

ENERGY EFFICIENCY PROGRAM APPLICATION

Name: _____ HIGH PIP:

Address: _____ Home phone: _____

Apt: _____ Ward: _____ Work phone: _____

City: _____ Other phone: _____

Zip code: _____ Social Security No: _____

Gas Account number:

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Illuminating Co. (CEI)
 Cleveland Public Power (CPP)

Electric Account number:

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Water Account number:

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*****YOU MUST INCLUDE: PROOF OF INCOME, A COPY OF A RECENT GAS, ELECTRIC, WATER BILL, AND PROOF OF HOMEOWNERSHIP *****

Do you own your home or rent? Own Rent Any handicapped persons in household? Yes No

Is this a single or multi-family home? Single Multi-family Age of home _____

If multi-family, how many units/apartments in the building? _____ Are you now on the PIP Program? Yes No

Have you received HEAP assistance in past 12 months: Yes No

Has your home ever been insulated or your heating system replaced through any Weatherization Assistance Program? Yes No If yes, which agency and when? _____

Please list all persons who live in your home, including yourself:

Name	Age	Name	Age
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Of the above listed members in your household, does anyone stay at home all day? Yes _____ No _____

Total gross annual income (include all incomes in household): \$ _____

I certify that the information given by me in this application is true to the best of my knowledge and I understand that this information is subject to verification. I understand that by signing this application, I authorize the Cleveland Housing Network, its representatives or designees to inspect and evaluate actual services provided to me, and to use any information provided on this form for that purpose. I understand that all work will be completed at no charge to me or my family.

Applicant signature: _____ Date: _____

OFFICE USE ONLY: Approved by (Name): _____ Date: _____

Approved by: Income _____ Heap _____ Verified: Specstar _____ Homeownership _____

HOMEOWNER AUTHORIZATION FORM FOR ENERGY EFFECIENCY PROGRAM

I CERTIFY THAT I AM THE HOMEOWNER OR AUTHORIZED AGENT FOR THE PROPERTY AT:

(Property address) _____

I certify that I give my permission to allow weatherization and/or energy conservation work to be done on my property listed above. I understand that all work will be completed at no charge to me or my tenant. I give my permission to have any necessary weatherization work performed, which will meet program standards.

HOMEOWNERS

NAME:

Print: _____

Signature: _____

HOMEOWNER'S

ADDRESS: _____

HOMEOWNERS

PHONE #:

Date: _____

Release of Billing Information: I request that the Cleveland Electric Illuminating Company, Dominion Gas and the Cleveland Water Department release copies of my utility bills for the preceding 13 months and for the next 36 months to CHN. This information will be used to evaluate the CHN Housewarming Program.

Energy Education: My installer informed me of ways to reduce my energy costs for gas, electricity and water and how to purchase efficient appliances. (S)He also told me how to use my monthly bill to monitor gas and electricity use and make energy saving choices.

Client Signature: _____

Date: _____

* Qualified, professional contractors complete all work.

NOTE TO THE HOMEOWNER: Inspector will determine if any of these actions apply to potential work to be performed at your property:

- ___ Lift exterior aluminum/vinyl siding in order to install wall insulation. There may be some minor bending of aluminum siding. Siding will be turned to as near original condition as possible.
- ___ Install carbon monoxide detector near sleeping area.
- ___ Test furnace and hot water tank for excessive carbon monoxide leaves. I understand the test results apply only for the day of the test.
- ___ Install wall insulation from inside by drilling into the interior wall surfaces. All holes will be patched and made ready for painting. (Not done in homes with children under 6 years old.)
- ___ Cut, lift or drill wood, wood shingle, asphalt or insulate brick siding. There may be some minor splitting or splintering of wood siding. Siding will be returned to as near original condition as possible.
- ___ Downgrade fuses/breakers. Install appropriate sized fuses or breakers for a trial period of at least 7 consecutive days. Insulation cannot be installed in homes without the proper size circuit protection. I understand that the fuses and breakers protect the wiring and that replacing a fuse or breaker with one of higher amperage than installed could be a fire hazard.
- ___ Install S-type fuses. I understand that these fuses can only be replaced with fuses of the same type and size.
- ___ Property vent roof by installation of roof, gable or soffit vents
- ___ Installment of attic insulation in floor.
- ___ Lift Siding to install dense pack insulation in walls.