

Free Weatherization

At No Cost to You!

If you qualify as a low-income household, we can help reduce your fuel bill, and make your home more comfortable and affordable year round.



What is the Weatherization Program?

The Weatherization Program is designed to improve energy efficiency and reduce your fuel bill. This is accomplished by performing the following.

- ✓ We perform diagnostic tests to evaluate areas of heat loss.
- ✓ We inspect, replace, or repair and install as needed attic and wall insulation, caulking around windows, weatherstripping of doors, and other measures to prevent heat loss.
- ✓ We perform indoor air quality checks such as testing for carbon monoxide, combustion air zones, and checking for back drafts.
- ✓ We inspect heating equipment for safe and efficient operation and insulate hot water heaters and pipes to prevent frozen pipe ruptures.

To obtain an application, please write or call:

Rappahannock Area Agency on Aging d/b/a Healthy Generations Area Agency on Aging
460 Lendall Lane
Fredericksburg, Virginia 22405

Phone: 540-371-3375
Fax: 540-371-3384
Email: info@raaa16.org

RAPPAHANNOCK AREA AGENCY ON AGING, INC. d/b/a Healthy Generations Area Agency on Aging

Dear _____

Thank you for your interest in the Virginia Weatherization Program. This program is designed to help lower fuel bills while conserving energy, and is free to those households that qualify by income. To determine your eligibility, complete the enclosed application and return it to our office, along with the owner agreement and directions to your home.

Please make sure the application is filled out completely.

Name: Include your full name and address, along with your phone number or a contact number.

Social Security Number: Provide your Social Security Number at the top of the page.

Household: Provide the total number of people who live in the home, and indicate the number of people who are physically disabled, elderly, mentally impaired, under age 18, and under age 6.

Income: *List all income for the household for the last 12 months*, including yourself and any other household member receiving wages, general assistance, TANF, pensions (veterans and others), or Social Security benefits (SSA, SSI and disability).

You must also provide documentation of your income. **WE CANNOT PROCESS YOUR APPLICATION WITHOUT DOCUMENTATION OF YOUR INCOME.** Documentation of income may consist of a letter from your employer, a letter from Social Security, copies of your pay stubs, or a copy of your Social Security check. If you have direct deposit, you can mail a copy of your bank statement or have the bank write a letter stating the amount that is deposited.

If you rent your home, check "rent" and provide your landlord's address and phone number. The landlord must also sign the owner agreement and provide 15% of the actual cost of the work (approximately \$975) prior to the work being done.

Directions: Provide detailed directions to your home. Please start your directions from major routes and include the names and route numbers of streets. Please describe your house and any landmarks.

Once the application is completed and approved, it will be added to our waiting list. **PLEASE KEEP IN MIND THAT WE HAVE A YEAR-ROUND WAITING LIST, TYPICALLY SIX (6) MONTHS OR LONGER.** If your application is incomplete, you will be notified in writing and given a deadline to complete the application. Please use the enclosed checklist. All of the information is needed for a complete application.

Virginia Weatherization Program
Client Application for Services/Eligibility Certification

*Rappahannock Area Agency on Aging d/b/a Healthy Generations Area Agency on Aging,
 460 Lendall Lane,, Fredericksburg, VA22405*

Phone: 540-371-3375 • Fax 540-371-3384

Name: _____ Date of Birth: _____
 Race: _____ SSN: _____ Age: _____ Phone:(____)-_____
 Address: _____ City/Co: _____ Zip: _____

Has your home been previously weatherized by Healthy Generations yes no. If yes, give date: _____
 What type of heat do you have? _____ Is your heat working properly? _____

Landlord's Name: _____ Phone:(____) _____
 Landlord's Address: _____ City/ Co: _____ Zip: _____

Rent: _____ Own: _____ Single Family: _____ Mobile Home: _____

#in Household: Total _____ Children(under 18): _____ (under 6): _____ Elderly(60 or older): _____

Mentally Impaired: _____ Physically Disabled: _____ Female Head of Household? Yes: _____ No: _____

How did you hear about us? _____ a friend _____ Comm. Action _____ Other
 (Please specify) _____

List **ALL** INCOME received by **ALL** Household Members living at this address:

<i>List of each Person in Household</i>	<i>Date of Birth</i>	<i>Source of Income</i>	<i>Income Amount</i>
<i>Total Income:</i>			

Eligibility Certification Low-Income Guidelines

Based on the information and documentation noted above, this applicant
 _____ is income eligible. Notification has or will be sent to applicant
 _____ is not income eligible. Notification has or will be sent to applicant

Applicant Certification

By signing below, I authorize the release of any information in support of the application. I certify that the above information is true, accurate, and complete to the best of my knowledge. I understand that providing false information may result in prosecution. I certify that all members of my household are United State citizens.

Signature: _____ Date _____

Rappahannock Area Agency on Aging d/b/a Healthy Generations Area Agency on Aging does not discriminate on the grounds of race, color or national origin under this program. Any individual who feels he or she has been discriminated against has the right to submit a complaint. Complaints may be submitted to Rappahannock Area Agency on Aging d/b/a Healthy Generations Area Agency on Aging, 460 Lendall Lane, Fredericksburg, Virginia 22405.

VIRGINIA WEATHERIZATION ASSISTANCE PROGRAM (WAP) OWNER

AGREEMENT

Agreement by Owner and/or Tenant:

The undersigned hereby certifies that he/she is the owner of the property located at _____
_____(street address, locality), and does hereby authorize the Virginia Department of Housing and Community Development (DHCD) and Rappahannock Area Agency on Aging d/b/a Healthy Generations Area Agency on Aging (Healthy Generations) to make repairs and improvements as necessary to the said property for the purpose of weatherization.

The Owner and/or Tenant hereby release and agree to indemnify and hold harmless DHCD and Healthy Generations, its staff and volunteer assistance, from any liability in conjunction with the performance of the repairs and improvements.

The Owner and/or Tenant authorize DHCD and Healthy Generations, if either so desires, to receive statements from the fuel supplier of the property as to the quantity of the fuel that has been used at the property in each of the past three (3) years and for the three (3) years subsequent to the performance of the weatherization work. The information would be used to determine the cost effectiveness of the weatherization program.

The Owner and/or Tenant agree to provide DHCD and Healthy Generations access to the property at reasonable times for the purpose of inspecting the work.

The Owner and/or Tenant certify that he/she intends to occupy the property for at least one (1) year after the date the weatherization work is completed.

The Owner and/or Tenant agree that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year.

The Owner and/or Tenant understands that he/she may request information as to the specific weatherization work to be done to the property prior to signing this agreement and agrees to the work to be performed as determined by DHCD and Healthy Generations.

Attorney's Fees:

In any action or proceeding involving a dispute between the parties arising out of this Agreement, the prevailing party shall be entitled to receive from the other party reasonable attorney's fees and costs as determined by any court of proper jurisdiction.

Additional Agreements by Landlord:

In consideration for the weatherization work to be performed on the property, the Landlord hereby agrees to the work being done. It is also understood that if the Landlord refuses to sign this agreement and cooperate fully in this matter, the tenant's application for weatherization services will be denied.

DIRECTIONS TO YOUR HOUSE

(include land marks)

CHECK LIST

_____ APPLICATION, *including signature at bottom of application*

_____ OWNER AGREEMENT, *including signatures at bottom of application*

_____ PROOF OF INCOME (we *cannot* process application without proof of income)

_____ PROOF OF OWNERSHIP (we cannot process application without proof of ownership)

DIRECTIONS TO YOUR HOUSE