



**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,

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.

GEORGIA WEATHERIZATION ASSISTANCE PROGRAM			
Weatherization Assistance Application Form			
Agency:	TALLATOONA 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			
Type of Income	Check all that apply	Type of Income	Check all that apply
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 \geq 60 years of age:		Number of Native Americans:	
Number of Children \leq 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)			
Landlord Information			
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:			
FOR AGENCY USE ONLY			
Eligibility Status			
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:			

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: _____

LIST ALL MEMBERS

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

LIST ALL MEMBERS

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)

Pictures And Access To Home

In order to properly audit your home according to the State/DOE (Department of Energy) guidelines; we have to have access to every room of your home. This includes closets, under sinks, going in cabinets, entering crawl spaces and attics. We will also be documenting all these areas by taking pictures of the inside and outside of the home. If you don't agree with these requirements your home will be deferred at this time.

Please understand that we are not trying to invade your privacy. This is a mandate required by the State/DOE.

_____ I agree to the terms of the audit.

_____ I disagree to the terms of the audit.

Signature of Applicant

Date

Authorization and Acknowledgment

Tallatoona Community Action Agency Partnership Inc.
Weatherization Program (TCAP-Wx)

An appointment will be made by TCAP-Wx with the client to perform an energy audit. TCAP-Wx auditors upon entering your home will be wearing the following PPE, foot booties, face mask, and gloves. We will wipe with a sanitizing agent any hard surface area that we want to touch and when we are done, we will wipe it again. We will provide you with a face mask, if one is needed, when we explain the process or answer questions during the audit. You will be asked to sign some paperwork which we will give to you in a zip lock bag. You will sign these papers with your own pen and return them into the zip lock bag which we will sanitize both before giving to you and after you sign and return them to us. After the audit is finished, we recommend that you go behind us and sanitize any areas that we have touched even though we have sanitized them.

If your home has passed the audit and you are told that your home will be receiving Weatherization you will be notified by either TCAP weatherization crew or one of its subcontractors. They will be installing the energy conservation and health and safety measures in your home. They will set up a time when it is convenient for both you and them to do the work. Upon arrival they will be wearing all the PPE that the auditors were wearing plus depending on the job task may required additional PPE. They will also do an entry sanitizing and exit sanitizing each workday. Please allow them the space that is required to do the job safely. Social distancing of a minimum of 6 foot is required.

If at any time you or the crew workers feel that it is not safe with in the home environment, work will be stopped until the situation is remedied.

By reading this statement and signing it you acknowledge that all these safety measures are in place to provide you and the workers a safe environment to work in.

Please note: We will be taking Temperatures of all people at the house when we arrive and anyone who arrives at the house while we are there, with a non- contact digital thermometer. If the temperature exceeds 100.4 degrees F we will be deferring your house.

Sign _____

Date _____

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

I, _____, have applied for weatherization assistance with _____
Name of Applicant Tallatoona
Weatherization Agency
CAP, Inc. on ____ / ____ / ____ . I fully understand that this
Date
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 _____
Address Tallatoona
CAP, Inc. to make energy related repairs* and release _____
Weatherization Agency 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 _____
Address Tallatoona
CAP, Inc. to make energy related repairs* and release _____
Weatherization Agency 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 Tallatoona CAP Inc.
information on my fuel records and data both past and future to _____
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
(Witness of applicant's signature)

Date

Signature of Applicant _____ Date



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