



# Metropolitan Development and Housing Agency Weatherization Assistance Program

701 SOUTH SIXTH STREET H NASHVILLE, TENNESSEE H TELEPHONE (615) 252-8500  
MAILING ADDRESS: P.O. BOX 846 NASHVILLE, TENNESSEE 37202  
FAX (615) 252-8533



Dear Applicant:

Thank you for your interest in the Weatherization Assistance Program. Please complete an application and return all necessary paperwork as quickly as possible. Funding is limited. Applications will not be processed if items are incomplete or required documentation is not submitted. Enclosed is an application and list of all required documentation that must be submitted.

Below are a few facts about the weatherization process.

### Weatherization Facts:

If your home is attached to another home, your property is considered a multi-family property. In order for us to assist multifamily properties we must inspect and weatherize the entire structure at once. This will require your neighbor's permission and, in some cases, their applying and being approved for the program as well.

If we have previously assisted you through the weatherization program we may not be able to assist again. We are only allowed to weatherize a property every 15 years.

A full inspection will be conducted on the interior and exterior of your home. This inspection will include the attic and crawlspace. An excess of items in your home, crawlspace, or attic may hinder a full evaluation. Before your inspection, please ensure that these areas are clear of excessive items. If we are unable to conduct a full energy audit at the time of the inspection, we will deem your home a deferral until all items are cleared. Please be advised that if your home is deferred, other eligible homes may receive assistance and funding to assist with the weatherization of your home is not guaranteed.

Your home will be inspected before work begins and after work is completed and possibly while work is underway. In addition, your home may be selected for inspections for quality assurance purposes. You will be required to allow MHDA or its representatives to enter into your home to conduct inspections and weatherization work upon receiving notification from MDHA.

All weatherization work is warrantied for one year. If you find an issue or have questions, please call us at 252-8505 when the issue is noticed.

If you have questions please call me at 252-8452

Best Regards,

Rhonda Sweat  
Community Development Program Manager

## Weatherization Income Limits

Household Size	Maximum Income
1	\$ 24,980
2	\$ 33,820
3	\$ 42,660
4	\$ 51,500
5	\$ 60,340
6	\$ 69,180
7	\$ 78,020
8	\$ 86,860

\*For families with more than 8 persons, add \$8,840 for each additional person.



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## Documentation Needed

### ***Copy of any (1) valid government issued identification***

- Driver's license
- Identification (ID Only) license
- Military ID
- Certification of Citizenship

### ***Document of Citizenship (only 1 required)***

- Copy of Social Security Card
- US Passport
- Birth Certificate

### ***Verification of Legal Alien status***

- (2) Acceptable documents according to US Department of Homeland Security

### ***Proof of Residence (only 1 required)***

- Copy of Deed
- Mortgage Statement

### ***Verification of GROSS Income (Last 3 months) EVERYONE IN HOUSEHOLD OVER 18***

- Paystubs
- Social Security, SSI or SSDI (Award Letter)
- Verification of Unemployment
- IRS 1040 return (Self Employed)

### ***Copy of most recent NES or gas bill***

### **Sign all paperwork**

**Please have all zero income statements notarized**

**If applicable, signed Land Lord Release**

\*\*\*If claiming disability and you do not receive Social Security Disability, please provide proof of disability.

For more information regarding documentation needed, call 252-8500.

Mail or return to:  
MDHA Weatherization  
712 South Sixth Street  
Nashville, TN 37206

Fax to:  
615 252-8533

**WEATHERIZATION ASSISTANCE PROGRAM (WAP) APPLICATION FOR ASSISTANCE - PROGRAM YEAR 2018**

Application is not complete without applicant signature on page 2.

The applicant must provide proof of identity and citizenship with this application. A driver's license, passport, or other government issued document is acceptable proof

Has this home been weatherized under the WAP program since September 30, 1994 through any TN WAP Agency? (circle) Yes No

If yes, which agency provided assistance? \_\_\_\_\_

If yes, what was the monthly/year weatherization was performed? \_\_\_\_\_

For Agency Office Use Only

DATE APPLICATION RECEIVED: \_\_\_\_\_

DATE APPLICATION COMPLETED: \_\_\_\_\_

APPLICATION TYPE: WEATHERIZATION or RE-WEATHERIZATION

APPLICATION STATUS: APPROVED or DENIED

JOB # ASSIGNED: \_\_\_\_\_

Applicant Name (must provide first and last name): \_\_\_\_\_

Current Home Address: \_\_\_\_\_

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

County (current home address): \_\_\_\_\_

Telephone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_

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

Emergency/Alternative Contact (Name & phone #): \_\_\_\_\_

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT). USE ADDITIONAL PAPER IF YOU NEED MORE SPACE												
NAME (must provide first and last name)	MARITAL STATUS	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	RACE (Optional to Provide) White, Black, Hispanic, Asian/Pacific Islander, Native American, Native Alaskan, Other - define	Citizenship (Indicate if U.S. Citizen, Legal Alien, or Illegal Alien)	DOES HOUSEHOLD MEMBER RECEIVE REGULAR FINANCIAL ASSISTANCE FOR A PERMANENT DISABILITY?	HEALTH INSURANCE	INCOME	Has this person received Families First (Temporary Assistance for Needy Families) or SSI benefits within the last 12 months? Please mark yes or no
Applicant Name:												
Household Member:												
Household Member:												
Household Member:												
Household Member:												
Household Member:												
Household Member:												
Household Member:												

**DECLARATION OF DISABILITY** (Please use additional paper if more space is needed)

LIST THE NAME OF ANY HOUSEHOLD MEMBER WITH A DISABILITY BELOW, AND HOW IT WAS ESTABLISHED (Social Security Disability, SSI, VA, Vocational Rehabilitation, etc.):

FAMILY TYPE (check one)

- Single Parent Female
- Single Parent Male
- 2 Parent Household
- Single Person Female (no children)  Single Person Male (no children)  More

HOUSEHOLD TOTAL INCOME (Below list income information for applicant and all household members). Use additional paper if more space is needed.	
NAME	GROSS MONTHLY INCOME (provide proof of all income)
SOURCE OF INCOME	IF EMPLOYED, PROVIDE EMPLOYER'S NAME & ADDRESS

**HOUSING**

OWN     RENT    SQUARE FOOTAGE: \_\_\_\_\_    YEAR HOME BUILT: \_\_\_\_\_

ROOF CONDITION: (please circle) POOR    FAIR    GOOD  
EVIDENCE OF MOLD or MOISTURE:    YES    NO

IF OWNER OF HOME, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME (S) ON DEED: \_\_\_\_\_    TITLE # if MOBILE HOME: \_\_\_\_\_  
DEED BOOK: \_\_\_\_\_    PAGE: \_\_\_\_\_

IF RENTING, PLEASE PROVIDE THE FOLLOWING INFORMATION:

LANDLORD NAME (first and last): \_\_\_\_\_  
LANDLORD PHONE NUMBER: \_\_\_\_\_  
LANDLORD ADDRESS: \_\_\_\_\_

**TYPE OF HOME STRUCTURE (circle one in each column)**

FOUNDATION TYPE	BUILDING EXTERIOR	SINGLE OR MULTIFAMILY BUILDING TYPE
Crawl Space	Brick Exterior	Owner Occupied - Site Built
Slab	Vinyl Siding Exterior	Renter Occupied - Site Built
Basement	Wood Exterior	Mobile Home - Owner Occupied
Mobile Home Skirting	Concrete Exterior	Mobile Home - Renter Occupied
Other (describe below):	Other Exterior - Describe Below	Multi-Family - 2 TO 4 Units (enter total units in building: _____) Multi-Family - 5 or more units(enter total units in building: _____)

**Have you received assistance in the  
Low Income Home Energy Assistance Program (LIHEAP)  
since October 1, 2018?**

Please circle: YES or NO

**HEATING SOURCE: (Circle your primary source)**

ELECTRIC    NATURAL GAS    PROPANE    KEROSENE    WOOD  
FUEL OIL    COAL    OTHER

HOME ENERGY COSTS: \$ \_\_\_\_\_  
Utility Company Name: \_\_\_\_\_  
Utility Company Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Utility Company Name: \_\_\_\_\_  
Utility Company Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_

**Do any household members have any known or suspected  
health concerns that would be negatively impacted by  
weatherization work?**

Please circle: YES or NO

(PLEASE ATTACH STUBS, INVOICES, RECEIPTS, ETC FOR ALL ENERGY SOURCES IN THE HOUSEHOLD)

I CERTIFY THAT THE ABOVE ACCOUNT(S) IN THE NAME OF \_\_\_\_\_  
IS FOR THE USE OF MY HOUSEHOLD AND I AM RESPONSIBLE FOR ITS PAYMENTS.

IS THIS ACCOUNT IN YOUR LANDLORD'S NAME?    Y    or    N

NOTE: If the energy bill is not in a household member's name, you must provide proof you are responsible for payment of the bill.

**Applicant Certification:**

I certify that all of the information provided in this application for weatherization assistance is true and correct. I understand that any one who fraudulently covers up a material fact or who knowingly gives false information for the receipt of weatherization assistance is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five years, or both. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge that I have been informed of my appeal rights. I understand that I will be notified in writing of my eligibility status. Pursuant to federal law (5 United States Code 552(b)(6) and 10 Code of Federal Regulations 600.153(f)), identifying information provided by you for determination of your eligibility for Weatherization Assistance and for the provision of services from the program will be considered confidential and, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for purposes directly related to the administration of the Weatherization Program. I do \_\_\_\_\_ do not \_\_\_\_\_ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NO PERSON ON THE BASIS OF HANDICAP, RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN WILL BE EXCLUDED FROM PARTICIPATION IN, OR BE DENIED BENEFITS OF, OR BE OTHERWISE SUBJECT TO DISCRIMINATION IN THE OPERATION OF THE WEATHERIZATION PROGRAM.

**To Be Completed By Agency Staff Only:**

Total Children under age 6: \_\_\_\_\_  
Total Disabled Members: \_\_\_\_\_  
Total Age 60 yrs or older: \_\_\_\_\_

% OF ENERGY BURDEN: \_\_\_\_\_  
HIGH ENERGY BURDEN? YES \_\_\_\_\_ NO \_\_\_\_\_  
HIGH RESIDENTIAL ENERGY USER? YES \_\_\_\_\_ NO \_\_\_\_\_

TOTAL HOUSEHOLD MEMBERS: \_\_\_\_\_  
Total # Illegal Aliens in Household: \_\_\_\_\_

CATEGORICALLY ELIGIBLE? YES \_\_\_\_\_ NO \_\_\_\_\_

TOTAL ANNUAL HOUSEHOLD INCOME DETERMINED: \$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD ENERGY COSTS DETERMINED: \$ \_\_\_\_\_

SIGNATURE OF DETERMINING OFFICIAL: \_\_\_\_\_

DATE CERTIFIED: \_\_\_\_\_

# Homeowner Permission Weatherization Assistance Program

**Address:** \_\_\_\_\_

By signing below, I authorize:

1. I am the owner of the property listed above,
2. This residence is not currently for sale, nor is it designated for acquisition or foreclosure by federal, state or local programs.
3. The Local Weatherization Agency to make arrangements for weatherization activities, including:
  - The inspection of the interior and exterior of my home;
  - Photographs to document work;
  - The installation of weatherization materials as determined appropriate;
  - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
  - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
4. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
5. The Local Weatherization Agency to share information contained in my Weatherization Assistance Program application with agencies and/or programs for which I may qualify for additional services.

**Homeowner/Applicant:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Energy Bill Release  
Weatherization Assistance Program**

**Address:** \_\_\_\_\_

I authorize the release of information pertaining to my energy bills, both past and future, to my local weatherization agency or its designee for the purpose of obtaining data for the evaluation of energy conservation effectiveness. I understand that this information will be used only to provide data for the Program and the information obtained through this release shall not be made public in such a manner that the dwelling or occupants may be identified.

Energy Provider Name #1: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Energy Provider Name #2: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

Sign

Date

***If the Account is not in the Applicant's name, the Account holder must sign below:***

I certify that the energy bill at the above address is in my name but the Applicant listed above is responsible for payment of the entire bill. I understand that by signing this statement I am verifying the above named person's responsibility and acknowledge my acceptance of the agencies policies and procedures regarding the payment on this account.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notarized Self-Certification of Income Statement  
Weatherization Assistance Program**

**Address:** \_\_\_\_\_

**A:** I certify that during the period of \_\_\_\_\_ that I had the following income or employment:

Source	Amount	Frequency
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**B:** I certify that during the period of \_\_\_\_\_ I earned zero income.

**C:** I certify that the following household members 18 years or older have zero income:

Name: \_\_\_\_\_ has zero income as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ has zero income as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I further certify that I cannot obtain proof of this employment and the amount of money I received, and this is a true and complete statement to the best of my knowledge. I further understand that knowingly giving false information for the receipt of Weatherization Assistance Program benefits is liable upon conviction to a fine of \$10,000 or imprisonment for not more than five (5) years, or both.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Date subscribed and sworn to before me: \_\_\_\_\_

*NOTARY PUBLIC: My commission expires:* \_\_\_\_\_

*[Notary Seal:]*

\_\_\_\_\_  
*Signature of Notary*

\_\_\_\_\_  
*Printed/Typed Name of Notary*



# Statement of Support Weatherization Assistance Program

I certify that I provided the following support (check all that apply):

- Food
- Clothing
- Rent
- Gifts (Gifts are contributions of cash, goods, or services for basic necessities that are made without any commitment of repayment. Please specify gift): \_\_\_\_\_

To: (Applicant Name): \_\_\_\_\_

For the period of: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Support Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Renter Permission Weatherization Assistance Program

**Address:** \_\_\_\_\_

By signing below, I authorize:

1. The Local Weatherization Agency to make arrangements for weatherization activities, including:
  - The inspection of the interior and exterior of my home;
  - Photographs to document work;
  - The installation of weatherization materials as determined appropriate;
  - Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work.
  - I understand the warranty is one year of workmanship with materials being covered by manufacturers' warranties only.
2. The Local Weatherization Agency to share my information with The State of Tennessee, Tennessee Housing Development Agency, Tennessee Valley Authority, and the U.S. Department of Energy, or their representative, for the purpose of evaluating the Program's effectiveness as a result of services provided.
3. The Local Weatherization Agency to share information contained in my Weatherization Assistance Program application with agencies and/or programs for which I may qualify for additional services.

**Applicant/Tenant:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Landlord Agreement (Single Family) Weatherization Assistance Program

**Address:** \_\_\_\_\_

This Agreement is for the provision of work under the Weatherization Assistance Program for the property located at the address above. The Owner/Authorized Agent agrees to the following conditions:

1. The benefits of the weatherization assistance provided shall accrue primarily to the lessee;
2. The rent for the property shall not be raised for a period of one year from the completion date of the weatherization work, unless the increase is demonstrably related to matters other than the weatherization work performed. This rent freeze remains in place for a period of one year from date of completion of the weatherization work, even if the applicant no longer resides in the property;
3. The lessee will not be evicted without legal cause (non-payment of rent, etc.) for a period of one year from the date of the completion of the weatherization work;
4. If a complaint regarding a rent increase or eviction action is received by the Agency, the Owner/Authorized Agent agrees to immediately provide the Agency, upon request, written information that the terms of this Agreement have not been violated;
5. No undue or excessive enhancement shall occur to the value of the property identified above;
6. There is no known plan for government acquisition or clearance of the property within 12 months of receiving weatherization work;
7. Permission is granted for the Agency to conduct or to make arrangements for weatherization work to take place, including, the inspection of the interior and exterior of the home, the installation of weatherization materials as authorized by the weatherization agency, access to the home for the inspection of completed work;
8. In the event the property is sold, the new owner shall be bound by the terms of this agreement;
9. The terms of this Agreement shall be binding on the parties hereto, their heirs, executors, administrators, representatives, successors and assigns;
10. If this Agreement is not adhered to the cost of the weatherization improvements shall be reimbursed by the Owner/Authorized Agent to the Agency.

**Owner/Authorized Agent:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Mailing Address