



**Tallatoona Community  
Action Partnership, Inc.**



Thank you for your interest in the Weatherization Program!

*We serve the following counties: Bartow, Cobb, Floyd, Fulton, Gordon, Haralson, Paulding and Polk.*

Along with the application, there are other items needed to complete the application process and they are as follows:

- Copy of driver's license or state ID for head of household
- Copies of social security cards for all members living in the household
  - ✓ **All people living in the household must be listed on the application**
- Proof of income for each member living in the household
- Copies of most recent electric bill including 12 months consumption usage graph-kwh
- Copies of most recent gas bill including 12 months consumption usage graph - ccf
- If any member living in the household is over the age of 18 with no income, the Declaration of -0- Income form must be completed
- A signature is required in the areas that are marked "Applicants Signature"

Please mail the completed application along with the copies of the other items to Tallatoona CAP, Inc. P.O. Box 1480 Cartersville, GA 30120. If you need further assistance, please contact me at 770-382-5388 ext. 100.

Thank you,

A handwritten signature in blue ink that reads "Johnnie Mae Knowles".

Johnnie Mae Knowles  
Tallatoona CAP, Inc.  
Weatherization Assistant

## DEFERRAL STANDARDS

The decision to defer work in a dwelling or, in extreme cases, provide no weatherization services, is difficult but necessary in some cases. This does not mean that assistance will never be available, but that work must be postponed until the problems can be resolved. Crews and Contractors are expected to pursue all reasonable options on behalf of the client.

Deferral conditions may include:

- The client has known health conditions that prohibit the installation of insulation and other weatherization measures.
- The building structure or its mechanical systems, including electrical and plumbing, are in such a state of disrepair that failure is imminent and the conditions cannot be resolved cost-effectively.
- The house has sewage or other sanitary problems that would further endanger the client and weatherization installers if weatherization work were performed.
- The house has been condemned or electrical, heating, plumbing, or other equipment has been "red tagged" by local or state building officials or utilities.
- Moisture problems are so severe they cannot be resolved under existing health and safety measures and with minor repairs.
- Dangerous conditions exist due to high carbon monoxide levels in combustion appliances, and cannot be resolved under existing health and safety measures.
- The client is uncooperative, abusive, or threatening to Crew, Subcontractors, Auditors, or others who must work on or visit the house.
- The extent and condition of lead-based paint in the house would potentially create further health and safety hazards
- Illegal activities are being conducted in the dwelling unit
- Leakage from the roof on any part of the home.

### Weatherization Assistance Application

Agency Tallatoona Community Action Partnership, Inc.

Interviewer \_\_\_\_\_

Date     /    /    

Home phone \_\_\_\_\_

Applicant's name \_\_\_\_\_

Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Job number \_\_\_\_\_

City \_\_\_\_\_ GA, \_\_\_\_\_

**Income Information**  
**Source(s) of Income**  
(check all that apply)

- 1.  Supplemental Security Income (SSI)
- 2.  AFDC
- 3.  Wages
- 4.  No Income
- 5.  Self-Employment
- 6.  Social Security or Railroad Retirement
- 7.  Unemployment Insurance
- 8.  Pension or VA Benefits
- 9.  Other Public Assistance (LIHEAP)
- 10.  Other (specify) \_\_\_\_\_

Total Yearly Income of Entire Household: \$ \_\_\_\_\_  
Verification Attached? Y  N   
Eligibility Level \$ \_\_\_\_\_  
Eligible? Y  N   
Approved: Y  N   
Denied: Y  N   
Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Reason: \_\_\_\_\_  
Has dwelling been weatherized prior to September 1994? Y  N

**Signature of Agency Representative/Interviewer**

**Denial of assistance letter MUST be on file if applicable.**

**Household Information** (Duplicated count)

Number of Elderly (60 or older): \_\_\_\_\_

Number of Children 2 years or less \_\_\_\_\_

Number of Handicapped: \_\_\_\_\_

Number of Children 3 – 5 years \_\_\_\_\_

Number of Native Americans: \_\_\_\_\_

Number of Others: \_\_\_\_\_ List Ages \_\_\_\_\_

Number of Migrant/Seasonal Farmworkers: \_\_\_\_\_

Total Number in Household \_\_\_\_\_

Total Number of Elderly, Disabled or Young Children (Unduplicated count) \_\_\_\_\_

**Check All That Apply:**

House Type: Trailer  Wood Frame  Masonry  Other \_\_\_\_\_

Owned  Rented  Single Family Dwelling  Multi-Family Dwelling

Major Heat Source: Nat. Gas  LP or Bottle Gas  Electricity  Coal or Coke

Wood  Fuel Oil, Kerosene, etc.  Other (specify) \_\_\_\_\_

Air Conditioning: Central  No. of A/C Window Units  Roof Condition – Leaks? Y  N

Detailed of specific directions to dwelling \_\_\_\_\_

Condition of house (describe problems briefly): \_\_\_\_\_

**Applicant's signature**

I declare to the best of my knowledge the above information is true and this is an accurate statement of my total household income.

### CLIENT INFORMATION

COUNTY: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

MAIN PHONE #: \_\_\_\_\_

BUILDING TYPE: \_\_\_\_\_

ALTERNATE PHONE# \_\_\_\_\_

(own or rent: single family house, duplex, condo, townhouse, apartment, high rise)

STREET ADDRESS: (INCLUDE APT. #) \_\_\_\_\_

MAILING ADDRESS: (INCLUDE APT. #) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRIMARY HEATING SOURCE: \_\_\_\_\_  
(nat. gas, electric, propane or other)

CATEGORICAL ELIGIBILITY: \_\_\_\_\_

\*\*\*\*\*

#### CLIENT FAMILY INCOME

FAMILY MEMBER	INCOME TYPE	AMOUNT	FREQUENCY
#1.			
#2.			
#3.			
#4.			
#5.			
#6.			

#### CLIENT FAMILY MEMBER #1

LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_

DISABILITY: YES OR NO RACE: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
(9-12, HS grad, GED, 12+some college, 4yr college grad)

MEDICAL INS: MEDICARE, MEDICAID, PRIVATE, NONE (CIRCLE ONE)

EMPLOYMENT STATUS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(full time, part time, unemployed, retired, seeking work)

LANGUAGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
(never married, married, separated, divorced, widowed)

#### CLIENT FAMILY MEMBER #2

LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_

DISABILITY: YES OR NO RACE: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
(9-12, HS grad, GED, 12+some college, 4yr college grad)

MEDICAL INS: MEDICARE, MEDICAID, PRIVATE, NONE (CIRCLE ONE)

EMPLOYMENT STATUS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(full time, part time, unemployed, retired, seeking work)

LANGUAGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
(never married, married, separated, divorced, widowed)

APPLICANTS NAME:

**CLIENT FAMILY MEMBER #3**

LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_  
DISABILITY: YES OR NO RACE: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
(9-12, HS grad, GED, 12+some college, 4yr college grad)  
MEDICAL INS: MEDICARE, MEDICAID, PRIVATE, NONE (CIRCLE ONE)

EMPLOYMENT STATUS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(full time, part time, unemployed, retired, seeking work)  
LANGUAGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
(never married, married, separated, divorced, widowed)

**CLIENT FAMILY MEMBER #4**

LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_  
DISABILITY: YES OR NO RACE: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
(9-12, HS grad, GED, 12+some college, 4yr college grad)  
MEDICAL INS: MEDICARE, MEDICAID, PRIVATE, NONE (CIRCLE ONE)

EMPLOYMENT STATUS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(full time, part time, unemployed, retired, seeking work)  
LANGUAGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
(never married, married, separated, divorced, widowed)

**CLIENT FAMILY MEMBER #5**

LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_  
DISABILITY: YES OR NO RACE: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
(9-12, HS grad, GED, 12+some college, 4yr college grad)  
MEDICAL INS: MEDICARE, MEDICAID, PRIVATE, NONE (CIRCLE ONE)

EMPLOYMENT STATUS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(full time, part time, unemployed, retired, seeking work)  
LANGUAGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
(never married, married, separated, divorced, widowed)

**CLIENT FAMILY MEMBER #6**

LAST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SS#: \_\_\_\_\_  
DISABILITY: YES OR NO RACE: \_\_\_\_\_ EDUCATION: \_\_\_\_\_  
(9-12, HS grad, GED, 12+some college, 4yr college grad)  
MEDICAL INS: MEDICARE, MEDICAID, PRIVATE, NONE (CIRCLE ONE)

EMPLOYMENT STATUS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(full time, part time, unemployed, retired, seeking work)  
LANGUAGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
(never married, married, separated, divorced, widowed)

**Georgia Environmental Finance Authority  
Energy Resources Division  
Weatherization Assistance Program  
Authorization Form**

I, \_\_\_\_\_, have applied for weatherization assistance with \_\_\_\_\_ Tallatoona  
Name of Applicant Weatherization Agency  
CAP, Inc. on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date. I fully understand that this

authorization form is a part of the intake process and shall be completed before any weatherization work can be performed.

**For Owner Occupied Dwellings:  
Homeowner/Authorized Agent Certification**

I, \_\_\_\_\_, certify that I am the owner of the dwelling unit located at \_\_\_\_\_  
Owner/Authorized Agent  
\_\_\_\_\_. I do hereby authorize \_\_\_\_\_ Tallatoona  
Address Weatherization Agency  
CAP, Inc. to make energy related repairs\* and release Tallatoona  
Weatherization Agency  
CAP Inc. from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner.

\_\_\_\_\_  
Agent Representative Signature Owner Signature / / Date

**For Rental Occupied Dwellings:  
Renters Agreement**

I, \_\_\_\_\_, certify that I am the owner of the dwelling unit located at \_\_\_\_\_  
Owner/Authorized Agent  
\_\_\_\_\_. I do hereby authorize \_\_\_\_\_ Tallatoona  
Address Weatherization Agency  
CAP, Inc. to make energy related repairs\* and release Tallatoona  
Weatherization Agency  
CAP, Inc. from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner. I fully agree that following the completion of repairs the rent shall not be raised for a period of two years because of increased value of the dwelling unit **due solely** to weatherization assistance and understand that no undue or excessive enhancement shall occur to the value of the dwelling unit.

\_\_\_\_\_  
Agency Representative Signature Owner/Authorizing Agent Signature / / Date  
\* particulars may be attached

**Fuel Information Release**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to release  
Name Fuel Supplier  
information on my fuel records and data both past and future to Tallatoona CAP Inc.  
Weatherization Agency  
if requested. I understand that this information will be used only to provide data for the above named agency, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

\_\_\_\_\_  
Account Number Applicant's Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Date

**Georgia Department of Human Services  
ENERGY ASSISTANCE PROGRAM  
INCOME WORKSHEET/RENT VERIFICATION**

Applicant's Name \_\_\_\_\_  
(Same as item 4 EAP Application)

Total Number of People in Household \_\_\_\_\_  
(Must be same number as listed below)  
(Same as item 21 EAP Application)

**I. ATTACH COPIES OF VERIFICATION-CHECK STUBS, STATEMENTS, ETC.**

(1) NAME (List name of all household members)	(2) Social Security Numbers Of All Household Members	(3) MONTHLY INCOME	(4) Source List No. From Below	(5) DOCUMENTATION NOTE: Copies of verification or documentation of how income was verified must be attached
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**TOTAL MONTHLY HOUSEHOLD INCOME =** \_\_\_\_\_ **X 12 =** \_\_\_\_\_ **TOTAL YEARLY INCOME**  
(See income level chart)

**II. Are any household members receiving income from one or more of the following Sources**

	YES	NO		YES	NO
1. Wages or salary	<input type="checkbox"/>	<input type="checkbox"/>	10. Child Support	<input type="checkbox"/>	<input type="checkbox"/>
2. Net farm self-employment	<input type="checkbox"/>	<input type="checkbox"/>	11. Veteran's pensions	<input type="checkbox"/>	<input type="checkbox"/>
3. Social Security Pensions, survivors benefits & disability	<input type="checkbox"/>	<input type="checkbox"/>	12. Net non-farm self employment	<input type="checkbox"/>	<input type="checkbox"/>
4. Dividends, interest, royalties, (including rent)	<input type="checkbox"/>	<input type="checkbox"/>	13. Regular contributions	<input type="checkbox"/>	<input type="checkbox"/>
5. Public Assistance (TANF, SSI, MSS, GA)	<input type="checkbox"/>	<input type="checkbox"/>	14. Work Activity Payments	<input type="checkbox"/>	<input type="checkbox"/>
6. Pensions, annuities	<input type="checkbox"/>	<input type="checkbox"/>	15. Roomers	<input type="checkbox"/>	<input type="checkbox"/>
7. Unemployment compensation	<input type="checkbox"/>	<input type="checkbox"/>	16. Boarders	<input type="checkbox"/>	<input type="checkbox"/>
8. Workmen's compensation	<input type="checkbox"/>	<input type="checkbox"/>	17. (Other Specify)	<input type="checkbox"/>	<input type="checkbox"/>
9. Alimony	<input type="checkbox"/>	<input type="checkbox"/>			

(Additional calculations should be on the back of this form)

**III. Complete ONLY if rent includes utilities:**

**DOCUMENTATION**

(Note : How rent was verified must be entered or attached)

\_\_\_\_\_.00 Monthly Rent

**APPLICANT'S AFFIDAVIT**

I certify that I have declared all persons living in my household and have provided their correct income including wages, pensions and other benefits, contributions from relatives, child support, unemployment compensation and all income sources. I also authorize release of information to verify this income. If applicable, I further certify that I have declared my correct monthly rent, should that include costs for utilities/fuel usage.

Signature of Worker(s) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
(Witness of applicant's signature)



# Tallatoona Community Action Partnership, Inc.

## DECLARATION OF -0- INCOME

***\*To be completed if someone in home is over 18 yrs old with no income\****

I, \_\_\_\_\_, have been unemployed since \_\_\_/\_\_\_/\_\_\_ and do not have any source of income at this time.

The last place that I worked was: \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)  
\_\_\_\_\_ (city, state, zip code)

I am \_\_\_\_\_ a) not eligible for unemployment benefits. (state reason)  
\_\_\_\_\_  
\_\_\_\_\_

I am \_\_\_\_\_ b) eligible for unemployment benefits, but have not received a check yet.

I am unable to work because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My household expenses (food, utilities, rent, etc.) are currently being paid by:  
\_\_\_\_\_  
\_\_\_\_\_

Collateral Contact: Please list one non-relative not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

Name: \_\_\_\_\_ Phone (work): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (home): \_\_\_\_\_  
\_\_\_\_\_

I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the State of Georgia for all goods and services rendered to me during and under this program.

\_\_\_\_\_  
(Client's Signature) (Worker's Signature)

\_\_\_\_\_  
(Date) (Date)

Verified on date: \_\_\_\_\_ By: \_\_\_\_\_



TALLATOONA COMMUNITY ACTION PARTNERSHIP  
AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

\_\_\_\_\_  
Name of Client/Head of Household

\_\_\_\_\_  
Social Security Number

I hereby authorize Tallatoona Community Action Partnership, Inc. to obtain information from and/or release information to:

YES    NO

_____	_____	Employer
_____	_____	Social Security Administration (SSA)
_____	_____	Service Provider Listed: _____
_____	_____	Utility Company
_____	_____	Landlord/Mortgage Company
_____	_____	Department Family and Children Services (DFCS)
_____	_____	Child Support Enforcement
_____	_____	Department of Labor
_____	_____	Other: _____

All the information I hereby authorize to be obtained by this agency will be held strictly confidential and cannot be released by the recipient agency without my written consent. I understand that this information will remain in effect from the date of my signature for a period of one year, unless I revoke the authorization.

I understand that:

- The information will be obtained for the purpose of obtaining services and/or determining eligibility.
- I may, upon my request, see any information that is to be sent.
- My permission is voluntary and I may receive services whether or not I sign this form.
- Unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time by written, dated communication.
- This consent is to be used to obtain any above, noted information for any and all household members.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT

\_\_\_\_\_  
Signature of Client/Authorized Individual

\_\_\_\_\_  
Date consent is revoked by client

**GEORGIA WEATHERIZATION ASSISTANCE PROGRAM**

**Weatherization Assistance Application Form**

Agency:	TALLAPOOSA CAP INC.	Interviewer:	
Date:		Job Number:	
Applicant's Name:		Applicant DOB:	
Home Address:		Home/Cell Phone:	
City/Zip		County:	

**Income Information - Source(s) of Income**

<u>Type of Income</u>	<u>Check all that apply</u>	<u>Type of Income</u>	<u>Check all that apply</u>
Supplemental Security Income (SSI)		Railroad Retirement	
TANF		Pension	
Wages		VA Benefits	
No Income		Unemployment	
Self-Employment		Public Assistance (LIHEAP)	
Social Security		Other (Specify):	

**Household Demographics (Duplicated Count)**

Applicant's Date of Birth:		Applicant's Gender:	
Number of Elderly ≥ 60 years of age:		Number of Native Americans:	
Number of Children ≤ 2 years of age:		Number of Disabled:	
Number of Children 3-5 years of age:		Number of Seasonal/Farm Workers:	
Number Children 6-17 years of age:		Total Number in Household:	
Total Number of Elderly, Disabled or Young Children (Unduplicated Count):			

**At-Risk Occupant(s)**

Number of Elderly Persons (65 years or older):	
Number of Infants (2 years or less):	
Number of Person(s) Pregnant:	
Number of Persons with Health Condition(s) Exasperated by High/Low Temperature Conditions:	
Explain Health Condition(s):	

**Dwelling Demographics**

Site Built		Manufactured/Mobile Home		Multi-Family	
Primary Heating Fuel: (Natural Gas, Oil, Liquid Propane Gas, Electricity, Wood, Kerosene, other)					

Air Conditioning: (Window Units, Central AC, Portable)			
Roof Condition:			
Specific Issues:			
Owned: (yes/no)		Rented: (yes/no)	Other: (specify)
Is your residence currently For Sale, in Foreclosure or in the process of being Forclosed? (yes/no)			
<b>Landlord Information</b>			
Name:	Address:		
City:	State:	Zip Code:	Phone:
<i>I declare to the best of my knowledge the above information is accurate and is a true statement of my total household income.</i>			
Applicant Signature:			
<b>***FOR AGENCY USE ONLY***</b>			
<b>Eligibility Status</b>			
Eligible: (yes/no)		Unit Wx'd Prior to 9/30/1994: (yes/no)	
Approved: (yes/no)		Date of Approval/Denial:	
Denied: (yes/no)		Reason for Denial (keep on file):	
Household Total Yearly Income:		Eligibility Level/Threshold:	
Signature of Agency Interviewer:			