

# **KANSAS WEATHERIZATION ASSISTANCE PROGRAM**

Serving Barber, Chautauqua, Cowley, Elk, Harper, Kingman, McPherson, Pratt,  
Reno, Rice, Sedgwick, Stafford, and Sumner Counties

## **CLIENT APPLICATION**

Program provided by:

**SOUTH CENTRAL KANSAS ECONOMIC DEVELOPMENT  
DISTRICT, INC. (SCKEDD)  
200 W. Douglas, Suite 710  
Wichita, KS 67202**

Toll-Free: 1 (800) 658-1742

In Wichita, please call (316) 262-7035

<http://www.sckedd.org>



**EQUAL HOUSING  
OPPORTUNITY**

## INFORMATION ABOUT THE PROGRAM

The South Central Kansas Economic Development District, Inc. (SCKEDD) sponsors a Weatherization program for lower-income residents of Barber, Chautauqua, Cowley, Elk, Harper, Kingman, McPherson, Pratt, Reno, Rice, Sedgwick, Stafford, and Sumner counties.

Funding for this program is provided by the Department of Energy and the Department of Health and Human Services. It is administered through the Kansas Housing Resources Corporation.

## WHAT WEATHERIZATION INCLUDES

Each home is different so different measures are prescribed based on a multitude of factors. Weatherization work can (but may not always) include:

- A housing inspector will visit your home to provide a preliminary inspection. At this time, state-approved software is used to determine weatherization measures to be completed.
- Existing heating units receive maintenance/repair. Replacement may occur for efficiency or health and safety reasons.
- Glass is replaced on windows in which the glass has been broken or cracked. Caulking and/or weather-stripping of doors and windows will be done as needed. Insulation of hot water pipes, heat ducts, and water heater may be done as well.
- Attic ventilation and other carpentry measures designed to make the house more energy efficient.
- Wall and attic insulation will be considered. It will depend on the condition of the wiring and the roof, the amount of existing insulation, and the type of wall construction and siding.
- Gable, roof, or soffit vents will be installed as required.
- Finally, a final inspection will be conducted by a housing inspector to determine if all of the work has been finished and work has been completed in a professional manner.

## PROGRAM ELIGIBILITY

You are eligible to apply for this Program if you meet either of these criteria:

1. You or a member of your household has received either Temporary Assistance for Families (TAF) payments under Title VI-A, Supplemental Security Income (SSI) payments, or assistance from the Low Income Energy Assistance Program within the last 12 months.
2. The total gross annual income for your household does not exceed the following maximum levels based upon household size.

Family Size	Maximum Income (LIEAP)*	Maximum Income (DOE)*
1	\$14,937	\$22,980
2	\$20,163	\$31,020
3	\$25,389	\$39,060
4	\$30,615	\$47,100
5	\$35,841	\$55,140
6	\$41,067	\$63,180
7	\$46,293	\$71,220
8	\$51,519	\$79,260

\*The Weatherization program receives funding from two sources. Each source has a separate waiting list and a separate set of program features.

## INCOME VERIFICATION

To be eligible for the Weatherization Assistance Program, you must prove that you qualify based on one of the two criteria specified on the previous page. To do this, you and **every member of your household over the age of 18** must submit acceptable Proof of Income to our office. Use these guidelines to determine what is acceptable as Proof of Income.

1. If you receive **wages**, include one of the following:
  - a. A signed Employer Verification Form (enclosed), signed by you and your employer. Provide one form for each member of your household that receives wages.
  - b. Photocopies of all paycheck stubs for the most recent three month period. Enclose one set of paycheck stubs for each employer that you and/or any member of your household received wages from. Any paycheck stub you submit must disclose your gross wages.
2. If you are **self-employed**, you will need to provide a list or spreadsheet of all revenues and business expenses month-by-month for the most recent three month period. Your income for the purposes of this program will be your gross income minus your business expenses that are ordinary and necessary.
3. If you have collected **unemployment** compensation, send a dated printout from the Kansas Department of Human Resources (Labor) showing the amounts paid to you. If you do not have a dated printout, you may substitute an award letter that you have received within the last year.
4. If you have collected any **Workers Compensation** benefits, send a letter from your attorney listing all amounts that have been paid to you.
5. If you were paid any **interest**, include the three most recent bank statements that you have received or a transaction printout from your bank for the most recent year.
6. If you received **veteran's benefits**, include a letter from the Veteran Administration indicating how much you have received within the past three months. If no printout from the VA is available, you may substitute an award letter that you have received within the past year.
7. For **cash assistance**, include a dated printout from the Kansas Department for Children and Families (SRS) indicating the type and amount of benefits paid, month by month, for the most recent three month period.
8. If you received **Social Security or SSI**, include an eligibility letter that you have received within the past year. If you do not have an eligibility letter, you may substitute a printout from the Social Security Administration detailing the benefit payments you receive on a monthly basis.
9. For **any other source of income** not excluded below, include a short, signed and dated note from any third party or company, other than those mentioned above, from which you or any member of your household above the age of 18 earned or received within the past three month period. Your note must list the amount received for each month.
10. If you or any member over the age of 18 received **no income** from any included source, you must sign a No Income Affidavit (enclosed).

**NOTE: Failure to provide appropriate documentation of your income when you apply may result in a severe processing delay of your application.**

**Income, for the purposes of this Program, excludes:** 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; Also excluded are non-cash 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 non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

# Kansas Weatherization Assistance Program Application Form (Rev. 05/2013)

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### SOURCES OF INCOME AND ASSISTANCE FOR EVERYONE IN THE HOUSEHOLD

Check all types of income that were received by you and each member of your household over the age of 18 within the past 12 months. You must include proof of each type of income with this application.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Salary or Wages    | <input type="checkbox"/> Self-Employment      | <input type="checkbox"/> Interest or Dividends | <input type="checkbox"/> Rent or Royalties |
| <input type="checkbox"/> Unemployment       | <input type="checkbox"/> Worker's Comp.       | <input type="checkbox"/> Military Pay          | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Cash Assistance    | <input type="checkbox"/> Pensions & Annuities | <input type="checkbox"/> Social Security       | <input type="checkbox"/> No income         |
| <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Trust Distributions  | <input type="checkbox"/> SSI                   | (attach affidavit)                         |

### HOUSEHOLD COMPOSITION

List all persons **(including yourself)** currently living in your house and complete all fields on each member.

Full Name	Age	Disabled? (Y/N)	Type of Income?

### STATISTICAL INFORMATION

This data is used only for statistical purposes. SCKEDD or the Kansas Weatherization Assistance Program does not discriminate based on gender, race, ethnicity, or origin.

**Race of Applicant (check only one):**

- |  |  |
|--|--|
| <input type="checkbox"/> Caucasian (White)         | <input type="checkbox"/> Native American |
| <input type="checkbox"/> African American (Black)  | <input type="checkbox"/> Mixed Race      |
| <input type="checkbox"/> Hispanic                  | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Asian or Pacific Islander |  |

**Gender of Applicant (check only one):**

- Male
- Female

### DWELLING INFORMATION

Complete all the information below regarding the house to be weatherized under this Program. This must be the dwelling with the street address provided on the previous page and you must currently be living there.

<b>Dwelling Type (check one)</b>	<b>My house is:</b>	<b>I am a:</b>	<b>Construction Year:</b>
<input type="checkbox"/> Single Family House	<input type="checkbox"/> 1 Story	<input type="checkbox"/> Homeowner	_____
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> 2 Stories	<input type="checkbox"/> Renter	_____
<input type="checkbox"/> Duplex/Triplex/etc.	<input type="checkbox"/> 3 Stories	If a renter, you must complete the enclosed rental agreement	(approximate)
<input type="checkbox"/> Apartment	<input type="checkbox"/> Split-Level		

My house is scheduled for acquisition or clearance under a governmental agency?  
 My house has been weatherized before (If so, when? \_\_\_\_\_)  
 I am receiving help with my house from another agency. (Details: \_\_\_\_\_)

### Answer all of the following questions about your home (Yes or No)

<input type="checkbox"/> I have a working heat source	<input type="checkbox"/> My home is air conditioned
<input type="checkbox"/> I have a forced air furnace	<input type="checkbox"/> I have central air conditioning
<input type="checkbox"/> I have a wall furnace	<input type="checkbox"/> I have a window air conditioner
<input type="checkbox"/> I have a floor furnace	<input type="checkbox"/> I have mold in my house
<input type="checkbox"/> I have a space heater	<input type="checkbox"/> I am aware of lead paint existing in my house
<input type="checkbox"/> I have a wood burning stove	<input type="checkbox"/> I have a roof leak
<input type="checkbox"/> I have a wood burning fireplace	<input type="checkbox"/> I have a plumbing leak

### WALL INSULATION

Do you give permission for holes to be drilled in all the exterior walls of your home (or rental property) for the purpose of installing insulation into the side walls. If so, do you also understand that it will be your responsibility to paint the plugs used to fill these holes? Vinyl siding, if applicable, will be taken down and put back up after insulation has been completed.

Yes. I understand and give my permission:

No. I understand but do not give my permission:

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

### CITIZENSHIP CERTIFICATION

Initial one of the following options

I certify that every member of this household is a lawful United States Citizen.

I certify that any member of this household that is not a United States Citizen is an alien whose status has been adjusted to lawful temporary or permanent resident under section 245A (Amnesty Aliens) or 210A (Replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986. If you checked this option, please provide the names of those aliens:

\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT SIGNATURE

Read all of the following information before signing.

Once SCKEDD has received your application and verified your income to determine eligibility, you are placed on a waiting list to receive a preliminary inspection. When it is your turn, an inspector will contact you to set up a time for your inspection. The inspector will visit your home to gather the necessary information which must be entered into a computer program approved by the U.S. Department of Energy and the State of Kansas. This program provides SCKEDD with a list of approved measures designed to reduce the energy consumption of your home. Each house is inspected in a similar manner and input in the audit software in a similar manner. However, due to the inherent differences in each building structure, the energy audit software may approve different measures for each house. After inspection, an appointment is then set for a SCKEDD weatherization crew to arrive to perform the work that has been approved for your home. Before any work is started, the crew supervisor will go over the list of work items with the homeowner. If there are no objections, the crew will proceed with the work. In cases where the homeowner objects to having any work item performed, the crew supervisor will contact the project inspector to discuss the objection before any work is started. If the housing inspector determines that the item objected is required for your health and safety then we will be unable to do any of the items.

The services provided to you through the Kansas Weatherization Assistance Program provided by SCKEDD are intended solely to reduce the energy consumption needs of your household. SCKEDD receives a limited amount of money and the Weatherization program regulations and guidelines limit the use of grant funds to specific approved measures which have been shown to reduce energy consumption. The work is performed by SCKEDD staff or subcontractors who have received extensive training and experience in specific weatherization techniques. Please be advised that all weatherization work items are not intended to enhance or improve the appearance of the home.

If my application is approved, I authorize the weatherization of my home to be completed by this program and will provide reasonable access to my property as required by weatherization personnel. If I disallow reasonable access to my home I understand that my application will be deferred and any and all warranties on work items already performed will be void.

By signing below, I certify that I have read all information contained in this application and understand my rights and responsibilities as a client under the Kansas Weatherization Assistance Program. I also certify that the information given by me in this application is a true and accurate representation to the best of my knowledge. By signing this application, I understand that I may be civilly and/or criminally liable under Federal and State law for making any false or fraudulent representations.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Homeowner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if different from applicant)

### AFFIDAVIT OF NO INCOME

Each member of your household 18 years of age and older who has not received any income from any source other than excluded sources within the last year must complete this affidavit. For rules about what constitutes income, refer to the information below.

By signing, I certify under penalty of perjury that: (a) I am not presently employed, nor have been employed within the last year AND (b) I did not receive any income from any source within the past year except that which is excluded under the rules of this Program (displayed below).

Signature of Household Member	Printed Name	Date

**Income includes** money, wages, and salaries before any deductions; 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, veterans’ payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

**Income excludes** 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; Also excluded are non-cash 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 non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

## RENTAL PROPERTY AGREEMENT

If you are a renter, give this form to your landlord to sign. If you are a homeowner, disregard this page

I, \_\_\_\_\_ do hereby declare that I am the legal owner of the dwelling located at \_\_\_\_\_ in \_\_\_\_\_, Kansas, and that this dwelling is occupied by \_\_\_\_\_. I understand that my ownership of this property will be verified through a review of public records within the county Register of Deeds office.

I declare that I grant SCKEDD permission to weatherize the dwelling at the aforementioned address and to do whatever reasonable repairs are deemed necessary within guidelines set forth by the U.S. Department of Energy. I further declare that I shall forever save and hold SCKEDD, its agents, servants and employees harmless from all claims, dividends, costs, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed in, on or about the premises arising out of the service provided and shall defend SCKEDD in any action or proceeding brought about.

Additionally, I declare that SCKEDD is entitled to all salvageable materials that are replaced with new weatherization materials.

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 appliance repairs (if needed) in excess of \$250.00 (the Weatherization Program will pay the first \$250.00)**
2. I will not raise the rent on this property because of any improvements made by SCKEDD] 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. Contact your nearest Legal Aid Office: Legal Services of Wichita, 200 North Broadway, Suite 500, Wichita, KS 67202. (316) 265-9681
3. I will be required to allow the weatherization work to be continued if the client moves from the dwelling before the work scope has been completed. Access to the unit will be made available as needed to all weatherization staff, inspectors, contractors and crews to allow for completion of the work.
4. SCKEDD may notify the appropriate utility company and the local housing authority in addition to the tenant and myself it discovers any physical condition which SCKEDD believes poses a threat to the safety of the tenant.
5. I hereby GRANT A WAIVER OF LIABILITY to SCKEDD, Wichita, Kansas, from any and all claims against the Weatherization Program arising from its presence on said property.

Check and initial **one** of the following:

- I give permission for holes, approximately 2” wide, to be drilled in any or all walls, floors or ceilings for the installation of insulation materials, and understand that it will be my responsibility to apply the desired finish to the plugs used to seal the holes.
- I **do not** give permission for holes, approximately 2” wide, to be drilled in any walls, floors or ceilings for the installation of insulation materials, and understand that, as a result, insulation **will not** be provided.

\_\_\_\_\_  
Owner Signature                      Date

\_\_\_\_\_  
Tenant Signature                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip

\_\_\_\_\_  
City                      State      Zip



**EMPLOYMENT VERIFICATION FORM**

*If you receive wages, take this form to your employer to complete. You may submit paystubs for the most recent three month period in lieu of completing this form.*

**EMPLOYEE INFORMATION**

*To be completed by Applicant*

Applicant's Name and Address:

Your Employer's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**EMPLOYER INFORMATION**

*To be completed by the Applicant's employer*

Employee's Job Title: \_\_\_\_\_

Most Recent Regular-Time Wage: \_\_\_\_\_ per \_\_\_\_\_

(If an hourly wage, how many regular time hours per week on average? \_\_\_\_\_)

Most Recent Overtime Wage: \_\_\_\_\_ per \_\_\_\_\_

(If an hourly wage, how many overtime hours per week on average? \_\_\_\_\_)

Indicate additional compensation type and amounts, on average, per week (Including, but not limited to, tips, sales commissions, piece rate, or shift differentials)

\_\_\_\_\_  
\_\_\_\_\_

Has the employee received any pay increases within the past twelve months? If so, describe amount of increase and effective date:

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

Under penalty of perjury, I hereby attest that all information provided is correct to the best of my knowledge. I understand that all fields are to be completed and if there is a blank field I have indicated that the information is not applicable to the employee

Employee's Signature :

Date:

\_\_\_\_\_

\_\_\_\_\_

Employer's Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

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Weatherization Program  
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