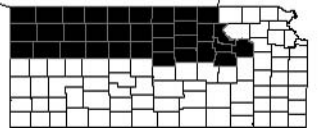


WEATHERIZATION ASSISTANCE PROGRAM

Cheyenne	Rawlins	Decatur	Norton	Phillips	Smith	Jewell	Republic	Washington		
Sherman	Thomas	Sheridan	Graham	Rooks	Osborne	Mitchell*	Cloud	Clay	Riley	
Wallace	Logan	Gove	Trego	Ellis	Russell	Lincoln	Ottawa	Dickinson	Geary	Wabaunsee
						Ellsworth	Saline		Morris	



North Central Regional Planning Commission
 109 N. Mill, P.O. Box 565
 Beloit, Kansas 67420

Operated By:
 The North Central Regional Planning Commission
 P.O. Box 565
 Beloit, Kansas 67420
 1-800-432-0303

An Equal Opportunity Program

INFORMATION ABOUT PROGRAM

The North Central Regional Planning Commission operates a Weatherization Program for lower income residents of Kansas, with special consideration given to the elderly, children, and the handicapped. The counties in the NCRPC service area include: Ellsworth, Saline, Lincoln, Ottawa, Washington, Jewell, Cloud, Republic, Mitchell, Clay, Geary, Riley, Morris, Wabaunsee, Dickinson, Wallace, Sherman, Cheyenne, Rawlins, Thomas, Logan, Gove, Sheridan, Decatur, Norton, Graham, Trego, Ellis, Phillips, Smith, Osborne, Rooks and Russell. Funding for this program is provided by the Department of Energy (DOE) and Low Income Energy Assistance Program (LIEAP).

Eligibility for the Weatherization Program is based solely on income; verification is required (i.e. tax returns, paystubs, unemployment, public assistance documents.) All weatherization work is done at no cost to the individual resident. If the dwelling is a rental unit, the landlord must sign a landlord release form before any materials will be installed.

WHAT WEATHERIZATION INCLUDES

Weatherization of home consists of the following:

- | | |
|---|---|
| <p>1. A pre-inspection to determine the amount of work necessary to weatherize the home, in addition to checking heating appliances for safety and efficiency.</p> <p>2. Furnaces found to be unsafe will be repaired, if possible, or replaced. air conditioners may be repaired or replaced. Inefficient refrigerators may be replaced.</p> <p>3. Infiltration work such as patching foundation, caulking and weatherstripping outside doors and windows; sealing/replacing broken glass.</p> | <p>4. Wall and attic insulation will be considered. This is dependent upon the condition of wiring, roof condition, the amount of existing insulation, type of wall construction and siding.</p> <p>5. Gable or roof vents will be installed as required.</p> <p>6. A final inspection will be conducted to determine if all the work has been completed.</p> |
|---|---|

TO APPLY FOR HOME WEATHERIZATION, FILL OUT THE ENCLOSED APPLICATION FORM AND RETURN IT TO THE NORTH CENTRAL REGIONAL PLANNING COMMISSION, P.O. BOX 565, BELOIT, KS 67420.

INCOME GUIDELINES

FAMILY SIZE	MAXIMUM INCOME
1	\$ 27,247
2	\$ 35,630
3	\$ 44,014
4	\$ 52,397
5	\$ 60,781
6	\$ 69,164
7	\$ 70,736
8	\$ 74,020
9	\$ 81,500

DOE DEFINITION OF INCOME

Refers to total cash receipts before taxes from all sources. These include money wages and salaries before any deductions. Income also includes net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). Income includes regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veteran's payments, training stipends, alimony, and military family allotments, private pensions, regular insurance or annuity payments; college or university fellowships and assistantships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

DOES NOT INCLUDE: child support, capital gains; any assets drawn down as withdrawals from a bank, the sale of

property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; foreign government restitution payments made to people because of their status as victims of Nazi persecution; Title V (Green Thumb) wages; JTPA training payments; educational scholarships and grants; or income for providing non-medical personal attendant care within the household, under Medicaid waiver. Also excluded are noncash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal noncash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance.

**KANSAS DEPARTMENT OF COMMERCE AND HOUSING
WEATHERIZATION PROGRAM APPLICATION FORM**

Name: _____ City: _____ Zip: _____
 Address: _____ County: _____ Age: _____
 Phone: _____ Alternate Phone: _____ # in Family: _____
 Own (), Rent () House (), Duplex (), Apartment (), Trailer ()

Directions (if needed) _____ Owner's Name: _____
 Address: _____
 City: _____ Tel # _____

 If a member of the household has received one of the following, during the past 12 months, then check only the one that is appropriate. SSI () TAF ()

NO APPLICATION WILL BE PROCESSED WITHOUT PROOF OF INCOME.

Total household income for the past 12 months is \$_____. By signing this application:
 (1) I authorize weatherization to be done by the North Central Regional Planning Commission (NCRPC), Beloit, Kansas; (2) I agree to provide access to my property and GRANT A WAIVER OF LIABILITY to the NCRPC, from any and all claims against the NCRPC's Weatherization Program arising from its presence on said property; (3) I certify that information given by me in this application is true to the best of my knowledge. I understand that I may be civilly and/or criminally liable under federal and state law for any knowingly false or fraudulent statements; and **(4) I understand that I may appeal the NCRPC's decision to deny or delay weatherization services, by writing this office, within (30) days of receipt of the decision. Your application will be reviewed by first the Weatherization Director, 2nd appeal will be made to the Executive Director of NCRPC, and 3rd appeal to the State Housing Director, Kansas Housing Resources Corporation.**

LIST ALL PERSONS LIVING IN HOUSEHOLD

Name	Age	Gross Income	Name	Age	Gross Income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signed Application?
Income Verification Included?

-----FOLD HERE & TAPE TOGETHER **DO NOT STAPLE**-----

Place
Stamp
Here

North Central Regional Planning Commission
 P.O. Box 565
 Beloit, KS 67420

_____"I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A ("amnesty aliens") or 210 (Replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986.

I understand the NCRPC may notify the appropriate utility company and the local housing authority in addition to myself if it discovers any physical condition which the NCRPC believes poses a threat to the safety of the household. I hereby give permission for this house to be weatherized.

 Client's Signature Date

RENTAL PROPERTY AGREEMENTS

(to be completed by house owner)

WALL INSULATION

(to be completed by house owner)

Owner's Name: _____
Address: _____
City: _____
Phone: _____

I give my permission for holes to be drilled in all the walls of my home (property) for installing sidewall insulation, and I understand that it will be my responsibility to paint the plugs used to fill these holes.

Owner's Signature Date

WEATHERIZATION WALK-AWAY POLICY

Weatherization staff is authorized to postpone or deny services to units under these circumstances:

Health & Safety:

1. Unsanitary conditions where health of staff or contractor(s) would be placed in jeopardy;
2. Threat of violence or personal safety to staff or contractor(s) is in questions;
3. Household member has a health condition which could be aggravated by weatherization;
4. Mold is found or excessive moisture conditions are present;
5. Source pollutants are found which would be aggravated by weatherization (e.g., moisture, friable asbestos, or radon).

Effectiveness:

1. Remodeling or rehabilitation is planned or in progress;
2. Condition of dwelling is too degraded for weatherization to be effective;
3. Home is condemned or scheduled for demolition;
4. Client does not cooperate with weatherization personnel and either refuses entry, inspection, or measures selected by audit.

WEATHERIZATION IS AN EQUAL OPPORTUNITY PROGRAM

(for statistical purposes only)

White____, Black____, Hispanic____, Native American____, Asian____, Pacific Islander____
Migrant____, Handicapped____

I, as owner of the residence located at _____,
_____, Kansas, hereby give permission to the North Central Regional
Planning Commission (NCRPC) to weatherize said residence within guidelines set forth by the
U.S. Department of Energy on January 27, 1984 in the Federal Register.

In return for weatherization of the aforementioned residence, I, as owner, agree to and understand
the following:

1. I agree to contribute any cost of materials and labor for heating and cooling appliance repairs or
replacements (if needed) in excess of \$250.00
2. I will not raise the rent on this property because of any improvements made by the NCRPC for a
period of one (1) year following completion of the weatherization work. I have the right to increase
the rent an appropriate sum if I do additional repairs at my own expense. The Legal Aid Society
is responsible for arbitrating landlord-tenant disagreements arising from weatherization activities.
3. Weatherization work planned for or underway may be terminated if the tenants making application
move from the residence or the house is sold.
4. The NCRPC may notify the appropriate utility company and the local housing authority in addition
to the tenant and myself if it discovers any physical condition which NCRPC believes poses a
threat to the safety of the tenant.
5. I hereby GRANT A WAIVER OF LIABILITY to the North Central Regional Planning Commission
(NCRPC), Beloit, Kansas, from any and all claims against the NCRPC's Weatherization
Program arising from its presence on said property.

Owner's Signature Date

Address

City

(for agency use)

Client Eligible ()

Client Ineligible: Over Income () Weatherized Previously ()

Agency Representative Date

Name: _____

Address: _____

City: _____

PRE-INSPECTION PROCESS AND CLIENT INTERVIEW

Questions pertaining to roofs, electrical systems, plumbing systems, and sewer systems are for data collection purposes only. These areas are not covered by weatherization. Questions in the area of weatherization will help to determine what work will be done to your home. **PLEASE FILL OUT THIS FORM AND MAIL TO NCRPC, PO BOX 565, BELOIT, KS 67420. THANK YOU.**

1. Do you own?_____, rent?_____

2. Type of structure: _____ Wood Frame _____ Stone
_____ Brick _____ Mobile Home

3. Size of structure: Story _____ Rooms _____
_____ 1 _____ (1-4)
_____ 2 _____ (5-8)
_____ 3 _____ (9-12)

4. Foundation: Type
_____ Basement _____ Crawlspace
_____ Slab

Condition
_____ Foundation appears to be good
_____ Small cracks in foundation
_____ Large cracks in foundation

5. Roof: Condition
_____ Does the roof leak?

6. Heating System:
Type _____ Fuel _____
_____ Space heaters _____ Natural gas
_____ Forced air _____ Electricity
_____ Stove _____ Propane
_____ Hot water heat _____ Wood/coal
_____ Other

Condition
_____ System appears to be in good condition
_____ System is functional, but very old
_____ Needs more runs

Are your fuel bills reasonable? _____ How much annually? _____ Are fuel bills included in your rent payment? _____ Any current mechanical problems? _____
Past problems? When, how, and who serviced? _____
Who checks the filter monthly? _____ How often cleaned or replaced? _____
Are any return air grills restricted? _____

Are any supply air registers restricted? _____
Is air flow and distribution of warm air equal throughout? _____
Are there unusual noises or odors when system is on? _____
Does system quick cycle or run a long time to produce desired temperature? _____
What is your desired room temperature? Summer _____ Winter _____ Tolerance _____

7. Comfort related:

How long have you lived in this home? _____
Drafts or cold rooms/areas? _____
Are there any hidden or not very noticeable holes or voids in walls or ceilings, such as in cupboards or closets? _____
Do you air condition in summer? _____ Central _____ Window _____ Leave in? _____
What rooms or areas do you isolate? _____
Do your water pipes freeze? _____ Where? _____
Do you use circulation fans? _____ Summer only _____ Summer and winter _____
What measures have you taken to increase your comfort? _____

8. Humidity/moisture:

Does moisture, frost, or ice collect on window glass: _____
Has dampness or mold ever been detected: _____ Where? _____
Is electric dryer vented outside? _____ Summer only? _____
Has foundation seepage, damp, or wet basement/crawlspace ever been a problem? _____
Do you have and use exhaust fans to control moisture problems? _____
Do you know how to control moisture problems? _____
Possible contributing factors: Internal _____
External _____

9. Lifestyle:

How many consistent occupants reside here? _____ Number of smokers _____ Pets _____
Do you ever use any other appliance for additional heat? _____
Kerosene _____ Range _____ Space heater _____ Electric _____ Dryer _____ Other _____
Do you think your (family's) habits help to raise or lower your fuel bills? _____

INSPECTOR NOTES/COMMENTS: _____

BLANK SPACES WILL INDICATE: NO REPLY, NOT APPLICABLE, UNKNOWN OR UNAVAILABLE INFORMATION. "Y" = YES, "N" = NO, "0" = NONE, "?" = UNSURE