



Weatherization Program

What is the Weatherization Program?

This program is designed to help low-income families live in energy efficient, warm homes. Trained technicians conduct energy audits to identify air infiltration and then determine what steps are needed to correct the problems. These steps may include weather stripping, duct sealing, caulking around windows and doors, installing insulation in the attic, crawlspace and walls. Additionally, the heating unit is inspected and may be repaired or replaced, if needed. Other energy saving or health and safety items may also be installed in the home. **The program does not replace windows or doors.**

Who is eligible?

The program is open to individuals and families whose incomes fall at or below 200 percent of the federal poverty level (see chart below). Families also must reside in one of the seven counties in the Green River area: Daviess, Hancock, Henderson, Ohio, McLean, Union, and Webster.

How to apply?

Applicants complete a questionnaire, obtain the following information/documentation and then call their local Audubon Area Community Services office to schedule an appointment to complete an application and turn in the documents.

- Income for all household members for the past month
- Social Security cards for all household members
- Photo IDs for all household members 18 and over
- Deed to the house or title to the mobile home
- Past 12 months of billing history from your electric and gas company

| County Office Numbers | | Income Guidelines | |
|---|---------------------------|-----------------------|---------------------|
| Angie Kotarek | Daviess: (270) 852-6506 | <u>Size of Family</u> | <u>Income Limit</u> |
| Julie Newton | Hancock: (270) 927-6500 | 1 | \$31,920 |
| Tracy Buckman | Henderson: (270) 826-6071 | 2 | \$43,280 |
| Jeanie Evans | McLean: (270) 273-3355 | 3 | \$54,640 |
| Sonya Raley | Ohio: (270) 775-6145 | 4 | \$66,000 |
| Kim Davis | Union: (270) 389-3742 | 5 | \$77,360 |
| Hannah Frazier | Webster: (270) 639-5635 | 6 | \$88,360 |
| | | 7 | \$100,080 |
| | | 8 | \$111,440 |
| Weatherization Office: 270-686-1670 1416 West 9 th St. Owensboro, KY 42301 | | | |

Families' w/ 8+ persons: add \$ 11,000 for each additional person



Audubon Area Weatherization Program

At Audubon Area Weatherization, we strive to provide our clients with the best services that we can. Our mission is to help you reduce your overall utility bills and provide a more comfortable living environment through the process of weatherization.

Overview

Once you have completed the application, questionnaires and provided the required documents, your application is reviewed and scored using a federally mandated priority ranking system. Points are awarded based on several factors (if a household member is disabled or elderly; percent of poverty level of the household; primary fuel type used by the home; fuel costs). The higher the overall point total, the higher the application is placed on the waiting list. We are required to periodically update the waiting list to add new applications. This may result in applications being moved up or down on the list based on the scores of the new applications.

Once an application is placed on the priority waiting list, an in-home inspection will be scheduled to determine the condition of the home and what measures are needed to weatherize the home. The in-home inspection may discover issues that need to be addressed before weatherization work can be done. If the home is in a state of disrepair (e.g. leaking roof, structural issues, electrical/plumbing problems, etc.) or there are possible health hazards (e.g. mold, asbestos, rodent/insect infestation), these issues must be corrected prior to the approval of weatherization services. If the issues are minor, and funds are available, we may be able to assist in getting them corrected. **We do not do major repairs or install replacement windows.**

The inspection process

Our highly trained Dwelling Needs Evaluators will conduct a detailed inspection of your home. This inspection can take up to **six (6) hours**. During the inspection will, our evaluators will be inspecting your attic space to determine the condition of your attic insulation. Please ensure the attic area is accessible and clear of items that would obstruct the inspection or pose a safety hazard to the evaluators. We do not move or relocate personal items. This is the responsibility of the homeowner.

If your house has a crawl space area, our evaluators will inspect ductwork, waterlines, and the overall condition of the space for moisture and mold. Our evaluators are not required to enter a crawl space that is too small to gain entrance to. If moisture or mold areas are detected in crawl space areas, the inspector will cease the inspection, and you will be informed of the findings. You will have 30 days to correct the issues and inform us of the correction so we can continue the inspection. Audubon Area Weatherization does **not** provide mold removal services.

During the inspection, our evaluators will be inspecting and testing your furnace, water heater, and refrigerator. Our program does offer repair or replacement of these items should our "Energy Audit" dictate a need for repair or replacement. Please ensure that our evaluators have unobstructed availability of these items, so as not to hinder or halt the inspection process. Be advised that not all prospective clients will be eligible for item replacements or repairs.

Continued on other side

Once the overall inspection is complete, our evaluators will conduct a Blower Door Test. This test will depressurize the home and determine drafts and/or leaks occurring within the dwelling. We ask that all residents keep a safe distance from the open fan of the blower door, as contact with the fan blades while in motion could cause serious injury. If small children or animals are left unattended during this process, our evaluators will cease their inspections and will not continue until a safe environment is ensured for all, to the satisfaction of the evaluators. Safety for the homeowners is of the utmost importance to Audubon Area Weatherization staff.

Before leaving the evaluators will discuss their preliminary findings with the homeowner, go over some additional forms and provide them with information related to energy efficiency and home health and safety issues.

After the inspection

After the inspection is completed, our evaluators will review their findings and determine if the condition of the home is satisfactory for the provision of services. As previously mentioned, if there are minor issues and funds are available, we may be able to assist in getting them corrected.

If issues were found with the home that would prevent the provision of services, the homeowner will be sent a notice detailing the problems that need to be corrected. The application will be placed in deferral status and the homeowner will have the opportunity to correct the issues. Once the homeowner has corrected the issues, they will need to schedule a follow up inspection to verify the repairs. If the repairs are found to be satisfactory, the application will be returned to the active waiting list.

If no issues were found, the application will remain on the active priority list with its position based upon its points total. When the application reaches the top of the list, the weatherization program will notify the client and contact its contractors to request bids for the project. Once the winning bids are awarded, the contractors will contact the client directly to schedule the weatherization work.

IMPORTANT INFORMATION

The timeframe from application, to selection, to project completion, can be lengthy. Even if there are no issues with the home, the time on the waiting list can exceed 12 months. Unless weatherization work has begun, applicants on the list more than 12 months will need to provide updated information regarding household size, income and utility costs. Even once the project has been selected, the timeframe from the awarding of bids to the completion of the project can be several weeks.

**Weatherization Program
1416 West 9th St.
Owensboro, KY 42301
270-686-1648**

Weatherization Applicant Entry Questionnaire

Applicant name: _____

Date Completed: _____

Street Address: _____

City, State, Zip Code: _____

Phone number: _____

Email address: _____

Household members:

| Name | Sex | Age | Social Security # | Disabled? | Ethnic Group | Relationship to Applicant | Type of income <i>wages, SSA, etc.</i> | Monthly amount |
|------|-----|-----|-------------------|-----------|--------------|---------------------------|---|----------------|
| | | | | | | Applicant | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Questionnaire continues on other side

Weatherization Applicant Entry Questionnaire

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Applicant Name: _____

Does this household have a member who has received KTAP, TANF or SSI benefits during the past twelve (12) months? YES _____ NO _____

Has the household received assistance for home rehabilitation from the HOME Reinvestment Program, Community Block Grant or USDA Loan Programs in the past 15 years? YES _____ NO _____

Have you been notified the home will be purchased by a Federal, State or Local program for a public use project? YES _____ NO _____

Has the home received services from the Weatherization Program in the past 15 years. YES _____ NO _____

Are you an employee of or a weatherization contractor of Audubon Area Community Services? YES _____ NO _____

Are you an immediate family member of an employee or of a weatherization contractor of Audubon Area? YES _____ NO _____

Are you an immediate family member of a board member of Audubon Area Community Services? YES _____ NO _____

Type of home: House: _____ Mobile Home _____ Manufactured Home _____

Year home was built _____ or approximate age _____ years

How is your home heated? Electricity _____ Natural Gas _____ Propane _____ Wood _____ Coal _____ Other _____

What type of water heater do you have? Electric _____ Natural Gas _____ Propane _____

Does your home have air conditioning? YES _____ NO _____

WX-800a

KY Weatherization Client Disclosure Form

Kentucky Housing Corporation

(Weatherization)

Client:

The Weatherization staff's goal is to prevent potential physical side effects to anyone in your household based on the procedures used to weatherize your home.

Please provide the following to help us maintain this goal. Is anyone your household affected by:

| | Yes | No |
|-------|-----|----|
| Dust | | |
| Odors | | |
| Noise | | |
| Heat | | |
| Cold | | |
| Other | | |

If Other is answered yes, please specify what problems the individual(s) has:

Health & Safety Client and Home Screening Questionnaire

KHC Weatherization Assistance Program

Date: _____ Applicant Name: _____

Interviewer: _____

High Risk Household Members

- | | | |
|---|-----------|----------|
| 1. Any family members less than 4 years old? | Yes _____ | No _____ |
| 2. Any family members 60 years old or older? | Yes _____ | No _____ |
| 3. Is anyone living in the house pregnant? | Yes _____ | No _____ |
| 4. Any household members with asthma, respiratory problems or flu-like symptoms? | Yes _____ | No _____ |
| 5. Any Household members with sensitivity or allergies to fiberglass or cellulose based materials? | Yes _____ | No _____ |

Source of Contaminants/Pollutants

How old is the residence? _____

- | | | |
|---|-----------|----------|
| 6. Any paint peeling or flaking on the floors, walls, or ceiling? | Yes _____ | No _____ |
| 7. Has the carpet ever been water soaked? | Yes _____ | No _____ |
| 8. Is the carpet covering a concrete floor? | Yes _____ | No _____ |
| 9. Are unvented combustion appliances used? | Yes _____ | No _____ |
| 10. Are portable electric space heaters used? | Yes _____ | No _____ |
| 11. Do cars park in an attached garage? | Yes _____ | No _____ |
| 12. Is there seasonal water pooling in the crawl space? | Yes _____ | No _____ |
| 13. Are there any plumbing leaks in the crawl space? | Yes _____ | No _____ |
| 14. Are there any noticeable leaks or water staining on the ceilings or walls? | Yes _____ | No _____ |

- | | | |
|---|---------|--------|
| 15. Any indoor pets? | Yes ___ | No ___ |
| 16. Any paints, solvents, thinners, or pesticides stored in home? | Yes ___ | No ___ |
| 17. Any clutter Problems or unsanitary conditions? | Yes ___ | No ___ |
| 18. Has this house been tested for Radon? | Yes ___ | No ___ |
| 19. Are insecticides or rodenticides used in the home? | Yes ___ | No ___ |
| 20. Any other problems? | Yes ___ | No ___ |
| 21. Any unusual odors in the house? | Yes ___ | No ___ |
| 22. Is moisture noticeable on the windows? | Yes ___ | No ___ |
| 23. Is there any visible mold anywhere in the house? | Yes ___ | No ___ |
| 24. Is the home temperature unusually warm or cold? | Yes ___ | No ___ |
| 25. Are humidity levels unusually high? | Yes ___ | No ___ |
| 26. Is indoor smoking allowed in the home? | Yes ___ | No ___ |
| 27. Has the home been tested for asbestos presence? | Yes ___ | No ___ |
| 28. Has the home been tested for lead based paint presence? | Yes ___ | No ___ |

Applicant Signature: _____

Comments:

I have reviewed this form and do hereby affirm that no new health and safety concerns were present at the home during the Dwelling Needs Evaluation/Energy Audit except those indicated above.

Signature of Dwelling Needs Evaluator:

_____ Date: _____

HOLD HARMLESS AGREEMENT

I hereby release, waive, discharge and covenant not to sue and hold harmless, Kentucky Housing Corporation and Community Action Kentucky from any liability, claims, costs, and expenses whatsoever arising out of or related to any loss, damage, harm, or injury that may be sustained in the provision of weatherization services of the housing unit located at:

(address) _____

Which is owned by _____.

Weatherization Client signature

Date

Owner of property

Date

Agency Representative

Date

For Agency Use Only

Agency: Audubon Area Community Services, Inc.

Client Name: _____

Client SSN: _____

Application ID: _____

Notice of Appeal Rights

Issued By:

Audubon Area Community Services

Issuing Office:

Weatherization

1416 West 9th Street

Owensboro, KY 42301

(270) 686-1648

NOTICE OF APPEAL RIGHTS

Under various titles of federal law, Kentucky Revised Statutes and pursuant to terms of contracts and agreements with and through the Kentucky Cabinet for Health and Family Services, this agency is required to provide a hearing to any applicant or recipient of service who is aggrieved by any agency action resulting in denial, suspension, discrimination, exclusion or termination of services administered under federal or state statute or funding pertaining to its administered programs.

This agency, as grantor and/or contractor in the public interest, hereby affirms its compliance with this policy and directs its staff to act accordingly.

Please consider your receipt of this statement as your personal and formal notice of your right to a fair hearing of your complaint. Your request must be filed in writing within thirty (30) days of the action you wish to appeal. You may appeal by letter or by completing an appeal form which may be obtained from the agency's local coordinator. Your complaint must contain:

1. Your full name, complete address and telephone number(s);
2. A detailed statement of the nature of your complaint, including the date and place the agency action and the agency program or service involved;
3. Name(s) and addresses (at least their office or service location) of staff you believe treated you inappropriately;
4. Your signature and/or that of your authorized representative, if any; and
5. A clear indication whether your complaint pertains to service or involves alleged discrimination.

(USPS postmark or agency date-of-receipt-stamp serves to verify timeliness.)

Please forward your complaint to:

Audubon Area Community Services

Jason Roberts

1416 West 9th St

Owensboro, KY 42301

Participant Signature

Case Manager Signature

Date: _____

Date: _____

WEATHERIZATION ASSISTANCE PROGRAM

CERTIFICATION OF ZERO INCOME

I hereby certify there is **no** income/money received by (check as appropriate):

- Me; and/or
- Members of my household under 18 years old

from any source including, but not limited to, income from wages, public assistance, Social Security, pensions, benefits, child support, net income from business, net income from farming and/or alimony.

The following sources of funds are used to pay for housing and other necessities:

Signature

Print Name

Date

Address

Telephone Number

Sworn to me and subscribed in my presence this _____ day of _____, _____.

Signature of Notary Public

My commission expires: _____

WARNING: *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.*