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TOLL FREE: 1-800-617-2673
PHONE: 937-341-5000 Ext.226
FAX: 937-331-9362

Dear: Homeowner

Enclosed is the application for Weatherization Assistance that you requested. Please forward **copies** of the following items with the **completed application**:

1. Verification for the past 90 days of Income, for all persons 18 yrs. and older
**(award letter, check stubs, printouts, etc.) **
2. Proof of ownership
3. Natural Gas & Electric bill: **Please submit the REQUIRED page #1 & #2 from your most current GAS and ELECTRIC BILL.**
4. Fuel bill (propane, fuel oil, kerosene)
5. Social Security Cards for all household members (copies)
6. ***Please put the correct postage or the envelope will be returned to you***

Please submit these items and application to me as soon as possible. If you have any questions, please feel free to contact me at the above number Monday – Friday 8:00 a.m. – 4:30 p.m.

Sincerely,

The Home Weatherization Assistance Program
937-341-5000 Ext. 226

Darke County
Julie Lecklider, Director
1469 Sweitzer Street
Greenville, OH 45331
937-548-8143

Greene County
Penny Madry-Johnson, Director
469 Dayton Avenue
Xenia, OH 45385
937-376-7747

Montgomery County
Administrative Office
719 S. Main Street
Dayton, OH 45402
937-341-5000

Preble County
Janelle Caron, Director
308 Eaton-Lewisburg Rd.
Eaton, OH 45320
937-456-2800



www.miamivalleycap.org

An Equal Opportunity Employer/Service Provider



719 South Main Street
Dayton, OH 45402

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PROPERTY OWNER’S RELEASE AND AUTHORIZATION

**RELEASE OF ALL CLAIMS AND
AUTHORIZATION TO USE DATA**

In consideration of the receipt and installation of weatherization materials, I, the customer at the address below, hereby release, acquit and forever discharge, CenterPoint Energy and Miami Valley Community Action Partnership (MVCAP), their officers, agents, employees, successors and assigns, of and from any and all actions, causes of action, including by way of illustration but not by limitation, claims, demands, damages, costs, loss of services, expenses and compensation, which I now have or may hereafter have, or that my heirs, executors or administrators can or may have against CenterPoint Energy or MVCAP, their officers, agents, employees, successors, and assigns, on account of, or in any way growing out of the weatherization materials provided as well as the installation and use thereof.

I acknowledge that CenterPoint Energy, MVCAP, and their contractors are providing and installing weatherization materials on an “AS IS” basis, and that CenterPoint Energy and MVCAP, and their contractors **DISCLAIM ALL WARRANTIES, IMPLIED OR EXPRESSED, INCLUDING ANY WARRANTIES OR MERCHANTABILITY WITH RESPECT TO SUCH GOODS, THEIR INSTALLATION, OR THE RESULTS OF THEIR INSTALLATION.** I also acknowledge that any energy savings projected by CenterPoint Energy or MVCAP, or their contractors as a result of the installation of weatherization materials are estimates only.

I authorize CenterPoint Energy to release to its designees information about my account and about weatherization materials installed on the property at the address below.

Signed: _____
(Customer’s Signature)

Date: _____

Address

City, State, Zip Code

Customer Account Number



HOME WEATHERIZATION ASSISTANCE
HOMEOWNER/AUTHORIZED AGENT CERTIFICATION

EIA-29D

719 South Main Street
Dayton, OH. 45402

TOLL FREE: 1-800-617-2673
PHONE: 937-341-5000 Ext.226
FAX: 937-331-9362

I, _____, certify that I am the homeowner/authorized agent for the property at
(Name)

I further certify that I have given my permission to allow work on the property listed above which may include the following:

- 1. Drill sidewalls and replace exterior covering YES ___ NO___ NA ___
2. Drill and plug interior walls YES ___ NO___ NA ___
3. Install S-TYPE fuses YES ___ NO___ NA ___
4. Lower the thermostat on the water heater YES ___ NO___ NA ___
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. Other work that must be done in accordance with the State of Ohio Weatherization Field Guide for Home Energy Updates.

I further certify that I understand that all work must be done in accordance with the rules and regulations governing the Home Weatherization Assistance Program.

Signed: _____ Date: _____
(Owner/Authorized Agent)



Miami Valley Community Action Partnership Weatherization Customer Intake Application

| | | | | | |
|---|---|---|--|--|--------------------------|
| Client Number: | Program Name: | | | | Application Date: |
| | <input type="checkbox"/> HWAP | <input type="checkbox"/> DP&L Smart Energy | <input type="checkbox"/> CPE | <input type="checkbox"/> EHRP | |
| Primary Applicant | | | | | |
| First Name: | M.I.: | Last Name: | | | |
| Social Security Number: | Date of Birth: | Gender: | | | |
| | | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other | | | |
| Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Current Residential Address: | | | | | |
| Current Mailing Address (if different from above): | | | | | |
| City: | State: | Zip Code: | County: | | |
| Phone Number: | | | Email Address: | | |
| Race: | | Education: | | Ethnicity: | |
| <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other | | <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 (Non Grad) <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12 + Post-Secondary <input type="checkbox"/> 2-4 Yr. Grad College | | <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins | |
| Household Information: | | | | | |
| # In Household: | Family Type | Building Type | Work Status | Health Insurance Type | |
| | <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other | <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low-rise (3 stories or less) <input type="checkbox"/> Multi-family high-rise (3 stories or more) | <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school | <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults | |
| Housing Status | | | | | |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent <input type="checkbox"/> Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other | | | | | |
| Source of Income: | | | Income Period: | | Income Amount: |
| <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> Self-Employment <input type="checkbox"/> No Income <input type="checkbox"/> Social Security <input type="checkbox"/> TANF/ADC <input type="checkbox"/> SSI/SSD <input type="checkbox"/> Pension <input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Other (Please Specify) _____ | | | <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly | | |
| Household Members: | | | | | |
| Last Name: | | | | | |
| First Name: | | | | | |
| Social Security # | | | | | |
| Date of Birth: | | | | | |
| Gender: | | | | | |
| Race: | | | | | |
| Education: | | | | | |
| Ethnicity: | | | | | |
| Disabled Y/N: | | | | | |
| Health Insurance: | | | | | |
| Relationship (i.e. daughter, son, spouse etc.) | | | | | |
| Income source: | | | | | |

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____ Date: _____



CenterPoint Energy Weatherization Program Application

Name: _____ SS#: _____

Address: _____

Phone: _____ Number in Household: _____

CenterPoint account #: _____ e-mail address: _____

Household Income

List all persons in the household and identify all income sources and amounts for the past 90 days. You must provide documentation of all household income in order for this application to be processed. Attach additional page(s) if necessary.

| Name | Age | Source of Income | Amount for past 90 days |
|------|-----|------------------|-------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Please read the following statement. If you do not understand any part of it or if you have any questions about what you are asked to sign, please ask someone at this agency to help you.

I certify that the information given by me in this application is true, accurate and complete to the best of my knowledge and understand that all of this information is subject to verification. I understand that by signing this application I authorize this agency and its representatives and designee's access to bank, employment, public assistance, utility account or any other records as may be required to verify any and all statements made in this application. I understand that no information obtained through this application shall be made public in such a manner that the dwelling or occupants can be identified. By signing this application, I understand that I may be held civilly and/or criminally liable under federal and State laws for knowingly making false or fraudulent statements.

Signature of Applicant

Date

For Office Use Only:

CenterPoint Energy Client Information

Total Income prior to application date: 12 Months: _____

Verified by: _____ Date: _____

200% 300%

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2023 – MAY 2024

Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
 - To go to my local energy assistance provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
 - To contact my local energy assistance provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.
 - To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
 - To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies performing weatherization services and/or provide other energy related services.
 - To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.
 - To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.
- I understand**
- I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
 - If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.
 - If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
 - If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).
 - If I make my PIPP payments in full and on time every month, I will receive a credit for 1/24th of my total past-due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
 - If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past-due amounts owed on my utility accounts.
 - If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.
 - I am legally responsible for all past-due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past-due amounts are not paid in full, the utility companies may use any standard means of collection for the past-due amounts on my accounts.
 - I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury the information submitted in this application is true and correct.

X Sign Here _____ **Application Date** _____