

**SENCA Weatherization Assistance Program**  
**Serving Cass, Johnson, Nemaha, Pawnee, Otoe, Richardson and Sarpy counties**

**CLIENT APPLICATION PACKET**

**FREE Weatherization to your home!!** If you own your home it is 100% FREE to you. It is also free if you rent, but your landlord will be responsible for the furnace and/or hot water heater repairs.

**Will I Qualify?** If your household annual gross income does not exceed the maximum levels of state income guidelines based upon household size, then yes. If anyone in your household has received either Temporary Assistance for Needy Families (TANF), Aid to Dependent Children (ADC), Supplemental Security Income (SSI), or Utility Assistance from HHS in the past year you may be automatically eligible.

**Investing in People to Build Strong Communities....**In 1975, SENCA started Weatherizing homes of eligible households, with an emphasis being placed on the homes of the elderly, persons with disabilities, and homes with small children. The goals of the weatherization Program are to save energy, reduce heating and cooling costs, to improve the physical comfort and the health and safety of households served.

**Nebraska's Weatherization Program...** If you are approved for weatherization services, your home will be evaluated to identify the most effective energy and dollar saving improvements which can be made. The amount of money that can be spent on each home is limited so all of the improvements listed may NOT be made in each home. Typical improvements include attic, wall, or floor insulation, heating source efficiency inspections, and air infiltration reduction measures.

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**ELIGIBILITY CRITERIA:**

Eligible applicants are served according to priority ranking and date of application with the oldest application in each priority ranking being served first. Income limits included.

**PRIORITY RANKINGS ARE AS FOLLOWS:**

- 1. ELDERLY PERSONS OVER 60 YEARS OF AGE**
- 2. PERSONS WITH DISABILITIES**
- 3. FAMILIES WITH CHILDREN UNDER 6 YEARS OLD**
- 4. HIGH RESIDENTIAL ENERGY USERS**
- 5. HOUSEHOLDS WITH A HIGH ENERGY BURDEN**

You will be notified by letter of your eligibility status. If you are accepted, due to the lengthy waiting list currently on file, there may be a time lapse between your acceptance to the program and contact by SENCA to set up an appointment for the inspection. This time lapse could be up to one year or more depending on your county of residence.

**NOTE:** Our Weatherization Program requires that all applicants on the waiting list be recertified annually, therefore, due to the possibility of a lengthy waiting list, we may request proof of gross income after this time to determine if you remain within the income guidelines to continue the process of assistance.

**ITEMS THAT MUST BE ATTACHED!!**

**Incomes** – Anyone over the age of 18 must include incomes. Paystubs showing gross income (last 4 months), Social Security, SSDI, or SSI letters, (**WE CANNOT EXCEPT BANK STATEMENTS OR 1099'S**), LIHEAP letter (utility assistance received within the last 12 months)

**Proof of ownership**

**Copy of utility bills** (most current)

**NMIS form** shall be filled out by anyone in the household who is 18 yrs or older.

**CONTACT INFORMATION:** Southeast Nebraska Community Action Partnership (**SENCA**). Please contact/email Gin Christiansen (402) 862-2411 x110, 802 4<sup>th</sup> Street, Box 646, Humboldt, NE 68376 or email [gchristiansen@senca.org](mailto:gchristiansen@senca.org).

Family Size	200%
1	\$29,160
2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120



# Checklist for Determination of Approval

**FORM  
WX12**

Agency: BVCAP   CAPLSC   CAPMN   CNCAP   HFHO   NENCAP   NWCAP   SENCAP

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Client Name: \_\_\_\_\_ Job Number: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## CHECKLIST FOR WEATHERIZATION DETERMINATION FACTORS FOR APPROVALS

Make sure you have the following forms and documents before beginning a weatherization project.

- NA
- Signed Weatherization Application Form
  - Completed and Signed Basic Intake Form
  - Copy of Proof of Home Ownership (Deed, Taxes, or Mortgage Stub)
  - Copy of the Mobile Home Title
  - Home Information Survey (Client Questionnaire Form WX13)
  - Copy of Assistance Letter from Dept. of Health and Human Services (Energy Assistance or ADCX/TANF)
  - Completed Landlord Agreement/Permission
  - Income Verification
    - Most recent Social Security or SSI Letter
    - Last 3 months of pay stubs
    - Unemployment Compensation Letter
    - Copy of Social Security Award Letter (SSA, SSDI, or SSI) (For everyone in the household at the time of request)
    - Copy of Your Federal Tax Return (Self-Employment Verification Only)
    - Verification of Any Other Monthly Benefit Amounts (Example: VA pension, retirement/pensions, rental income, 401k, unemployment benefits etc.)
    - Zero Income Verification Form (WX16)

Note: Households with persons receiving either ADC (Aid to Dependent Children) or Supplemental Security Income (SSI) are automatically eligible for free weatherization.

- Completed U.S. Citizen Attestation Form WX15 (Required for all adults in the household)
- Copy of Most Recent Utility Bills With Account Numbers (Natural Gas & Electric)
- Historical (Section 106) Check
- Other: \_\_\_\_\_

## SIGNATURES

**Sign Here** \_\_\_\_\_ Weatherization Representative \_\_\_\_\_ Date

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



**SENCA**  
**SOUTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP, INC**  
**802 4<sup>TH</sup> STREET, PO BOX 646**  
**HUMBOLDT, NE 68376-0646**  
**1/888-313-5608 OR 1-402-862-2411 EX 110**



Please complete all information and submit the proper supporting documentation. Omitting information will cause delays in processing this application

**1. APPLICANT INFORMATION:**

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ TELEPHONE# \_\_\_\_\_ EMAIL \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Do you own or rent? \_\_\_\_\_

**2. HOUSEHOLD INFORMATION:** How many members in Household? \_\_\_\_\_

TYPE OF HOME: Single family \_\_\_\_\_ Multi-family \_\_\_\_\_ Mobile Home \_\_\_\_\_ Apartment/Duplex \_\_\_\_\_

TYPE OF SIDING: Brick/Stucco \_\_\_\_\_ Vinyl \_\_\_\_\_ Wood \_\_\_\_\_ Aluminum/Steel \_\_\_\_\_

NAME	DATE OF BIRTH	AGE	SOCIAL SECURITY #	GENDER	RACE	HISPANIC Y/N	DISABLED Y/N	VETERAN Y/N	EDUCATION LEVEL	HEALTH INSURANCE Y/N
(SELF)										

**3. LANDLORD INFORMATION: (if applicable)**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**4. FUEL INFORMATION:**

PRIMARY FUEL SOURCE: NATURAL GAS \_\_\_\_\_ ELECTRIC \_\_\_\_\_ PROPANE \_\_\_\_\_ WOOD \_\_\_\_\_ FUEL \_\_\_\_\_ OTHER \_\_\_\_\_

TYPE OF FURNACE: Forced Air \_\_\_\_\_ Boiler \_\_\_\_\_ Wall Furnace \_\_\_\_\_ Floor Furnace \_\_\_\_\_ Vented Space Heater \_\_\_\_\_

GAS FUEL SUPPLIER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ELECTRIC FUEL SUPPLIER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Have you received Utility Payment Assistance in the past 12 months from DHHS? YES \_\_\_\_\_ NO \_\_\_\_\_

**5. INCOME INFORMATION:**

HOUSEHOLD NAME	INCOME SOURCE	GROSS AMOUNT	HOW OFTEN PAID?

**TERMS AND CONDITIONS:**

I hereby grant SENCA, State, and Federal Program personnel permission to inspect my home to ensure Weatherization Assistance Program compliance.

I give SENCA permission to weatherize my home in accordance with Weatherization Assistance Program guidelines and Nebraska Department of Environment & Energy State Plan.

**CIVIL RIGHTS STATEMENT:**

No person will be denied or discriminated against in connection with any program or activity receiving federal financial assistance from the U.S. Department of Energy because of race, color, national origin, age, sex, or disability.

**ACCESS TO RESIDENCE/CONDITIONS:**

I agree and understand the Nebraska Department of Environment & Energy Office staff, Weatherization agency staff, contractors, and subcontractors to enter my home during business hours and on a reasonable schedule. I agree to have an adult, age 19 years or older, present in the home at any and all times that the aforementioned persons are performing work.

My signature below authorizes the Nebraska Department of Environment & Energy Office staff, Weatherization agency staff, contractors, and subcontractors to enter my home as needed to perform energy audits, weatherization work, and inspections of weatherization work and such persons will not be held liable for any injury or expense incurred by me while participating in this program.

I agree to allow my home to be photographed for pre-work and post-work documentation.

I understand that in order to weatherize my home or rental property, holes may be drilled in walls (outside and/or inside) to install insulation. I understand holes will be plugged as part of the weatherization service, but that it is my responsibility to paint the plugs used to fill these holes. I also understand that older vinyl or other siding may be damaged during this process.

**CLOSING CERTIFICATION:**

My signature verifies that I intend to reside in the home being weatherized for a minimum of one year from the date of completion of work. My signature also verifies this residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal, state, or local programs within 12 months from the date of work completion, and has not been weatherized in the last 15 yrs.

Upon completion of work, I give permission for the contractor, subcontractor, weatherization agency staff, the Nebraska Department of Environment & Energy Office staff, and federal officials to inspect that work.

Assistance with SENCA Weatherization Program is free of charge and that no lien or debt will be levied against me or my property. However, I understand that if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible OR if I refuse access to the property at any time during the work and completion process, I will be responsible for re-payment of any and all services provided up to the date of access denial.

All information given will be kept in strict confidence and will not be made public in a manner that the dwelling or occupants may be identified. I certify the information provided will be used solely for the purpose provided, and that it will be kept confidential in accordance with the provision of the Privacy Act of 1974 subject to the above limitations. I understand that I may be fined, imprisoned or both under state or federal law if I make false statement on this application in order to get benefits that I am not eligible to receive.

My signature below indicates that I have read, understand, and agree to the conditions of this application

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONFIDENTIAL**

**ORIGINAL APPLICATIONS ONLY NO COPIES OR FAX ACCEPTED**

**HEAD OF HOUSEHOLD BASIC INTAKE INFORMATION**

**DISABILITY**

Do you have a Disabling Condition? YES \_\_\_\_\_ NO \_\_\_\_\_

Disability Type? Physical \_\_\_\_\_ Developmental \_\_\_\_\_ HIV/Aids \_\_\_\_\_ Chronic Health Condition \_\_\_\_\_  
Mental \_\_\_\_\_ Alcohol \_\_\_\_\_ Drug \_\_\_\_\_ Alcohol/Drug \_\_\_\_\_

Disability condition long term? YES \_\_\_\_\_ NO \_\_\_\_\_

**INSURANCE:** YES \_\_\_\_\_ NO \_\_\_\_\_

Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ VA Benefits \_\_\_\_\_ Employer Provided \_\_\_\_\_ Private \_\_\_\_\_ Other \_\_\_\_\_

**CHILD SUPPORT** Do you receive Court Ordered Child Support? YES \_\_\_\_\_ NO \_\_\_\_\_

**DOMESTIC VIOLENCE OCCURRED** Within 3 months \_\_\_\_\_ 3-6 \_\_\_\_\_ 6-12 \_\_\_\_\_ Over 1yr \_\_\_\_\_ Refused \_\_\_\_\_

**MILITARY STATUS** Veteran \_\_\_\_\_ Active Military \_\_\_\_\_ No Military \_\_\_\_\_

**LIVING SITUATION**

Number of times in the past 3 years on Street, Emergency Shelter or other Shelter? \_\_\_\_\_

Total number of Months Homeless in \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

**DISABILITY**

Do you have a Disabling Condition? YES \_\_\_\_\_ NO \_\_\_\_\_

Disability Type? Physical \_\_\_\_\_ Developmental \_\_\_\_\_ HIV/Aids \_\_\_\_\_ Chronic Health Condition \_\_\_\_\_  
Mental \_\_\_\_\_ Alcohol \_\_\_\_\_ Drug \_\_\_\_\_ Alcohol/Drug \_\_\_\_\_

Disability condition long term? YES \_\_\_\_\_ NO \_\_\_\_\_

**INSURANCE:** YES \_\_\_\_\_ NO \_\_\_\_\_

Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_ VA Benefits \_\_\_\_\_ Employer Provided \_\_\_\_\_ Private \_\_\_\_\_ Other \_\_\_\_\_

# Utility Consumption Information Release

Agency: BVCAP    CAPLSC    CAPMN    CNCAP    HFHO    NENCAP    NWCAP    SENCA

### COMMUNITY ACTION PARTNERSHIP CONTACT INFORMATION

Household Applicant: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

### UTILITY COMPANY INFORMATION

I certify that I am the owner/tenant of the property at:

\_\_\_\_\_  
Location Address

and I hereby authorize the following utilities to release information regarding my fuel bills, both past and future, to:

\_\_\_\_\_  
Community Action Agency Name

the Nebraska Department of Environment and Energy (NDEE) and the U.S. Department of Energy (DOE).

Natural Gas Company/Supplier: _____	Account Number: _____
Electric Company/Supplier: _____	Account Number: _____
Propane/Fuel Oil Company/Supplier: _____	Account Number: _____

**Attach a copy of your latest fuel bill for each company/supplier listed above.**

### SIGNATURES

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

Household Applicant Name: \_\_\_\_\_

Utility Account Holder Name: \_\_\_\_\_

Household Applicant's Signature: ► \_\_\_\_\_ Date \_\_\_\_\_

Utility Account Holder's Signature: ► \_\_\_\_\_ Date \_\_\_\_\_

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# United States Citizenship Attestation Form

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Client Name: \_\_\_\_\_ Job Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## CERTIFICATION OF CITIZENSHIP

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I hereby attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal *Immigration and Nationality Act*. In addition to this Form, I have included a current and legible copy of the front and back of one or more of the available USCIS forms, (listed below), required for verification.

1. I-327 (Reentry Permit)
2. I-551 (Permanent Resident Card)
3. I-571 (Refugee Travel Document)
4. I-766 (Employment Authorization Card)
5. Certificate of Citizenship
6. Naturalization Certificate
7. Machine Readable Immigrant Visa (with Temporary I-551 Language)
8. Temporary I-551 Stamp (**on passport or I-94**)
9. I-94 (Arrival/Departure Record)
10. Unexpired Foreign Passport (**must include an I-94**)
11. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
12. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Date of Birth \_\_\_\_\_ USCIS/Alien No. \_\_\_\_\_

Document Number \_\_\_\_\_ (ie. Certificate of Naturalization)

Card Number \_\_\_\_\_ (ie. Permanent Resident/Employment Authorization Card)

## SIGNATURES

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

Print Name First, \_\_\_\_\_ Middle, \_\_\_\_\_ Last \_\_\_\_\_

Sign Here Signature \_\_\_\_\_ Date \_\_\_\_\_

# United States Citizenship Attestation Form

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Client Name: \_\_\_\_\_ Job Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## SIGNATURES

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

Print Name First, \_\_\_\_\_ Middle, \_\_\_\_\_ Last \_\_\_\_\_

Sign Here Signature \_\_\_\_\_ Date \_\_\_\_\_





**SOUTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP**  
**Release of Information Statement**

I give the Southeast Nebraska Community Action Partnership (SENCA) staff permission to verify and/or share the information provided in my application for assistance in order to determine assistance eligibility. False information may mean my application for assistance will not be approved.

Verification and inquiries that may be requested include, but are not limited to:

- |                                  |   |
|----------------------------------|---|
| Residences and Rental Activity   | Employment, Income and Assets           |
| Credit and Criminal Activity     | Payment History                         |
| Medical and Child Care Allowance | Counseling or support services utilized |
| Financial Assistance Activity    | Medical Information                     |

The groups or individuals that may be asked to release the above information includes, but is not limited to:

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| Previous & Current Landlords          | Law enforcement Agencies         |
| Past and Present Employers            | Welfare Agencies                 |
| Credit Providers and Credit Bureaus   | Medical and Child Care Providers |
| State Unemployment Agencies           | Support and Alimony Providers    |
| Schools and Colleges                  | Veterans Administration          |
| Social Security Administration        | Utility Companies                |
| Banks and Financial Institutions      | Domestic Violence Shelters       |
| NE Homeless Assistance Program        | Courts                           |
| Department of Health & Human Services |                                  |

In summary, I understand that my signature authorizes:

- 1) use of this information to determine if I am eligible for services,
- 2) release of information about my background and current situation as it relates to the assistance I've applied for and/or any other services and referrals that I may be eligible for,
- 3) permission for demographic information to be used for statistical reports,
- 4) release of information regarding the following child/children \_\_\_\_\_ and,
- 5) release of SENCA staff or its representative from any and all liability by asking for information from any person.

My signature also verifies that I have received information about obtaining Child Support and an offer of assistance in obtaining said child support.

Client Authorizing Signature	Date	Expires
Co-Client Authorizing Signature	Date	Expires
SENCA Staff Signature	Date	

As an applicant for SENCA services, you do not have to sign this release of information. However, you improve the services and options available to you by allowing SENCA staff to discuss your situation with other needed agencies or individuals. You can void this release by submitting a written request at any time during the 12 months that this release is valid.

Southeast Nebraska Community Action Council handles all information with the strictest of confidentiality. Access to personally identifiable Protected Health Information (PHI) will be restricted to only those staff members who "need to know" this information in order to properly conduct and administer SENCA programs. Access to such information will be in full compliance with the Health Insurance Portability and Accountability Act (HIPAA). No PHI will be released or disclosed to any SENCA affiliate or other third party without the express written consent of the individual concerned.



# State of Nebraska Weatherization Assistance Program Weatherization Client Questionnaire

**FORM  
WX13**

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Inspector Name:	Date:	Job Number:
Client Name & Address:	City:	Phone Number:

### INSPECTION REQUIREMENTS

Question	Yes	No	Remarks
1. Does your home have broken glass in windows and doors?			
2. Does your home have foundation problems?			
3. Do you have a basement or a crawl space?			
4. Is the outside of your home free of debris so that a contractor could work on your home?			
5. Does your roof leak or is there physical damage to the inside from a roof leak?			
6. Is the access to windows, doors, attic etc. free on the inside of your home?			
7. Are you in the process of remodeling or do you plan on remodeling your home in the near future?			
8. Are any parts of your ceilings, walls or floors incomplete or in need of repairs?			
9. Do you have any broken or leaking water or sewer lines?			
10. Does water leak/stand in the basement or crawlspace?			
11. If mobile home, is the underbelly free of debris and/or standing water?			
12. Have you noticed mold/mildew growing on windows, walls or in corners?			
13. Do you use your attic for storage?			
14. Does your furnace work?			
15. Are any utilities turned off by the utility companies?			
16. Do you have pets in the house?			
17. Do you have any type of wood, pellet, corn stove, or fire place?			
18. Is the home listed for sale or do you have any knowledge of Federal, State, or Local program designation of your home for acquisition or clearance?			

### BUILDING DETAILS

19. Water heater:  Gas  Electric

20. Cook stove:  Gas  Electric

21. Do you have a:  Breaker  Fuse box

22. Heating system:  
 Forced Air  Steam  Water Boiler  Vented Console  
 Wall Furnace  Wood Stove  Electric Baseboard  Unvented Heater

23. Cooling system:  Central Air  Window A/C

24. If window air conditioning is used, how many do you have?  
 1  2  3  4

21. Is there a sump pit in your home?  
 YES  NO

22. Does your home have an active radon mitigation system installed?  
 YES  NO

22. I understand that the decisions concerning material type and quantity shall be the responsibility of the Agency providing the service. The determination for the type of work to be implemented on your home is solely based on the completion of an inspection and an energy audit that assesses how much money can be saved with implementation and work provides a cost-effective savings-to-investment ratio (SIR).

### SIGNATURES

**Sign Here** Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Weatherization Representative \_\_\_\_\_ Date \_\_\_\_\_

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# Zero Income Verification

Agency:  BVCAP  CAPLSC  CAPMN  CNCAP  HFHO  NENCAP  NWCAP  SENCA

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## CERTIFICATION OF ZERO INCOME

### (1) I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- a. Wages and salaries from any type of employment (including commissions and fees)
- b. Income from the operation of a business (self-employment – Avon, Mary Kay, etc.)
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits
- f. Unemployment benefits
- g. Net gambling or lottery winnings
- h. Alimony
- i. Educational grants and/or scholarships or veterans benefits available for subsistence after deducting expenses for tuition, fees, and books
- j. Regular monthly cash contributions from an outside source (ex-husband, father, mother, brother, sister, aunt, uncle, etc.) to assist with monthly debt

(2) In the past months when you say you have had minimal, or no income, how did you pay for rent, utilities and other necessities? \_\_\_\_\_

(3) Do you receive any contributions that are not explained above?  Yes  No  
If yes, explain: \_\_\_\_\_

(4) Did you file a Federal Income Tax Return last year?  Yes  No

## SIGNATURES

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

Print Name First, \_\_\_\_\_ Last \_\_\_\_\_

Sign Here Applicant Signature (zero income household member) \_\_\_\_\_ Date \_\_\_\_\_

Witness my hand and notarial seal on \_\_\_\_\_  
Date \_\_\_\_\_

Sign Here Signature of Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

**(This form must be completed by an individual 19 years or older who resides in the property)**

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