



Dear Applicant,

Thank you for your interest in Habitat for Humanity of Omaha's Weatherization Program. Enclosed you will find the application for our program. To speed up your application process, be sure to fill out all pages of the application and enclosed forms completely. Please send us copies of verification documents, not originals. We will not return any materials to you.

We will need documents to verify the past 90 days of income for everyone in the household. We will also need a citizen attestation form completed by each adult over the age of 18 that lives in the household. If you need additional copies of this form, please let us know. Finally, we will need a recent copy of a gas and electric bill.

If you have any questions while filling out this application, please see the enclosed FAQs. You can also contact us at:

Weatherization Program
1701 N. 24th Street
Omaha, NE 68110
(402) 884-7056

We look forward to working with you to make your home more energy efficient!

Sincerely,

A handwritten signature in black ink that reads "Jack Arkfeld".

Jack Arkfeld
Weatherization Program Associate
Habitat for Humanity of Omaha



Frequently Asked Questions:

Q: What type of work does weatherization include?

A: Habitat for Humanity of Omaha's Weatherization Program performs various home repair services, including air sealing, insulation, appliance upgrades, HVAC system upgrades, heating assistance, and electrical and plumbing work.

Q: Who is eligible for the Weatherization Program?

A: Households with combined gross income below 200% of federal poverty level are eligible. These amounts change over time but are currently:

Number of Members in Household	Maximum Gross Annual Income
1	\$24,280
2	\$32,920
3	\$41,560
Add \$8,640 for each additional household member.	

Q: How does Weatherization define a "household?"

A: For the purposes of weatherization eligibility, a household includes all persons living under one roof. This includes but is not limited to family members living with you, roommates, adult children, persons renting space/rooms, etc. It is understood that households change from time to time. Please complete the application listing all people living with you at the time you fill out the application. If your household changes, or you're anticipating a change in the near future, please contact us.

Q: I am automatically qualified because a member of my household receives Supplemental Security Income, Aid to Dependent Children, or Heating Assistance. Do I need to send in income verification?

A: Yes. We are still required to verify income and eligibility through these programs.

Q: What is considered income?

A: Any money you receive is considered income. This includes but isn't limited to wages/salaries, net receipts from self-employment, retirement, alimony, veteran's payments, Social Security, pension, dividends, interest, lottery/gambling winnings, receipts from estates or trusts.

Q: What documents do you need to verify income?

A: For wages/salaries we need your previous year's W-2s and/or paystubs from the previous three months. For all other income our required documents are similar to the IRS. For structured payments (Social Security, Alimony, Railroad Retirement, etc.) we need the award letter for this year stating your weekly/monthly/quarterly payment amount. Don't hesitate to call us if you're unsure what to send. Please remember, we won't be returning the documents so do not send us originals.

Q: What do I do if one of the adults in my household has no income?

A: There is a form that you will need to fill out and sign. The form must be notarized so we request that you come into our office during normal business hours to complete this form.

Q: Why are there multiple Citizenship Forms included?

A: All adults in the household must fill out this form individually. If we didn't provide enough forms, you're welcome to come to the office during normal business hours to pick up more copies or contact us and we'll send more to you.

Q: How does Habitat Omaha decide who receives services first?

A: We are required to follow the Department of Energy's priority list which is provided below:

1. People over 60 years of age	4. High residential energy users
2. People with disabilities	5. Households with high energy burden
3. Families with children under 6	6. All others income-eligible

High residential energy user means a household whose residential energy expenditures exceed the medial level of residential expenditures for all low-income households in the state. The median level for the State of Nebraska is currently \$1,864 per year.

Household with a high energy burden means a household whose residential energy burden (residential expenditures divided by the annual income of that household) exceeds the median level of energy burden for all low-income households in the state. The median energy burden for the State of Nebraska is 18.36% of household income.

Q: Who is considered to be disabled?

A: The term *disabled person* has been defined by the Nebraska Energy Office as "any individual who: has a physical or mental disability which constitutes or results in a substantial handicap to the individual's employment; or has had a record of having, or is regarded as having a physical or mental impairment which substantially limits one or more of the individual's major life activities; or has a disability which would make the individual eligible to receive disability insurance benefits or Supplemental Security Income from the Social Security Administration or developmentally disabled assistance from the Department of Health and Human Services; or is a veteran or surviving spouse, child, or dependent parent of a veteran receiving compensation from the Veteran's Administration for a service connected disability or death; or is a veteran or surviving spouse or child of a veteran receiving a pension from the Veteran's Administration because of a non-service connected disability; or is a veteran receiving a pension from the Veteran's Administration because of being on a Medal of Honor Roll of one of the military services."

Q: When will I be served?

A: Habitat Omaha must comply with state and federal regulations in determining priority of clients. Your household information is used to determine what priority level you will be given (see question: "How does Habitat Omaha decide who receives services first"). Wait times can vary widely based on the number of clients awaiting services, staffing levels, and funding the agency receives.

Guidelines for Initial Home Visit:

Once your application has been reviewed and it is determined that you qualify for Habitat Omaha's Weatherization Program, we will set up an initial health and safety home visit to begin to create a scope of work. However, if the safety of our staff and volunteers may be compromised in the home we will not complete the home visit and will remove your application from our applicant pool until remediation of the safety concerns has occurred. Safety concerns include, but are not limited to:

- Any hoarding activities. Hoarding is defined as the acquisition of, and failure to discard a large number of possessions or large amounts of newspapers, magazine or other accumulated items, which may be present in or around a residence.
- The presence or consumption of drugs or alcohol while staff/volunteers are in the home.
- The presence of guns or other weapons left in the open.
- More than 8 uncaged pets living in the home. A pet is any domesticated animal.
- The presence of mold. If mold is found in a home during a home visit Habitat Omaha reserves the right to leave the home. Mold can create serious health and air quality issues if not treated.*
- Structural damage that threatens the integrity of the home's building infrastructure. These damages can include cracks and breaks in the foundation or compromised floors.

If these or other situations are present at your home and risk the safety of Habitat Omaha staff and volunteers, Habitat Omaha reserves the right to refuse or leave a home visit at any time.

If any of these conditions exist in your home, we are happy to recommend resources that can help. Once the situation has been rectified Habitat Omaha will re-open the application for consideration.

Please also remove or cover up inappropriate or obscene materials and decorations when staff and volunteers are present in your home.

*There is a difference between mildew and mold. On top of the health concerns connected to the presence of mold, structural damage can also occur as mold eats away at the surface it is growing on. The pictures below show mold (right) and mildew (left). Mildew is the beginning stages of mold and can be treated at home without bringing in contractors.



Mildew



Mold

I/We acknowledge that if a home visit is completed by Habitat Omaha it is not a promise or guarantee that work will be completed.

Signature of applicant: _____

Date: _____

APPLICANT INFORMATION (please print)

Last Name:	First Name:	MI:	Social Security Number:
_____	_____	_____	_____
Street Address: (location of home)			Unit # or Mobile Lot #:
_____			_____
City:	Zip:	Email:	
_____	_____	_____	
Home Phone:	Work Phone:	Cell Phone or Message #:	
_____	_____	_____	

UTILITY INFORMATION

Natural Gas or Propane Provider: _____	Account #: _____
Electric Company Provider: _____	Account #: _____

**** We will need copies of these bills****

QUALIFICATION INFORMATION

To AUTOMATICALLY QUALIFY through PUBLIC ASSISTANCE, check all that apply. *You must provide proof for one of the following with this application. For LIHEAP, the date of assistance will suffice.*

ADC (Aid to Dependent Children) SSI (Supplemental Security Income) LIHEAP (Gas/Electric Assistance) Date: _____

Please list the amount of GROSS income (before taxes) per month for each person (REQUIRED)

Source	Applicant's income	Co-Applicant's income	Non-Applicant Income
¹ Income from Job 1			
¹ Income from Job 2			
AFDC/TANF			
Social Security Income			
SSI or Disability			
Child Support			
Alimony			
Other: _____			
Total for each person			

Is there anyone 18 years old and over in your household who works, receives income or is in school? Please list below.

Name	Employer/Income Source	Monthly Gross Wages	Start Date

¹Self-employed applicant(s) may be required to provide additional documentation such as financial statements

HOME ACCESS AUTHORIZATION

Before weatherization work can begin, all homes must meet minimum standards of housekeeping.

Do you agree to and understand that areas are to be free of debris, clutter, and pets and be reasonably hygienic where work is to be completed? (Where these conditions exist because of a disability, reasonable accommodations may apply.)

I agree Disability present (please describe in comments below)

Access to your home: Do you agree to and understand that weatherization technicians and contractors must be given access to all rooms in your home during business hours and on a reasonable schedule for any work to proceed?

I agree

Permission to photograph home: Do you agree to allow Habitat Omaha to photograph the unit for pre- and post-work documentation?

I agree

Comments: _____

Signature: _____ **Date:** _____

PLEASE READ THIS SECTION CAREFULLY:

My signature below authorizes weatherization Staff, Contractors and Crew to enter my home as needed and scheduled to perform weatherization and furnace work. My signature verifies this residence is not currently for sale, nor is it designated for acquisition or clearance (foreclosure) by federal, state or local programs. **I intend to continue living in this home for at least twelve (12) months after weatherization services are completed.** Upon completion of work, I give permission for the contractor, sub-contractor staff, local, state, and federal officials to inspect said work. I understand final inspections are necessary and I will be responsible for payment of services if I refuse final inspections. I understand the Weatherization Assistance Program (WAP) regulations prohibit warranties as an allowable program expense. Materials and labor being covered by manufacturers' warranties are for one year. My signature below authorizes the Weatherization Assistance Program (WAP) and its designees to inspect heating, fuel usage and utility billing records for up to 5 years before and after completion of weatherization work and authorize pertinent utility and fuel companies to make such records available to them solely for obtaining data for evaluation of subsequent energy conservation effectiveness. I agree, on behalf and for all who stand in my stead, that the state of Nebraska, its sub grantees and weatherization crews will not be held liable for any injury or expense incurred by me while participating in this program. I attest to the best of my knowledge that the information on this form is correct and complete. This service is free of charge but if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received. I authorize the release of income and benefits information to the Habitat for Humanity of Omaha Weatherization Program to document my eligibility. Pursuant to 5 U.S.C. 552(b)(6), of the Freedom of Information Act, Habitat Omaha's Weatherization Program is required to keep confidential any specifically identifying information related to an individual's eligibility application for weatherization services, or the individual's participation in weatherization services, such as name, address, or income information. The State of Nebraska in conjunction with Habitat Omaha's Weatherization Program may, however, release information about recipients in the aggregate in a manner which does not identify specific individuals.

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

Applicant Signature: _____ Date: _____



United States Citizenship Attestation Form

**FORM
WX15**

Agency: Habitat for Humanity of Omaha

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 _____

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.



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Utility Consumption Information Release

Agency: Habitat for Humanity of Omaha

COMMUNITY ACTION PARTNERSHIP CONTACT INFORMATION

Home Owner Name: _____

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: Habitat for Humanity of Omaha, the Nebraska Energy Office (NEO) 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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Landlord-Tenant Agreement/Permission Form

**FORM
WX14**

Agency: Habitat for Humanity of Omaha

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

Landlord Name: _____ Phone Number: _____

PROVISIONS FOR LANDLORD/PROPERTY OWNER PERMISSION

Please Print

I, _____ hereby certify that I am the owner/authorized agent, herein referred to as "owner" for the property located at:

Residence or Physical Address _____ City _____ Zip Code _____

Currently occupied by: _____

Tenant

Email

I hereby give permission to allow Habitat for Humanity of Omaha (hereafter known as the "Agency") to perform weatherization services according to the U.S. Department of Energy regulations and in conjunction with the current Nebraska state weatherization plan.

I also agree to the following provisions:

1. I will NOT increase the rent as a result of the improvements made by the weatherization of the home.
2. I will NOT evict or remove the tenant from the dwelling for a period of one (1) year after the final approved inspection of the property, so as long as he/she complies with all ongoing obligations and responsibilities owed to the landlord.
3. I (Owner) have no intention and knowledge of Federal, State, or Local Programs designation of my home for acquisition or clearance.
4. I have owned this property for _____ years/months and to the best of my knowledge the unit has not been weatherized for a previous tenant.
5. I will allow agency, state, or federal officials to inspect the rental property listed above.
6. I agree to allow my home to be photographed for pre-weatherization and post-weatherization documentation.
7. I will agree to any procedures necessary to insulate the sidewalls.
8. The property legal description or mobile home serial number of the rental property is:

Property Section:	Township:	Range:
Mobile Home Year:	Model:	VIN/SERIAL#:

PROVISIONS FOR LANDLORD/PROPERTY OWNER PERMISSION

I understand to weatherize a dwelling unit which is designated for acquisition or clearance by a Federal, State, or Local Program within 12 months from the date weatherization of the dwelling would be scheduled to be completed is not allowed under Federal Regulations 10 CFR 440.18(f)(1).

Yes No

I furthermore do hereby give permission for the property to be weatherized according to the Department of Energy (DOE) standards and regulations and for the inspection of the home and the work performed by the Agency. As part of this service, all units will receive a heating system efficiency inspection. The weatherization services and the heating system efficiency inspection will be performed at no cost to the owner/landlord or tenant in single unit dwellings. In the case of heating plant repairs, the Agency share will not exceed \$400.00. If the repairs do not exceed \$400.00, the Agency will repair the heating plant. Should the repairs exceed \$400.00 the Agency will contact the owner or authorized agent to have the heating plant replaced. The Agency will contribute \$500.00 toward the required replacement, if installed to meet the Nebraska Energy Weatherization Assistance Program specifications. If deficiencies are found with the water heater, the owner shall repair or replace the water heater. The Weatherization Program may contribute a maximum of \$150.00 if Weatherization Program installation requirements are met. The weatherization of the unit will not commence until such time as the furnace and/or water heater have been made safe and operable. Weatherization work on rental units may be a shared responsibility of the owner/landlord and the Agency.

Weatherization materials may include, but are not limited to, the following items: insulation, caulking, glazing, weather stripping, door sweeps, thresholds, primary doors and primary windows, pipe wrap, water heater blankets, venting, minor repairs, and glass replacement. The decisions concerning material type and quantity shall be the responsibility of the Agency providing the service.

SIGNATURES

Sign Here	 _____	_____
	Authorized Owner/Agent	Date
	 _____	_____
	Tenant	Date
 _____	_____	
Authorized Owner/Agent Email		
 _____	_____	
Agency Representative	Date	



Weatherization Client Questionnaire

Agency: Habitat for Humanity of Omaha

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 23. Cooling system: Central Air Window A/C

20. Cook stove: Gas Electric

21. Do you have a: Breaker Fuse box 24. If window air conditioning is used, how many do you have?
 1 2 3 4

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

SIGNATURES

Sign Here _____ Client Signature _____ Date _____

_____ Weatherization Representative _____ Date _____

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What do I need to submit?

- Completed Weatherization Program application
- Copy of your driver's license or other photo identification
- Income verification
- Zero income verification (if applicable)
- US citizenship attestation forms for all household members over 18
- Utility consumption information release form
- Copy of your most recent utility bills
- Landlord-tenant agreement/permission form (if applicable)
- Weatherization client questionnaire