

HOMEWISE CLEAN HEAT PROGRAM APPLICATION

Please print clearly, and attach all required documentation per the Application Instructions. Any applications sent without the required documentation will be returned. Send your completed application to: **City of Seattle-Office of Housing, PO Box 94725, Seattle, WA 98124-4725.**

All applications are kept confidential. Processing of applications may take approximately 4 – 6 weeks. We'll send you a notification letter as soon as possible.

Home/Residence Type Single Family – House <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4-plex <input type="checkbox"/> Mobile home <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/>					
PROPERTY ADDRESS:			CITY:		ZIP CODE:
HOMEOWNER (Owner occupied) Yes <input type="checkbox"/> No <input type="checkbox"/>			HOMEOWNER lived in home for more than one year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Homeowner Name:					
Phone #1:		cell phone <input type="checkbox"/> home phone <input type="checkbox"/> TTY <input type="checkbox"/>	Phone #2:		cell phone <input type="checkbox"/> home phone <input type="checkbox"/>
For rental properties , you must attach <u>Weatherization Assistance Covenant</u> (completed by owner). Call 206-684-0244 to request complete rental package.					
RENTER Name:			RENTER lived in home for more than one year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone #1:		cell phone <input type="checkbox"/> home phone <input type="checkbox"/> TTY <input type="checkbox"/>	Phone #2:		cell phone <input type="checkbox"/> home phone <input type="checkbox"/>
List names of everyone permanently living in the home, include yourself , all other adults, and children. If more than 5 in your household, attach a separate page listing all additional persons living in the home.					Monthly Income (before deductions)
		Male or Female	Age	Date of Birth	Source of Income (attach copies)
1					
2					
3					
4					
5					
Total Combined Income					

Please complete both front and back of this form, sign & date (Page 3), and attach copies of required forms, refer to Application Instructions.

Office of Housing / Internal Use Only									
City			Property built			Voting Dist.#			
Prev. Wx? N/Y		Year Wx		Wx Prev. same owner?					
DHP ONLY		WX		WX & OTE		OTE ONLY		PLIA effect. Date:	
HH<7 Non-LIHEAP			LIWA %		MM %		LIEP %		
Approved by: UW Initials			Date			Proj #			
Priority		Criteria		Intake Staff		Date			

What kind of heat do you have? Whether you use it or not, check the appropriate box:				OIL furnace	Effective date of State of Washington Pollution Liability Insurance (PLIA):			
If you can't use your furnace explain why and how long haven't you used it? (if needed, attach additional note page)								
I have an above ground oil tank		I have a below ground oil tank		If otherwise located: describe where:				
Check the box if you have any of the following:			electric baseboard heaters		electric wall heaters		portable plug in electrical heaters	
HOUSEHOLD DEMOGRAPHICS: The following information helps us better serve all Seattle residents. Please complete the optional information below. If you do not want to fill out this information check this box <input type="checkbox"/> Indicating you choose not to provide the following information. You may still be eligible for our program.								
How <u>MANY</u> household members are:			White	Black African American	Black & White	Asian	Asian Pacific Islander	
Native	Native & White	Native & Black	Alaskan Native	Native Hawaiian	Latino/Hispanic	Multi-Racial _____		
Is applicant a single female/head of household? Yes <input type="checkbox"/> No <input type="checkbox"/>				How many household members have disabilities? _____				
Is your primary language other than English ? Please check the appropriate box:				Amharic	Cambodian/Khmer	Cantonese	Korean	Laotian
Mandarin	Oromo	Russian	Somali	Spanish	Tagalog	Tigrinya	Ukrainian	Vietnamese
Other:		We offer free translation and interpretation services, do you need this assistance? If yes, which language do you require translation?						
Does anyone in the household have Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you a Veteran or surviving spouse of a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is there a water leak into your home? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, where? _____						Do you require roof repairs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your home undergoing remodeling? Yes <input type="checkbox"/> No <input type="checkbox"/>				Do you need other major repair work done on your home? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you want an Office of Housing, Home Repair Loan application mailed to you? (Only owner occupied properties may apply) Yes <input type="checkbox"/> No <input type="checkbox"/>								
How did you hear about our program?		Received a letter	Minor Home Repair	King County Weatherization	other			

Applicant Acknowledgement:

By signing below, I certify that the information provided is complete and accurate. I understand that I may be subject to criminal prosecution if I have knowingly provided false information. I give the City permission to request or release information to other non-profit or government organization for the purpose of providing assistance to me. Such information may include but is not limited to: my application, including income and related documentation, photographs showing before and after condition of the home and weatherization scope of work. Such information may result in my receiving or being denied other City assistance.

For state weatherization programs: I understand that I may request a Fair Hearing if the provision of the above information is not acted on to determine my eligibility within a reasonable time or if I do not receive benefits for which I am eligible. I authorize the City to enroll me in all City or King County assistance programs for which I am eligible.

The utility company(s) may release past and future consumption information on my household to City of Seattle, Office of Housing (OH) HomeWise Weatherization Program. If determined that I am eligible for service, I grant permission to:OH, its staff, and contractors to gain access to this property for audit, installation and inspection purposes. In the case that work requires subsequent inspection from Seattle City Light or the State of Washington, I agree to provide access for these audit purposes.

Signature	Date	Phone Number	e-mail address

APPLICANT DECLARATION OF NO INCOME FORM

To qualify for Office of Housing’s Weatherization Program you need to supply copies of income documentation and/or this form as proof your income does not exceed the income guidelines of our program (refer to Page 2 of the application instructions for income chart). **Each household member age 19 years or older must complete this form if they have no income.**

Name (print): _____

This form is signed in the month of _____

I, hereby declare, have not received any income within the past three months (refer to the chart example below):

1. _____ 2. _____ 3. _____

Current month applying	past months of no income
January	October, November, December
February	November, December, January
March	December, January, February
April	January, February, March
May	February, March, April
June	March, April, May

Current month applying	Past months of no income
July	April, May, June
August	May, June, July
September	June, July, August
October	July, August, September
November	August, September, October
December	September, October, November

The reason I had no income for the months listed above are as follows: _____

I have been meeting my basic living needs; for food, shelter, and utilities in the following way:

Food: _____

Shelter: _____

Utilities: _____

I certify the information I have contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Client Signature _____

Date _____

NOTARY

I certify that I know of and have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this instrument.

State of Washington

County of _____ Dated: _____ Signed by: _____

(Notary Signature)

Notary Seal or Stamp

County Notary Resides _____

My appointment expires _____

SEATTLE CITY LIGHT

UTILITY INFORMATION RELEASE FORM

SUBJECT: AUTHORIZATION TO RELEASE ENERGY USE AND BILLING INFORMATION

PURPOSE: The City of Seattle, Office of Housing Weatherization Program uses billing data information to track actual energy savings resulting from weatherization. The energy savings achieved through the Weatherization Program are calculated to assess program impacts, increase accountability, and improve future weatherization work. To accurately calculate energy savings, the Weatherization Program needs energy use and billing information five years prior to weatherization and five years after weatherization. This release form authorizes the City of Seattle Office of Housing Program to obtain and use energy use and billing information from only this customer at this residence for up to a ten year period for the following uses:

- Determining household energy use before and after weatherization.
- Determining which weatherization measures to provide.

Note: All release information will be kept confidential and will only be used by the HomeWise Weatherization Program and only for the mentioned uses.

To: Seattle City Light: Please release energy use and billing information to: City of Seattle Office of Housing for the purpose of assessing energy use and/or savings:

- Release historical billing data for a maximum five years prior to the date at the bottom of this release to a maximum of five years after this date.
- Release historical billing data for all of the following sites, accounts, and meters.

Account or Meter Number

Service Address

Print Name

Phone Number

Customer Signature

Date

OFFICE OF HOUSING WEATHERIZATION/REPAIR PROGRAM
COVID-19 Protection Plan Permission to Proceed by Resident**Name of Resident:** _____**Project address:** _____

PURPOSE: At the City of Seattle, Office of Housing (OH), we value the health and safety of our clients, staff, and contractors. This document contains the expectations for your contractor, and you the resident, during the course of your project.

We recognize that this is a stressful and uncertain time. Your safety and comfort are our top priority. If you would prefer to postpone your Weatherization/Repair project, OH will work with you to reschedule. In some cases, you may have to submit another application before work could begin.

CONTRACTOR EXPECTATIONS:

- Your contractor will provide a COVID-19 Safety Plan to you prior to beginning work.
- OH will review the contractor's COVID-19 Safety Plan and require the contractor to address any deficiencies in the plan prior to beginning work.
- If you, the contractor, or OH believes the project cannot be performed according to the contractor's COVID-19 Safety Plan, the project will be postponed until the work can be performed safely.
- If you have any concerns that work is not being completed according to your contractor's COVID-19 Safety Plan, please contact the contractor and OH staff immediately.

RESIDENT EXPECTATIONS: By signing below, you acknowledge everyone living in your home will abide by the following expectations. Failure to abide by these expectations could result in the work being postponed or canceled.

- Agree to communicate with contractors by phone or text whenever possible, rather than in person.
- Agree to a Health Symptoms Survey on any day work is scheduled to be performed at your home. The contractor will contact you prior to arriving at your home to ask if:
 - Anyone in household has a temperature or feels ill (cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.)
 - Any visitors are anticipated for the day.

Contractors will not go to your home if the Health Symptoms Survey cannot be completed or if anyone in the household is ill. The contractor will work with you to reschedule for a later date.

- Immediately contact OH staff and tell any workers on site if anyone in your household is feeling ill (cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea)
- Do not shake hands with workers.
- At all times, maintain at least 10 feet distance from all workers.

**Office of Housing Weatherization/Repair Program
Covid-19 Protection Plan Permission to Proceed by Resident**

- Make a plan, with contractors, on where and how to isolate yourself and others living in your home while work is being performed and stick to that plan.
- Give workers access to running water. Workers will supply their own soap and disposable drying towels.
- Give workers access to bathroom facilities if needed.
- While work is being performed at your home, encourage all members of the household to wash and disinfect their hands regularly, before and after going to the bathroom, before and after eating and after coughing, sneezing, or blowing their nose.
- If not able to isolate yourself from workers, agree that every occupant in the home will wear a cloth mask while work is being performed on your home. If you do not have a mask, OH will provide one.
- Only allow essential visitors while workers on-site. Limit access to all visitors to your home for the entire duration of the Weatherization/Repair project.
- Log all occupants and visitors to home during the project (project start with the first site visit to final inspection which is the last site visit) and retain for your records for 4 weeks minimum.

INDEMNIFICATION: I hereby release and pledge to hold harmless, indemnify and defend City of Seattle, Office of Housing (OH), its agents, elected and appointed officials, servants and employees (collectively, "Indemnified Parties"), harmless from and against any liability and all claims for injuries, sickness or damage to persons or property of whatsoever kind or character in connection with the work, or any act or eventuality arising from this work, performed by any of the Indemnified Parties and any business contracted by any of the Indemnified Parties to perform work in the home located at the address listed above (Page 1).

RESIDENT ACKNOWLEDGEMENT:

Print Name

Date

Signature

Phone

e-mail address



**City of Seattle, Office of Housing
Oil to Electric Program
Homeowner Participation Agreement**

Property address: _____

Owner's Name(s) (print) _____

Where is your heating oil tank located? Please check the appropriate box below:

I have a **below** ground heating oil tank I have an **above** ground heating oil tank

For above ground heating oil tanks, please describe where your heating oil tank is located: _____

I understand that my participation in the Oil to Electric Program is subject to the following agreement:

1. I must provide proof of an active Washington Heating Oil Storage Tank Pollution Insurance Policy, administered by the Pollution Liability Insurance Agency (PLIA)
<https://plia.wa.gov/heating-oil-pollution-liability-insurance-program/> call (800) 822-3905 or (360) 407-0520

This policy must be active for a minimum of one-year prior to the date of my application to the program.

2. I understand that the City will decommission my **below ground heating oil tank**, by filling in place, in accordance with Section 5704.2.13 of the Seattle Fire Code.
<https://www.seattle.gov/Documents/Departments/Fire/Business/5962CAMDecommisionOilTanks.pdf>
The city will bear the cost of all labor and permits to complete this work.
3. I acknowledge that I have been furnished information on the Heating Oil Pollution Liability Insurance Program and contact information for the PLIA agency.
4. I understand that the City will not proceed with decommission of my below ground heating oil tank if there is any evidence of a prior oil leak. I understand that should evidence of a prior oil leak be found, the City will not decommission my below ground tank. Further, my Oil to Electric conversion will be put on hold unless I decide that I will have my tank removed along with any contaminated soil. I understand I will be responsible for the removal of my tank and any costs related to remediation. I understand the removal of contaminated soil may be addressed by my PLIA insurance.
5. I understand that if my heating oil tank is above ground, I will be responsible for contracting directly with a service provider to remove my tank and I am responsible for all costs associated with removal.

Continued on reverse side of page

ORIGINAL

City of Seattle, Office of Housing
Oil to Electric Program
Homeowner Participation Agreement

Homeowner must initial one of the paragraphs below.

_____ I elect to have my **below ground heating oil tank** decommissioned by filling in place. I understand there is the possibility that my oil tank system may have leaked in the past. I further understand that I may be held liable for cleanup costs if there has been an oil leak in the past and that an oil leak could affect my property value. I further understand that the City will not be conducting any testing to determine whether an oil leak may have occurred. Finally, I understand that my Pollution Liability Insurance under PLIA will expire 30 days after the tank is disconnected from the furnace which means I will not have PLIA coverage if a prior oil leak is found in the future. **I knowingly accept the risk that there may be an undiscovered oil leak and that by decommissioning my oil tank in place I will waive the potential to have coverage under PLIA.**

_____ I elect to have my **below ground heating oil tank** removed and understand I am required to contract directly with a service provider to remove my oil tank, and I am responsible for the cost of removing my oil tank. Further, I understand that I have 30 calendar days from the date the tank is disconnected from the furnace to file a claim with PLIA if there is contamination from an oil leak. I understand that the City of Seattle is not affiliated with PLIA and that I will be responsible for any communications and negotiations with PLIA. I understand that, if an oil leak is discovered during my elective oil tank removal, the City of Seattle will not be responsible for any contamination clean-up or related costs, or for any coverage exclusions, policy coverage limits, or liability under my policy with PLIA.

_____ I have an **above ground heating oil tank** and understand I am required to contract directly with a service provider to remove my oil tank, and I am responsible for the cost of removing my oil tank. Further, I understand that I have 30 calendar days, from the date the tank is disconnected from the furnace, to file a claim with PLIA if there is contamination from an oil leak. I understand that the City of Seattle is not affiliated with PLIA and that I will be responsible for any communications and negotiations with PLIA. I understand that, if an oil leak is discovered during my elective oil tank removal, the City of Seattle will not be responsible for any contamination clean-up or related costs, or for any coverage exclusions, policy coverage limits, or liability under my policy with PLIA.

If the property is owned by multiple owners, each owner needs to sign below.

Owner's Signature

Date

Phone number

Email address

Owner's Signature

Date

Phone number

Email address



WEATHERIZATION PROGRAM CLIENT RELEASE

If you are eligible to receive City of Seattle, Office of Housing (OH) Weatherization energy conservation services, the work will be performed by a qualified OH approved licensed contractor. All work will be inspected, upon completion, by OH and will carry a one (1) year warranty.

ATTEST: By signing below, I _____ (print name of homeowner or renter) agree to provide access to my home to the HomeWise Property Rehabilitation Specialist and Program contractors and crew members for purposes of auditing, testing, installing a heating system, and follow-up inspection(s). I hereby release and hold harmless OH, and its employees, contractors, and their successors, from any liability in connection with the work.

property address

(print) owner's name

owner's signature

date

(print) renter's name

renter's signature

date