

# Application for WEATHERIZATION PROGRAM

Return to: Community Connection of Northeast Oregon, Inc.  
2802 Adams Ave  
La Grande, Oregon 97850  
(541) 963-3186 Work Phone, (541) 963-3187 Fax Number

The Community Connection Weatherization Program is designed to assist low income seniors, handicapped, single parents with children under six years of age and others in the low income community. The program provides basic home tightening functions such as pipe wrapping, caulking, duct sealing, weather-stripping, replacing defective doors, insulating, etc. Our purpose is to assist you in conserving energy, and increasing energy efficiency for the purpose of cutting your fuel bills. If you need roofing, siding, plumbing or electrical work, contact Rural Development at (541) 278-8049 ext.127 for, Baker, Grant, Union, and Wallowa Counties.

To qualify you must meet the income guidelines established by the Low Income Energy Assistance Program (see guidelines below). **Once placed on a waiting list you will be assigned a priority.** The priorities established in this program are as follows: We deal with homes that are occupied by seniors, disabled, veterans, families with young children, high energy usage, high energy burden, and then to the general low income population. If you are a renter, your landlord should be willing to pay a portion of the weatherization costs. It is important to note that you are applying and being placed on the waiting list. This does not guarantee that you will be served by the program. **Due to our limited funding and high volume of applicants, the wait for services may be years long. Weatherization is not an emergency program.**

## Maximum Income Amounts

**Income cannot exceed the chart below:                    200% of Median 2020**

Size of Family	Annual Income	Monthly Income
1	\$25,520	\$2,126.66
2	\$34,480	\$2,873.33
3	\$43,440	\$3,620.00
4	\$52,400	\$4,366.66
5	\$61,360	\$5,113.33
6	\$70,320	\$5,860.00
7	\$79,280	\$6,606.66
8	\$88,240	\$7,353.33
9	\$97,200	\$8,100.00
10	\$106,160	\$8,846.66
11	\$115,120	\$9,593.33
12	\$124,080	\$10,340.00

For each additional member, add \$8,960.00 annually, or \$746.66 monthly.

**All questions MUST be answered.** Type of heat? Electric \_\_\_\_\_ Natural Gas \_\_\_\_\_ Oil \_\_\_\_\_ Propane \_\_\_\_\_ Wood \_\_\_\_\_ Other \_\_\_\_\_  
**(Please Attach Most Recent 12 Months of Utility Usage; Can Be Obtained From Utility Companies)**

Do you: Own your home? \_\_\_\_\_ Or rent? \_\_\_\_\_ If renting Landlord information: \_\_\_\_\_  
**(Please Attach Proof of Ownership)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of dwelling: House \_\_\_\_\_ Mobile Home \_\_\_\_\_ Apartment \_\_\_\_\_ Duplex \_\_\_\_\_

Year house was built? \_\_\_\_\_ Have you had Weatherization before? \_\_\_\_\_ If yes when? \_\_\_\_\_

**CLIENT HOUSEHOLD INFORMATION**

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_  
                                 **Last**                                **First**                                **MI**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Household Income: **MUST SEND DOCUMENTATION FOR OUR FILES.** Include documents for each household member over 18.

All Household Members:	M/F	Age	Disabled	Veteran	Farm Worker	*Race	*Education	Health (Y/N) Insurance	Food (Y/N) Card	*Income Source/Amount
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

\*Ethnicity Codes: (1) White; (2) Black; (3) Hispanic; (4) Asian/pacific; (5) Native American; (6) Mixed

\*Education Level Codes: (1) K-8; (2) HS-Graduate; (3) HS-Non Graduate; (4) GED; (5) Post-Secondary

\*Income Source: (1) Social Security; (2) Social Security Disability; (3) Unemployment Insurance; (4) TANF  
 (5) Employment; (6) Pension; (7) General Assistance; (8) Employment & Assistance; (9) Alimony; (10) Zero

**Family composition in home now:**

- (1) Two Parent
- (2) Couple, No Children
- (3) Single, Parent Female
- (4) Single, Parent Male
- (5) Single, Widow, Widower
- (6) Other

I hereby certify that the above information is true and correct to the best of my knowledge. I further understand that it is against the law to make false statements and that I may be subject to prosecution if I do so. I have read the explanation of the program and do understand that I may not be served by the program if either monies are not available or I am not in the priority groups as explained.

All adults must sign:

Client \_\_\_\_\_ Date: \_\_\_\_\_ Client: \_\_\_\_\_ Date: \_\_\_\_\_