



## **Tampa Hillsborough Action Plan** *Weatherization Assistance Program*

Thank you for your interest in the Weatherization Assistance Program. The mission of our program is to provide low-income families with the opportunity to improve the energy efficiency of their home and help reduce the electric bill. We are not a "home makeover" or "Fixer Upper" organization. Our goal is to perform minor improvements and repairs to the home to lower kilowatt usage, help keep you safe and healthy as well as save you money.

Once we have received your completed application and documents, your name will be added to our waiting list to receive services. When your name is pulled to our Energy Audit List, A home energy audit will be conducted on your home. Some of the areas we will specifically evaluate includes, ductwork, attic insulation, water heater, leaky windows and doors, and other areas where air could infiltrate. Once the problem areas are determined, steps will be taken to have these issues corrected by a licensed contractor.

Included in this mailing is the application packet we spoke about on the phone. **Please fill out the highlighted sections only, sign and date the application at the bottom. If your application is not signed, or if all requested documents are not enclosed, your application will be considered incomplete.**

We cannot begin the qualification process until you have returned the application and all documents we requested.

**Due to the number of families on our waiting list, it may take some time before an inspection can be scheduled.**

*All work completed on your home is free of charge to you as a service from the State of Florida and the United States government. Thank you for your patience.*

## **Tampa Hillsborough Action Plan** **Weatherization Assistance Program**

*The mission of this program is to reduce the monthly energy burden on low-income households by improving the energy efficiency of the home and ensure healthy indoor air quality.*





<p>Keep copies of your application and documents</p>
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## WEATHERIZATION ASSISTANCE PROGRAM

### Documents Requested to Apply

Dear Applicant:

Thank you for your interest in the Weatherization Assistance Program. For over 10 years we have been serving Hillsborough and Polk Counties helping residents save money on electric bills and assisting them to improve their quality of life. In order to apply for participation in the Tampa Hillsborough Action Plan's Weatherization Assistance Program, the following items are required for application:

#### **COMPLETE THE WEATHERIZATION APPLICATION FORM:**

If you have questions on any part of this application, please call our office at (863) 519-4444, and we will be glad to assist you.

**1. Send PHOTO COPIES:** Photo Identification or Driver's License of every adult living in the home. Please provide a copy of Social Security cards for everyone living in the home. Please black out the first five numbers of your social security card.

**2. PROOF OF INCOME:** Please include documentation of income from the previous **3 Months**, including pay check stubs, showing YTD **gross** income. (Seven (7) check stubs if paid biweekly, Thirteen (13) if paid weekly.

Current Social Security Award/benefit letters, Supplemental Security Income Benefit letter, retirement, pension, etc. (Not income tax documents or bank statements), OR send a letter from your employer on company letterhead. Income verification must show gross YTD. This must be provided for everyone living in the home. If you do not generate an income please request a Self-Certification document. This document Must be notarized.

If you are claiming disability of any kind, please be sure to send documentation to support your claim. This could be disability award letter, letter from a doctor or handicapped parking placard.

**3. PROOF OF HOME OWNERSHIP:** Property tax receipt, deed or mortgage agreement for site built home or a copy of the title if it is a mobile home. **IF YOU ARE A RENTER:** Completion of a *Landlord/Tenant Agreement* (provided by our agency) by the owner of your home.

**4. COPY OF A CURRENT ELECTRIC BILL:** Please provide a copy of the most recent electric bill that shows kilowatt hours. This bill cannot be a "final bill" that only shows amount owed.

*If you received assistance paying your utility bill within the last year, through LIHEAP, EHEAP funds etc. Please include the document.*

The items listed above are required for successful application to our program. Please deliver the above items, either by mail or in person to:

Weatherization Assistance Program  
6645-2 So. Florida Ave.  
Lakeland, FL 33813

Once we have received all the required paperwork and your application is approved, you will be added to our waiting list and an assessor will contact you to set up an appointment.

**WEATHERIZATION ASSISTANCE PROGRAMS**

**CLIENT INTAKE FORM**

AGENCY NAME:	Tampa Hillsborough Action Plan, Inc.	ADDRESS	5508 N. 50th Street Tampa, FL 33610	JOB NO:	
CLIENT NAME:			OWNER'S NAME:		
SOCIAL SECURITY # (last 4 digits)			PHONE NO.:		
UNIT ADDRESS:			MAILING ADDRESS:		
CITY:		ZIP:		COUNTY:	
LANDLORD AGREEMENT YES/NO /NA			OWNERSHIP PROOF (source):		Year Built:

**INCOME ELIGIBILITY:** Must include annual income for **ALL** household members.

Type of Income:	Client	Others in household
A. EMPLOYMENT		
B. UNEMPLOYMENT COMPENSATION		
C. SOCIAL SECURITY		
D. SUPPLEMENTAL INCOME (SSI)		
E. RETIREMENT		
F. T.A.N.F.		
G. OTHER (Type)		

<b>TOTAL HOUSEHOLD INCOME \$ &gt;</b>		<b>&lt;-- Annual</b>		<b>&lt;-- Monthly</b>
<b>Main Heating Fuel</b>		<b>Utility Company</b>		

<b>TOTAL # OF PEOPLE</b>	----->		<b>CLIENT CHARACTERISTICS:</b>	
<b>RESIDING IN HOUSE:</b>			Check each characteristic of the client who qualifies for assistance. (Client may be counted in more than one category. Client is not a child.)	
Ages of Residents			<b>ELDERLY (60 &amp; older)</b>	
Utility Bill at time of application \$			<b>DISABLED</b>	
<b>CHARACTERISTICS OF ALL PEOPLE IN HOUSE:</b> (Each person may be counted in more than one category)			<b>VETERAN</b>	
<b>ELDERLY (60&amp; older)</b>			<b>HIGH ENERGY BURDEN HOUSEHOLD</b>	
<b>DISABLED</b>			<b>RECURRING HIGH ENERGY BURDEN (LIHEAP Referral)</b>	
<b>VETERAN</b>			<b>OTHER (Income qualified only)</b>	
<b>CHILDREN ( 2 &amp; under )</b>			<b>UNITS BY OCCUPANCY: check only one below:</b>	
<b>CHILDREN ( 3 to 5 years )</b>			<b>OWNER OCCUPIED HOME</b>	
<b>CHILDREN ( 6 to 12 years)</b>			<b>SINGLE FAMILY RENTER</b>	
All other people not included in above categories			<b>MULTI FAMILY</b>	
List Health Issues if Applicable:			<b>OWNER MOBILE HOME</b>	
			<b>RENTER MOBILE HOME</b>	

**CLIENT AGREEMENT:** *Please read each statement below and initial*

- I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.
- I certify that my household meets the guidelines of this program based on the documents I have submitted.
- I hereby give permission to enter these premises for the purpose of conducting an energy audit and having my home weatherized.
- I authorize this agency or its representatives to obtain information regarding my utility usage as needed from the appropriate utility company.
- I have not received weatherization services prior to September 30, 1994

I/ We certify that the statements above are true and complete to the best of my/our knowledge and belief. And shall fall under penalty of perjury, including fines and/ or imprisonment.

<b>CLIENT SIGNATURE:</b>		<b>DATE:</b>	
<b>AGENCY OFFICIAL SIGNATURE:</b>		<b>DATE:</b>	

A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FOR EACH PROGRAM FROM WHICH FUNDS WERE UTILIZED ON THIS UNIT.

<b>Additional Household Information (others in home)</b>			
Name	Age	Last 4 digits SS#	Comments



5508 N. 50<sup>th</sup> St. | Suite 5 | Tampa, FL 33610 | 813-626-4926 Ext 106

**CUSTOMER COMPLAINT AND APPEALS POLICY**

A Weatherization Assistance Program (WAP) applicant has the right of complaint and/or appeal if:

- you are dissatisfied with the service delivery;
- your application was not processed in a timely fashion (i.e. approximately 30 days after you submit all your required information to the agency);
- you disagree with the outcome of your application;
- you have a customer service complaint against an employee).

**Level One**

1. The first step in the appeal process is an initial conference at Tampa Hillsborough Action Plan, Inc. (THAP). The applicant must request a conference within 30 days of receipt of a notice of a decision on the applicant’s application. You may request a conference by contacting:

Tampa Hillsborough Action Plan, Inc. - Weatherization Assistance Program: **863-519-4444**

The initial conference will be held by the WAP Director at THAP. The purpose of this conference is to ensure that the applicant understands the outcome of the application and/or the reason for delay. The WAP Director will respond within 15 Working days of receipt of written complaint.

2. If the applicant is dissatisfied with the initial conference decision, they may appeal in writing to the THAP Chief Executive Officer (CEO). After reviewing the appeal, THAP’s CEO will send a written response within 15 working days as to the outcome.
3. If the applicant is still not satisfied with the outcome and are unable to resolve the difficulty, they may appeal to the THAP Board of Directors for the final agency hearing. The THAP Board of Directors will respond in writing within 15 working days. The response must clearly state the final outcome of the appeal, that the decision is final, and if the application, the circumstances under which the applicant may reapply for services. If the applicant has completed the three step process at the local level and still is not satisfied with the decision, the applicant may proceed with level two of the process by contacting the Florida Department of Economic Opportunity in writing via mail, email.

Florida Department of Economic Opportunity - Division of Community Development  
Weatherization Assistance Program - Office: 850-717-8451 / Fax: 850-488-2488

**Level Two**

The Florida Department of Economic Opportunity will review the matter with input from any involved party, and advise both the applicant and THAP of the decision.

**Level Three** If the applicant is dissatisfied by the state’s conclusion, they may send a written complaint to the United States Department of Energy, the final step on the process.

These are your rights. If you do not understand them, please contact the WAP Program Director at Tampa Hillsborough Action Plan, Inc. 813-626-4926.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_



TAMPA HILLSBOROUGH ACTION PLAN, INC.

## NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS WEATHERIZATION ASSISTANCE PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social Security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

To Verify an applicant's identity.  
To Verify household size.

A social security number collected pursuant to this notice can only be used by Energy Services/THAP (sub grantee) for the purposes specified above.

### **Nondisclosure except under limited circumstances.**

Social Security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security under the following specific, limited circumstances.

If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;

If the individual expressly consents to disclosure in writing;

If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);

For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or

If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.

If disclosure is requested by commercial entity for permissible uses under the federal Driver's Privacy Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

### **Acknowledgment of Receipt of Notice**

**I Confirm that I have been provided a copy of this regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Assistance Program.**

\_\_\_\_\_  
Date



\_\_\_\_\_  
Applicant's Signature