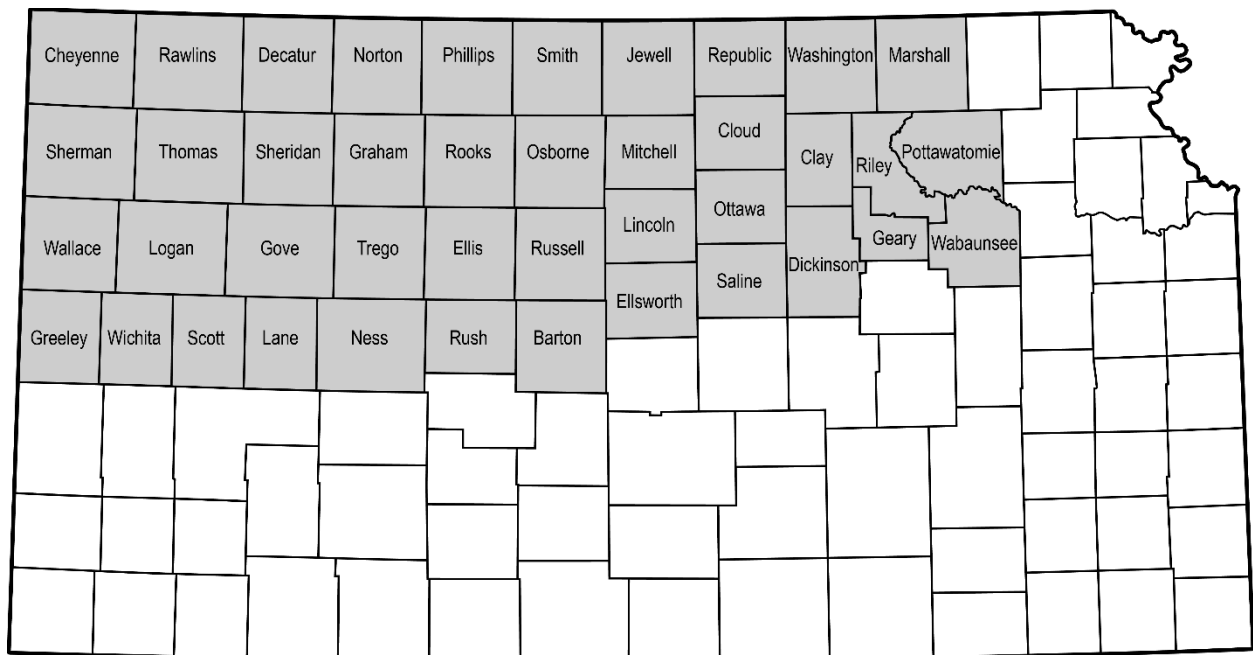


WEATHERIZATION ASSISTANCE PROGRAM



Serving Barton, Cheyenne, Clay, Cloud, Decatur, Dickinson, Ellis, Ellsworth, Geary, Gove, Graham, Greeley, Jewell, Lane, Lincoln, Logan, Marshall, Mitchell, Ness, Norton, Osborne, Ottawa, Phillips, Pottawatomie, Rawlins, Republic, Riley, Rooks, Rush, Russell, Saline, Scott, Sheridan, Sherman, Smith, Thomas, Trego, Wabaunsee, Wallace, Washington, and Wichita counties.

Operated by:
North Central Regional Planning Commission
PO Box 565
Beloit, KS 67420
Phone: 800-432-0303 or 785-738-2218
Fax: 785-738-2185 | **Email:** weatherization@ncrpc.org
www.ncrpc.org/services/housing/weatherization

An Equal Opportunity Program

Updated March 2023

INFORMATION ABOUT PROGRAM

The North Central Regional Planning Commission (NCRPC) operates a Weatherization Assistance Program that helps reduce energy costs for low-income households (see maximum income guidelines below) by increasing the energy efficiency of their homes, while ensuring their health and safety. The 41 counties in the NCRPC service area include: Barton, Cheyenne, Clay, Cloud, Decatur, Dickinson, Ellis, Ellsworth, Geary, Gove, Graham, Greeley, Jewell, Lane, Lincoln, Logan, Marshall, Mitchell, Ness, Norton, Osborne, Ottawa, Phillips, Pottawatomie, Rawlins, Republic, Riley, Rooks, Rush, Russell, Saline, Scott, Sheridan, Sherman, Smith, Thomas, Trego, Wabaunsee, Wallace, Washington, and Wichita. Funding for this program is provided by the Department of Energy (DOE) and the Low Income Energy Assistance Program (LIEAP). Eligibility for the Weatherization Program is based solely on income; verification is required (i.e. paystubs, unemployment, public assistance documents, and notarized statements). 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

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.
2. Furnaces found to be unsafe will be repaired if possible, or replaced. Inefficient refrigerators may be replaced.
3. Infiltration work such as patching foundation, caulking and weather-stripping outside doors and windows; sealing/replacing broken glass.
4. Wall and attic insulation will be considered. This is dependent upon the condition of wiring, roof condition, the amount of existing insulation, the type of wall construction and siding.
5. Gable or roof vents will be installed as required
6. A final inspection will be conducted to determine if all the work is completed.

DOE DEFINITION OF INCOME

This 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, government employee pensions (including military retirement pay), 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, payments for care of foster children, capital gains; any assets drawn down as withdrawals from a bank, reverse mortgages, 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. 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, housing assistance, combat zone pay to the military, and college scholarships.

| INCOME GUIDELINES | |
|-------------------|----------------|
| HOUSEHOLD SIZE | MAXIMUM INCOME |
| 1 | \$29,160 |
| 2 | \$39,440 |
| 3 | \$49,720 |
| 4 | \$60,000 |
| 5 | \$70,280 |
| 6 | \$80,560 |
| 7 | \$90,840 |
| 8 | \$101,120 |
| 9 | \$111,400 |

ITEMS TO SEND BACK TO NCRPC

1. Application pages 1-8
2. Proof of Income: please send what applies
 - a. Wages: send last 3-12 months of paystubs or a signed note from employer.
 - b. Social Security, Supplemental Social Security, or TANF: send recent award letter or bank statement showing deposit.
 - c. Self Employed or No Income: a notarized statement declaring income for the previous 12 months.
3. Proof of Ownership: please send a copy of your property tax statement, deed, title, or loan from the bank.

To apply for weatherization assistance, please complete the application and return to:

NCRPC, PO Box 565, Beloit, KS 67420

Fax: 785-738-2185 | Email: weatherization@ncrpc.org

You may keep this page for your informational purposes.

HOUSING RESOURCE CORPORATION WEATHERIZATION PROGRAM APPLICATION FORM

NAME _____ COUNTY _____

PHYSICAL ADDRESS _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ # OF PEOPLE LIVING IN HOUSEHOLD _____

PHONE # _____ ALTERNATE PHONE # _____ EMAIL _____

MARK ALL THAT APPLY: _____ OWN _____ RENT _____ HOUSE _____ DUPLEX _____ APARTMENT _____ TRAILER _____

DATE HOME WAS BUILT: _____ DIRECTIONS TO HOME, IF NEEDED: _____

OWNERS NAME _____ **PLEASE SEND PROOF OF OWNERSHIP**

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____

*****NO APPLICATION WILL BE PROCESSED WITHOUT PROOF OF INCOME*****

If a member of the household has received one of the following, during the past 12 months, please check what is appropriate:

_____ SSI _____ TANF

| LIST ALL PEOPLE LIVING IN THE HOUSEHOLD | | | | |
|---|-----|----------|------|--------------|
| NAME | AGE | HANDICAP | RACE | GROSS 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, KS.
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 review decision. Your application will then be reviewed by the Weatherization Director, and the result of the Director's decision will be mailed to you within (15) days of receipt of your letter.**

Eligibility Certification
(All Applicants read and sign)

I certify that there is at least one United States citizen or Qualified Alien who resides at the address listed on this application. Qualified Alien is defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Client Signature _____ Date _____

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 Signature _____ Date _____

WALL INSULATION

TO BE COMPLETED BY OWNER OF THE HOME

OWNERS NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
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 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 question
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 (i.e. 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.

RENTAL PROPERTY AGREEMENT

TO BE COMPLETED BY THE *OWNER* OF THE HOME *IF* THE HOME IS A RENTAL

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 the owner, agree to and understand the following:

1. 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. Their number is 800-383-0217.
2. Weatherization work planned for or underway may be terminated if the tenants making application move from the residence or the house is sold.
3. 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.
4. I hereby GRANT A WAIVER OF LIABILITY to the NCRPC, Beloit, Kansas, from any and all claims against the NCRPC's Weatherization Program arising from its presence on said property.

Owner Signature _____ Date _____

Client Signature _____ Date _____

(FOR AGENCY USE ONLY)

Client Eligible _____

Client Ineligible: Over income _____ Weatherized Previously _____

Agency Representative Signature _____ Date _____



FUEL INFORMATION RELEASE FORM

Applicant must fill out the rest of this page for application to be processed

HEATING FUEL SUPPLIER:

| | |
|-----------------|--|
| Company | |
| Company Address | |
| Account Holder | |
| Account Number | |

ELECTRIC SUPPLIER:

| | |
|-----------------|--|
| Company | |
| Company Address | |
| Account Holder | |
| Account Number | |

This release shall apply to the above energy providers and any subsequent energy provider(s) formed through merger or acquisition therewith.

Do you use the same supplier for both heating and electric? Yes ☐ No ☐

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies:
Kansas Weatherization Assistance Program, Low Income Home Energy Assistance Program, and North Central Regional Planning Commission

I understand that this information will be used only to provide data for the above named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

This Release shall apply for 3 years following the date of its execution.

Client Signature

Date

WEATHERIZATION INCOME TEST WORKSHEET

APPLICANT NAME _____ COUNTY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSTRUCTIONS:

Fill out this worksheet carefully. Mistakes *may* delay the processing of your application or result in your being ineligible for the weatherization program. **ALL** household members over 18 must submit proof of income. If an income source is not listed on the worksheet, enter the amount in the "Other Income" category and explain fully. Enter the TOTAL AMOUNT of income for the PAST TWELVE (12) MONTHS, from each of the sources, in the following blanks.

*****Supporting income verification must be mailed along with completed worksheet and application. Please send proof for each source of income including proof of no income. Proof should show the amounts earned for at least the past 3 months, up to each of the past twelve (12) months. If no income or self-employed, please complete the included "Statement of Income to Self-Certify" and be sure to have it notarized.***

| Source | Applicant | Household Member | Household Member |
|--|-----------|------------------|------------------|
| Gross wages, salary, and tips for work performed (before deductions). | \$ | \$ | \$ |
| Net self-employment income (gross receipts minus operating expenses) from non-farm business including rents. | \$ | \$ | \$ |
| Net self-employment income (gross receipts minus operating expenses) from farm business including rents. | \$ | \$ | \$ |
| Social Security payments for old age and retirements (including disability). | \$ | \$ | \$ |
| Veteran's retirement/disability payments. | \$ | \$ | \$ |
| NO INCOME | \$ | \$ | \$ |
| Alimony payments. | \$ | \$ | \$ |
| Income from public assistance aid to families with dependent children (automatically qualify). | \$ | \$ | \$ |
| Income from Supplemental Social Security (automatically qualify if SSI was received). | \$ | \$ | \$ |
| Income from Unemployment or Workmen's Compensation. | \$ | \$ | \$ |
| Other Income (i.e. interest, retirements, monthly insurance payments, etc.) | \$ | \$ | \$ |
| TOTALS | \$ | \$ | \$ |
| Total Household income (add all totals together) | \$ | | |

This income test worksheet is true and correct to the best of my knowledge and I am submitting the enclosed verification to support my figures.

Applicant Signature _____ Date _____

Statement of Income to Self-Certify:

This form can be used as proof of no income, self-employment, farm income, interest, royalties, and rental income.

If more than one member of the household needs to use this form, please make copies for each member that needs to use this form.

Instructions: To calculate income, use the previous 12 months. Do not take it straight from your tax return unless you are filling this form out in January. For example, if signing in October 2015, previous 12 months would be October 2014-September 2015.

 X Self-Employment Income- \$30,262.52 for previous 12 months

 No Income for previous 12 months

 Self-Employment Income- \$_____ for previous 12 months

 Farm Income- \$_____ for previous 12 months

 Interest- \$_____ for previous 12 months

 Royalties- \$_____ for previous 12 months

 Rental Income- \$_____ for previous 12 months

 Other _____ - \$_____ for previous 12 months

Client Signature: _____ Date: _____

Printed Name: _____

STATE OF KANSAS,

SS:

_____ COUNTY,

BE IT REMEMBERED, That on this _____ day of _____, before me, the undersigned, a Notary Public in and for the County and State aforesaid came _____, who is personally known to me to be the same person who executed the within instrument of writing and such person duly acknowledged the execution of the same.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my official seal the day and year last above mentioned.

Notary Public

My Appt. Expires:

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PRE-INSPECTION PROCESS AND CLIENT INTERVIEW

NAME _____ COUNTY _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

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 (TO THE BEST OF YOUR KNOWLEDGE) AND MAIL TO: NCRPC, PO BOX 565, BELOIT, KS 67420.**

1. Do you OWN _____ or RENT _____ ?
2. Type of structure: _____ Wood Frame _____ Stone
_____ Brick _____ Manufactured/Mobile Home
3. Size of structure: Story _____ Rooms _____
_____ 1 _____ (1-4) # of Bedrooms _____
_____ 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? (yes or no)
6. Heating System:

| <u>Type</u> | <u>Fuel</u> |
|----------------------|-------------------|
| _____ 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
_____ System needs more runs (vents or registers)

Are your fuel bills reasonable? _____ How much annually? _____ Are fuel bills included in your rent payment? _____

Any current mechanical problems? _____

Any 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? _____

Do you have any drafts or cold rooms or 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 are 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 the window glass? _____

Has dampness or mold ever been detected? _____ Where? _____

Is the electric dryer vented outside? _____ Summer only? _____

Has foundation seepage, damp or wet basement or 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 _____ Number of 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

PLEASE SUBMIT THE FOLLOWING:

1. Application pages 1-8
2. Proof of Income: please send what applies
 - a. **For Wages:**
 - i. send last 3-12 months of paystubs **or**
 - ii. signed note from employer **or**
 - iii. a paycheck detail report
 - b. **For Social Security, Supplemental Social Security, or TANF:**
 - i. send recent award letter **or**
 - ii. bank statement showing deposit
 - c. **Veterans Benefits or other Retirements:**
 - i. send recent award letter **or**
 - ii. bank statement showing deposit
 - d. **For Self Employed (Business/Farmers):**
 - i. A Notarized Statement declaring income for the previous 12 months
 - e. **For No Income:**
 - i. A Notarized Statement declaring income for the previous 12 months
3. Proof of Ownership: please send a copy of your property tax statement, deed, title, or loan from the bank.

Send completed application and supporting documentation to:

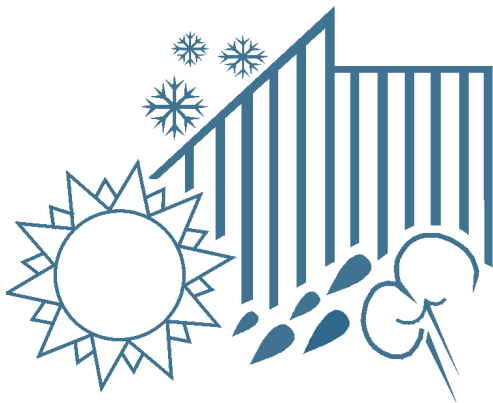
NCRPC
PO Box 565
Beloit, KS 67420

Fax: 785-738-2185 | **Email:** weatherization@ncrpc.org

North Central Regional Planning Commission
109 N Mill, PO Box 565
Beloit, KS 67420-0565

Weatherization
Assistance Program

North Central Regional Planning Commission



Weatherization
Works

North Central Regional Planning Commission
PO Box 565
Beloit, KS 67420-0565

Helping lower energy costs for
income-eligible households by increasing
the energy efficiency of their homes.

800-432-0303 | www.ncrpc.org