Date:_____

FirstEnergy

# Ohio Partners for Affordable Energy

## Community Connections Program -- Property Owner Agreement

I authorize FirstEnergy Corp., its affiliates and subsidiaries, Ohio Partners for Affordable Energy, and *East Akron Neighborhood Development Corp/Energy Services* to release to 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.

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.

_____ I own the appliance (-- *Refrigerator, Freezer, Stove, Dryer - (plea se circle)* -- and agree to have them removed and replaced, and/or removed only as specified. I further agree to keep any replacement appliances in the rental property listed below for as long as the tenant remains there, or three years, whichever is longer. I also agree that if I sell the rental property, I will leave the appliances in the dwelling.

_____ I own the identified appliance(s) -- *Refrigerator, Freezer, Stove, Dryer - (please circle)* -- and agree to transfer the ownership of said appliance(s) to the current tenant at the below noted rental property address for the immediate purpose of replacement / removal and disposal / destruction. I recognize that any appliance provided as a replacement is being provided to the tenant and is their property.

In the event the property exceeds fifty (50) units and is master metered, I agree to pay fifty (50) percent of the cost of energy efficiency measures to *East Akron Neighborhood Development Corp/Energy Services*

_____

Property Owner (Print or type)

_____

(Street Address) (City) (State) (Zip)
Business or Personal Residence

_____

(Telephone Number) (E-Mail)

_____

Property Owner's Signature (Date)

_____

Name of Tenant (Print or type)

_____

Rental Property: (Street Address) (City) (State) (Zip)

EANDC

Improving neighborhoods, creating communities

# NO HEAT AGREEMENT

I, _____

Client Name

Who lives at _____

Client Address

understands that the most important concern of the HWAP program is my health and safety.

***Please initial on each line below after reading.**

_____ I agree that if an unsafe condition concerning the heating system which is hazardous to my health or potentially life threatening is found at my residence, I hereby grant permission to EANDC/Energy Services and its employees, contractors, subcontractors and all others to make my home safe if able.

_____ I understand that if a heating contractor or inspector finds a crack in the heat exchanger of my furnace or that the furnace, hot water tank or other appliance is leaking Carbon Monoxide into my home they can disable and shut the unsafe furnace or appliance down to keep me and those in my household safe.

_____ I understand that if my furnace is shut down I am responsible to contact EANDC/Energy Services and let them know of my no-heat status.

_____

Client Name (printed)

_____

Client Signature

_____

Date

# EANDC/ENERGY SERVICES

## ***Client Responsibility & Consent Form***

As a client of East Akron Neighborhood Development Corporation's (EANDC), I agree to the following responsibilities:

1. To cooperate with EANDC in development of your services and in delivery of those services.
2. To treat the EANDC staff and contractors in a respectful manner.
3. To provide to the fullest extent possible a physical environment free from threats to the personal safety of EANDC staff and contractors.
4. To notify EANDC at 330-773-2095 twenty-four hours in advance (except emergencies) if you will not be home for your scheduled appointment(s). The Energy Services office has voice mail so if it is after hours please feel free to leave a message. Lack of notification will void your application.
5. To ensure that there is no evidence of, or sighting of roaches, bugs, mice, rats, etc. in my home or service will be terminated.

---

I, _____ at _____
Client Name Client Address

give the East Akron Neighborhood Development Corporation and its representative's permission to share and receive information (verbally and written) as it relates to my case from potential resources for funding and other resources, which may be listed below:

_____

This information may consist of, but not be limited to, the following, which will be used for record keeping and statistical reasons:

* The status of my request for assistance
* The income eligibility of household members – including source and amount of all income
* Age, marital status and nationality/ethnic/racial background
* Handicap or disability of household members and home ownership
* Other pertinent information

I further give EANDC and its representative's permission for other identified and non-identified agencies, programs, etc., to work with EANDC in any matter requested.

I understand that by signing this form, I have been informed that the information shared, discussed, and/or released is personal and confidential to my particular case and for the assistance of identifying services in the community that may be useful to my household and me.

This consent agreement is effective now and through the term of this request for assistance. This is completely voluntary on my behalf.

**I HAVE REVIEWED AND UNDERSTAND THE CLIENT RESPONSIBILITY AND CONSENT STATEMENT.**

_____ _____
Owner Signature Date

_____ _____
Agency Signature Date

Rev 4/6/16

# Housewarming
# WEATHERIZATION PROGRAM

## TERMS OF SERVICES

DEAR CUSTOMER,

Dominion East Ohio (DEO) has implemented a Weatherization Program with the assistance of the Cleveland Housing Network, Inc. (CHN). This program is designed to provide residential assistance to increase the energy efficiency of dwellings owned or occupied by DEO income-eligible customers, reduce participants household energy expenditures and improve health and safety to eligible residences. All weatherization services will be provided by contractors of CHN. DEO will not be responsible for providing these services.

Before weatherization services can be provided, a trained and program-certified inspector under contract with CHN will visit your home to determine what weatherization services are needed. The inspection process may take several hours and the inspector must have clear access to the attic, living spaces, crawl spaces and basement.

**PLEASE TAKE NOTICE THAT IF THE INSPECTION REVEALS AN UNSAFE CONDITION, GAS SERVICE MAY BE DISCONTINUED UNTIL THE UNSAFE CONDITION IS CORRECTED**. Weatherization cannot be completed until all unsafe conditions are corrected.

After the inspection, the inspector will explain to you the work that needs to be done, will complete paperwork, and will contact the contractor(s) that will be doing the work on your home. The contractor(s) will then contact you to schedule an appointment to complete your weatherization work. Upon completion, the inspector will come back to your home and make sure that the work was done correctly. Your Dominion East Ohio gas usage and billing history, 12 months before and after weatherization, will be released to Cleveland Housing Network to evaluate the Housewarming Program.

**By my signature below, I have read and ACCEPT** the above terms and services provided by the Weatherization Program. In consideration of the receipt of an initial inspection, and the receipt and installation of weatherization materials, I hereby release, acquit and forever discharge Dominion East Ohio and its officers, agents, affiliates, 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 or may hereafter have, or that my heirs, executors or their administrators can or may have against Dominion East Ohio or their officers, agents, affiliates, employees, successors and assigns, on account of, or in any way relating to, the initial inspection and the weatherization materials provided, as well as the installation and use thereof. **If the home is not an owner occupied residence and a furnace installation is required, the landlord may be required to pay the cost of the installation, the Housewarming program will pay $500 or 50% of the cost, whichever is less.**

I understand and acknowledge that CHN and its contractors are providing and installing all weatherization materials, and that no weatherization services or materials will be provided by DEO. I further understand that all weatherization materials will be provided on an **"AS IS"** basis, and that Dominion East Ohio **DISCLAIMS ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION**. I also acknowledge that any energy savings projected as a result of the installation of weatherization materials are only an estimate.

I authorize Dominion East Ohio to release to its designees information about the gas account at this home and about weatherization materials installed on the property at the address below.

### Check one box.

☐ **Owner occupied residence** ☐ **Renter, landlord not applying** ☐ **Renter, landlord applying**

**Owner Information**

**Printed Name** _____

**Signature** _____

**Address** _____

**Phone** _____

**Date** _____

*Complete above, with landlord signature if gas customer is renting*

**Tenant Information**

**Printed Name** _____

**Signature** _____

**Address** _____

**Phone** _____

**Date** _____

*Complete above **ONLY** if gas customer is renting*

***PLEASE KEEP AND READ***

***EANDC/ENERGY SERVICES***
***RESIDENT APPEAL PROCESS***

The EANDC/Energy Services Appeal Process is used to respond to resident appeals in the cases of:

1. The application for service is denied; or
2. If the application is not processed (neither approved nor denied) within sixty (60) days, of the received date of the application, unless the delay resulted from the client's lack of cooperation or ability to proved the necessary information and documentation.

***RESIDENT APPEAL PROCEDURE***

**TIMEFRAME**

1. Residents are allowed up to sixty days (60) following notification of application denial to file a written appeal; or
2. An additional thirty (30) days, totaling ninety (90) days, after application has been received by our agency, and has not been processed within the ninety (90) days of received date, to file a written appeal.

**** All appeals must clearly identify the claimant (person making the complaint) ****

***APPEAL DECISION***

Claimants will be notified in writing, by our agency, of the appeals decision within twenty-one (21) days of the date the appeal made by claimant was received.

***FURTHER APPEAL/FORMAL HEARING***

1. Claimant wishing to further the appeal process is permitted up to ten (10) days to request a formal hearing. The request should be done in writing. The formal hearing provides full disclosure of file documentation and the claimant's rights of due process. EANDC/Energy Services is responsible for scheduling the formal hearing within twenty-one (21) days after a written request for a formal hearing has been received.
2. The hearing shall be held at a mutually convenient time and location.
3. A hearing officer will be appointed. The hearing officer that is appointed should not have been involved in the decision to be appealed.

***FINAL DECISION***

Claimants must be notified in writing of the decision made by EANDC/Energy Services within ten (10) days of the date following the formal hearing. All decisions at this level are ***FINAL***.

**** Written appeals must be addressed to the agency at the following address: ****

**EANDC/ENERGY SERVICES**
550 S. Arlington St
Akron, Ohio 44306
330-773-2095

Revised 4/7/16